



Massachusetts Department of Revenue  
Form M-2210F  
**Underpayment of Massachusetts  
Estimated Income Tax for Fiduciaries**

**2017**

Enclose this form with your income tax return.

Name(s) as shown on page 1 of tax return

Social Security or Federal Identification number

**Part 1. Required annual payment**

|          |                                                                                       |          |                      |
|----------|---------------------------------------------------------------------------------------|----------|----------------------|
| <b>1</b> | 2017 tax (from Form 2, line 41) .....                                                 | <b>1</b> | <input type="text"/> |
| <b>2</b> | Total credits (from Form 2, lines 46 and 53) .....                                    | <b>2</b> | <input type="text"/> |
| <b>3</b> | Balance. Subtract line 2 from line 1. Not less than "0" .....                         | <b>3</b> | <input type="text"/> |
| <b>4</b> | Enter 80% of line 3 or 66% of line 3 if you are a qualified farmer or fisherman ..... | <b>4</b> | <input type="text"/> |
| <b>5</b> | Enter 2016 tax liability after credits (from 2016 return) (see instructions) .....    | <b>5</b> | <input type="text"/> |
| <b>6</b> | Enter the smaller of line 4 or line 5 .....                                           | <b>6</b> | <input type="text"/> |

**Part 2. Figuring your underpayment**

|                      |                                                                                                                                                                                            |                      |                                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>7</b>             | 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. .... | <b>7</b>             | <table><tr><td>a.</td><td>b.</td><td>c.</td><td>d.</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | a.                   | b.                   | c.                   | d.                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| a.                   | b.                                                                                                                                                                                         | c.                   | d.                                                                                                                                                                                                |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>8</b>             | Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns .....                                                         | <b>8</b>             | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>9</b>             | Estimated taxes paid and taxes withheld for each installment. ....                                                                                                                         | <b>9</b>             | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>10</b>            | Overpayment of previous installment. ....                                                                                                                                                  | <b>10</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>11</b>            | Total. Add lines 9 and 10. ....                                                                                                                                                            | <b>11</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>12</b>            | Overpayment. Subtract line 8 from line 11 ...                                                                                                                                              | <b>12</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |
| <b>13</b>            | Underpayment. Subtract line 11 from line 8 ...                                                                                                                                             | <b>13</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                       | <input type="text"/> | <input type="text"/>                                                                                                                                                                              |                      |                      |                      |                      |                      |                      |                      |                      |

**Part 3. Figuring your underpayment penalty**

|                      |                                                                                                                                                |                      |                                                                                                                                              |                      |                      |                      |                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
| <b>14</b>            | 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 ..... | <b>14</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>15</b>            | Number of days from the due date of installment to the date shown in line 14. ....                                                             | <b>15</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>16</b>            | Number of days in line 15 after 4/15/17 and before 7/1/17 .....                                                                                | <b>16</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>17</b>            | Number of days in line 15 after 6/30/17 and before 10/1/17 .....                                                                               | <b>17</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>18</b>            | Number of days in line 15 after 9/30/17 and before 1/1/18 .....                                                                                | <b>18</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>19</b>            | Number of days in line 15 after 12/31/17 and before 4/15/18 .....                                                                              | <b>19</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>20</b>            | Underpayment in line 13 × (number of days in line 16 ÷ 365) × 5% .....                                                                         | <b>20</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |
| <b>21</b>            | Underpayment in line 13 × (number of days in line 17 ÷ 365) × 5% .....                                                                         | <b>21</b>            | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                                                                                                           | <input type="text"/> | <input type="text"/>                                                                                                                         |                      |                      |                      |                      |



Name(s) as shown on page 1 of return

Social Security or Federal Identification number

**Part 3. Figuring your underpayment penalty** (cont'd.)

|                                                                                                                           |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>22</b> Underpayment in line 13 $\times$ (number of days in line 18 $\div$ 365) $\times$ 5% . . . . . <b>22</b>         |  |  |  |  |
| <b>23</b> Underpayment in line 13 $\times$ (number of days in line 19 $\div$ 365) $\times$ 5% . . . . . <b>23</b>         |  |  |  |  |
| <b>24</b> Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 2, line 58 . . . . . <b>24</b> |  |  |  |  |

**Part 4. Annualized income installment method**

|                                                                                                                  | Jan. 1–March 31 | Jan. 1–May 31 | Jan. 1–August 31 | Jan. 1–December 31 |
|------------------------------------------------------------------------------------------------------------------|-----------------|---------------|------------------|--------------------|
| <b>1</b> Taxable 5.1% income each period (including long-term capital gain income taxed at 5.1%) . . . <b>1</b>  |                 |               |                  |                    |
| <b>2</b> Annualization amount . . . . . <b>2</b>                                                                 | 4               | 2.4           | 1.5              | 1                  |
| <b>3</b> Multiply line 1 by line 2. . . . . <b>3</b>                                                             |                 |               |                  |                    |
| <b>4</b> Tax on amount in line 3. Multiply line 3 by .051 <b>4</b>                                               |                 |               |                  |                    |
| <b>5</b> Taxable 12% income each period . . . . . <b>5</b>                                                       |                 |               |                  |                    |
| <b>6</b> Annualization amount . . . . . <b>6</b>                                                                 | 4               | 2.4           | 1.5              | 1                  |
| <b>7</b> Multiply line 5 by line 6. . . . . <b>7</b>                                                             |                 |               |                  |                    |
| <b>8</b> Tax on amount in line 7. Multiply line 7 by .12 . . <b>8</b>                                            |                 |               |                  |                    |
| <b>9</b> Total tax. Add lines 4 and 8 . . . . . <b>9</b>                                                         |                 |               |                  |                    |
| <b>10</b> Total credits . . . . . <b>10</b>                                                                      |                 |               |                  |                    |
| <b>11</b> Total tax after credits. Subtract line 10 from line 9 . . . . . <b>11</b>                              |                 |               |                  |                    |
| <b>12</b> Applicable percentage. . . . . <b>12</b>                                                               | 20%             | 40%           | 60%              | 80%                |
| <b>13</b> Multiply line 11 by line 12. . . . . <b>13</b>                                                         |                 |               |                  |                    |
| <b>14</b> Enter the combined amounts of line 20 from all preceding periods. . . . . <b>14</b>                    |                 |               |                  |                    |
| <b>15</b> Subtract line 14 from line 13. If less than "0" enter "0" . . . . . <b>15</b>                          |                 |               |                  |                    |
| <b>16</b> Divide line 6 of Form M-2210F by 4 and enter result in each column . . . . . <b>16</b>                 |                 |               |                  |                    |
| <b>17</b> Enter the amount from line 19 of this worksheet for the preceding column. . . . . <b>17</b>            |                 |               |                  |                    |
| <b>18</b> Add lines 16 and 17. . . . . <b>18</b>                                                                 |                 |               |                  |                    |
| <b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0". . . . . <b>19</b> |                 |               |                  |                    |
| <b>20</b> Enter the smaller of line 15 or line 18 here and on Form M-2210F, line 8 . . . . . <b>20</b>           |                 |               |                  |                    |

# Form M-2210F Instructions

## General Information

**Who should use this form.** If you are a fiduciary receiving income taxable at the entity level, you should use Form M-2210F to determine if your 2017 estimated and/or withholding tax payments were sufficient. If they were not, an underpayment penalty will be imposed, unless you qualify for one of the exceptions or waivers explained below.

**Filing estimated tax vouchers.** You are required to file estimated tax vouchers if you reasonably expect to pay more than \$400 in Massachusetts income tax on income which is not covered by withholding. For further information regarding estimated taxes, see the instructions for Form 2-ES Payment Vouchers or the publication *Should You Be Paying Estimated Taxes?*

**Exceptions which avoid the penalty.** No underpayment penalty will be imposed if:

1. Your 2017 tax due after credits and withholding is \$400 or less.
2. You were a qualified farmer or fisherman who filed and paid in full with your return by March 1, 2018. To qualify, your gross income from farming or fishing must be at least two-thirds of the annual gross income shown on your 2016 or 2017 return.
3. You were a resident of Massachusetts for the full 12 months of the previous taxable year and were not liable for taxes.
4. Your 2017 estimated payments and withholding (line 9) made on or before each installment due date in the taxable year equal or exceed the tax shown on your 2016 return divided among the four installment due dates **provided** that such return was for a full 12-month period.

If you qualify for an exception, do not complete lines 14 through 24. Instead, check the appropriate box on the front of this form **and** fill in the "EX" oval on Form 2. Enclose this form with your return. If you qualify for the first exception (your 2017 tax due after credits and withholding is \$400 or less) you do not need to complete this form.

**Waiver of underpayment penalty.** A waiver of underpayment penalty for one or more installments may be granted if:

1. Your underpayment was by reason of casualty, disaster or unusual circumstance; or
2. You retired in 2016 or 2017 after reaching age 62, or you became disabled and your underpayment was due to reasonable cause and not willful neglect.

If you qualify for the waiver, complete lines 7 through 13 for the installment(s) for which you are claiming a waiver, and write "WAIVER" in the appropriate box(es) in line 14. Fill in the "EX" oval on Form 2. Enclose this form and an explanation of your reasons for claiming the waiver with your return.

## Line-by-Line Instructions

Figuring your underpayment and penalty. To determine the underpayment amount, complete lines 1 through 13, in order of installment due dates, taking care to complete all four columns for lines 7 through 13.

### Line 5

- If you filed a return for 2016 and it was for a full 12 months, enter your 2016 tax liability after credits.
- If you were a resident of Massachusetts for 12 months in 2016 **and** you were not liable for taxes, enter "0."
- If you did not file a return for 2016, or if your 2016 tax year was less than 12 months, **do not** complete line 5. Instead, enter the amount from line 4 in line 6.

### Line 9

If more than one payment is made for a given installment, attach a separate penalty computation for each payment.

If you had any taxes withheld during the year, you may apply an equal part of those taxes as payment on each required installment(s). If you can establish the actual dates and amounts of your withholding, you may consider those amounts as payments on the dates they were actually withheld.

### Line 12

If line 12 shows an overpayment, that overpayment may be used as payment of any existing underpayment amount. Overpayments used as payments of prior underpayment amounts **do not** decrease the actual underpayment amount but serve to reduce instead the **period** of underpayment subject to penalty. If there are no existing underpayment amounts, the overpayment is applied as a credit against the next installment.

### Line 13

If line 13 shows an underpayment, see the General Information section to determine whether you qualify for an exception to, or waiver of, the underpayment penalty. If you do not qualify, continue on through line 24 to determine your underpayment penalty.

**Part 4. Annualized income installment method.** If you do not receive taxable income evenly throughout the year, you may wish to annualize your income to adjust your required installment amount(s). Enter any adjusted installment amount in the appropriate column in line 8 and calculate any underpayment penalty from those figures. Write "ANNUALIZED" under the column in line 24.

### Lines 16 through 23

**Fiscal year taxpayers.** If you file on a fiscal year basis and are subject to an underpayment penalty, attach a separate statement to calculate the penalty due based on the interest rate(s) in effect for the period(s) of the underpayment(s).