

# AREA RESERVED FOR 2-D BARCODE

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You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2022.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2020.

Your estimated payments and withholding equal or exceed your 2020 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual paymen	cu ailiiuai payiiiciit
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- 5. Enter 2020 tax liability after credits6. Enter the smaller of line 4 or line 56. 6

### Part 2. Figuring your underpayment

- 7. Enter in col's, a through d (respectively) the installment dates
  of the 15th day of the 4th, 6th and 9th months of the taxable
  year and the 1st month of the succeeding taxable year
  7. MMDDYYYY MMDY MYDY MYD



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Underpayment of Massachusetts Estimated Income Tax for Fiduciaries

## **AREA RESERVED** FOR 2-D BARCODE

Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 2, line 61

Par	ı ə. riguring your underpaymen	ιp	enaity			
14.	Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year,					
	whichever is earlier	14	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
15.	Number of days from the due date of installment to the					
	date shown in line 14	15	XXX	XXX	XXX	XXX
16.	Number of days in line 15 after 4/15/21 and before 7/1/21	16	XXX	XXX	XXX	XXX
17.	Number of days in line 15 after 6/30/21 and before 10/1/21	17	XXX	XXX	XXX	XXX
18.	Number of days in line 15 after 9/30/21 and before 1/1/22	18	XXX	XXX	XXX	XXX
19.	Number of days in line 15 after 12/31/21 and before 4/15/22	19	XXX	XXX	XXX	XXX
20.	Underpayment in line 13 × (number of days in line 16 ÷					
	365) × 4%	20	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXXX
21.	Underpayment in line 13 × (number of days in line 17 ÷					
	365) × 4%	21	XXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX
22.	Underpayment in line 13 × (number of days in line 18 ÷					
	365) × 4%	22	XXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX
23.	Underpayment in line 13 × (number of days in line 19 ÷					
	365) × Rate to be determined	23	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXXX
24.	Penalty, Add all amounts shown in lines 20 through 23. Enter	this ar	mount on Form 2. line 61	1 24		XXXXXXXXX

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#### 2021 Form M-2210F, pg. 3 XXXXXXXXXXXXX

Underpayment of Massachusetts Estimated Income Tax for Fiduciaries

## **AREA RESERVED** FOR 2-D BARCODE

art	4. Annualized income installment	ent	method	Installme	ent due dates	
1.	Taxable 5.0% income each period (including long-term		Jan. 1-March 31	Jan. 1-May 31	Jan. 1-August 31	Jan. 1-Dec. 31
	capital gain income taxed at 5.0%)	1	_XXXXXXXX	( XXXXXXXXX	XXXXXXXXX	_XXXXXXXXX
2.	Annualization amount	2		4 2.4		
3.	Multiply line 1 by line 2	3	XXXXXXXXX	( XXXXXXXXX	XXXXXXXX	XXXXXXXX
4.	Tax on amount in line 3. Multiply line 3 by .05	4	XXXXXXXXX	(_XXXXXXXXX	XXXXXXXX	XXXXXXXX
5.	Taxable 12% income each period	5	XXXXXXXXX	( XXXXXXXXX	XXXXXXXX	XXXXXXXXX
6.	Annualization amount	6		4 2.4	1.5	
7.	Multiply line 5 by line 6	7	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
8.	Tax on amount in line 7. Multiply line 7 by .12	8	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
9.	Total tax. Add lines 4 and 8	9	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
10.	Total credits	10	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
11.	Total tax after credits	11	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXX
12.	Applicable percentage	12	209		60%	80%
13.	Multiply line 11 by line 12	13	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
14.	Enter the combined amounts of line 20 from all preceding pe	riods	14	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
15.	Subtract line 14 from line 13. Not less than "0"	15	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
16.	Divide line 6 of Form M-2210F by 4 and enter result in each					
	column	16	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
17.	Enter the amount from line 19 of this worksheet for the prece	ding c	olumn 17	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
18.	Add lines 16 and 17	18	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
19.	If line 18 is more than line 15, subtract line 15 from line 18.					
	Otherwise enter "0"	19	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
20.	Enter the smaller of line 15 or line 18 here and on Form					
	M-2210F, line 8	20	XXXXXXXXX	( XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XX)	XXXXX	(XXXXXXXXXX	XXXXXXXXXXX	XXXXX