

Name (first, middle initial, last) If joint return, also give spouse's name and middle initial

Social Security Number

Part A Calculation of Underpayment

1	I am claiming an exception from the imposition of the estimated payment penalty because I qualified for federal relief under IRC § 6654. Check box and see instructions.....	1	☐
2	Amount of tax for 2025 from Form 140, Form 140PY, or Form 140NR.....	2	00
3	Tax credits claimed on your 2025 Arizona return.....	3	00
4	Subtract line 3 from line 2.....	4	00
5	Arizona tax withheld during 2025. Do not include any estimated tax payments or extension payments on this line.....	5	00
6	Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221.....	6	00
7	Multiply line 4 by 90% (.90).....	7	00
8	Enter the immediately preceding year's tax liability after tax credits. See instructions.....	8	00
9	Required Annual Payment: Enter the lesser of line 7 or line 8.....	9	00
10	Payment Due Date.....	10	(a) Apr-15-2025 (b) Jun-16-2025 (c) Sep-15-2025 (d) Jan-15-2026
11	Divide the amount on line 9 by the number of payments required for the year (usually four). Enter the result in appropriate columns. ☐ Check this box if you use any other installment method. If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11.....	11	
12	Estimated tax paid and income tax withheld. See instructions.....	12	
You must complete lines 13 through 15 of one column before going to line 13 of the next column.			
13	Overpayment: See instructions.....	13	
14	Add lines 12 and 13.....	14	
15a	Underpayment: Subtract line 14 from line 11; or	15a	
15b	Overpayment: Subtract line 11 from line 14.....	15b	

Part B Underpayment of Estimated Tax Penalty

16	Rate Period One: 7% (Apr-15-25 through Jun-30-25) Computation starting date for this period	16	Apr-15-25	Jun-16-25			
17	Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2025 whichever is earlier	17	Days:	Days:			
18	Underpayment on line 15a $\times \frac{\text{Number of days on line 17}}{365} \times 7\%$	18					
19	Rate Period Two: 7% (Jul-1-25 through Sep-30-25) Computation starting date for this period	19	Jun-30-25	Jun-30-25	Sep-15-25		
20	Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2025 whichever is earlier	20	Days:	Days:	Days:		
21	Underpayment on line 15a $\times \frac{\text{Number of days on line 20}}{365} \times 7\%$	21					
22	Rate Period Three: 7% (Oct-1-25 through Dec-31-25) Computation starting date for this period	22	Sep-30-25	Sep-30-25	Sep-30-25		
23	Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2025 whichever is earlier	23	Days:	Days:	Days:		
24	Underpayment on line 15a $\times \frac{\text{Number of days on line 23}}{365} \times 7\%$	24					
25	Rate Period Four: *% (Jan-1-26 through Apr-15-26) Computation starting date for this period	25	Dec-31-25	Dec-31-25	Dec-31-25	Jan-15-26	
26	Number of days after the date on line 25 through the date the amount on line 15 was paid or April 15, 2026 whichever is earlier	26	Days:	Days:	Days:	Days:	
27	Underpayment on line 15a plus any penalty from Rate Period 1, 2, and 3 if the underpayment is unpaid as of Jan-1-26 $\times \frac{\text{Number of days on line 26}}{365} \times *%$	27					
28	Penalty: Column (a) - Add lines 18, 21, 24, 27. Enter total on line 28 of col. (a). Column (b) - Add lines 18, 21, 24, 27. Enter total on line 28 of col. (b). Column (c) - Add lines 21, 24, 27. Enter total on line 28 of col. (c). Column (d) - Enter the amount from column (d), line 27.....	28					
29	Penalty Limitation. In columns (a) through (d), list the smaller of line 15 $\times 10\%$ or the amount from line 28.....	29					
30	Total Penalty - Add line 29, (a) through (d).....	30a		00	☐ Waiver request	30b	00
					Subtract 30b from 30a..	30c	00

Your Name (as shown on page 1)	Your Social Security Number
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Annualized Income Installment Worksheet
Complete lines 1 through 23 of one column before completing the next column.

		Jan-1-25 to Mar-31-25	Jan-1-25 to May-31-25	Jan-1-25 to Aug-31-25	Jan-1-25 to Dec-31-25
1 Enter your Arizona adjusted gross income without your dependent, qualifying parent or grandparent, blind, or over 65 exemptions for each period.....	1				
2 Annualization amounts.....	2	4.0	2.4	1.5	1.0
3 Annualized income: Multiply line 1 by line 2.....	3				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter "0" and skip to line 7	4				
5 Annualized amounts	5	4.0	2.4	1.5	1.0
6 Annualized itemized deductions: Multiply line 4 by line 5.....	6				
7 Enter your total standard deduction from Arizona Form 140, Form 140PY, or Form 140NR.....	7				
8 Enter the amount from line 6 or line 7, whichever is larger.....	8				
9 Subtract line 8 from line 3.....	9				
10 Enter the amount allowed for blind, over 65, qualifying parent or grandparent, and other exemptions claimed on your Arizona Form 140, Form 140PY, or Form 140NR.....	10				
11 Subtract line 10 from line 9.....	11				
12 Multiply line 11 by 2.5%	12				
13 For each period, enter the amount of tax credits including Dependent Tax Credit allowed on your Arizona Form 140, Form 140PY, or Form 140NR .	13				
14 Subtract line 13 from line 12. If zero or less, enter "0".....	14				
15 Applicable percentages	15	22.5%	45%	67.5%	90%
16 Multiply line 14 by line 15	16				
17 Enter the combined amounts of line 23 from all preceding columns.....	17				
18 Subtract line 17 from line 16. If less than zero, enter "0"	18				
19 Divide line 9 from page 1, of this Form 221, by four (4), and enter the result in each column.....	19				
20 Enter the amount from line 22 of the preceding column of this worksheet.....	20				
21 Add lines 19 and 20, and enter the total	21				
22 If line 21 is more than line 18, subtract line 18 from line 21. Otherwise, enter "0".....	22				
23 Enter the smaller of line 18 or line 21 here and on page 1, line 11.	23				