



State of Arkansas Annualized Income For Underpayment of Estimated Tax by Pass-Through Entity Tax

	Tax Year beginning //	_ and e	nding /	/			
Pass	-Through Entity			FEIN			
P	ART 1 Annualized Income Method		(A)	(B)	(C)	(D)	
				Period			
				First 3 months	First 6 months	First 9 months	
1. Enter taxable income for each period: (Attach Quarterly Income Statement)							
2.	Annualization amounts:	2		4	2	1.33333	
3.	Annualized taxable income: (Line 1 x Line 2)	3					
			Period				
			First 3 months	First 5 months	First 8 months	First 11 Months	
4.	Enter taxable income for each period: (Attach Quarterly Income Statement)	4					
5.	Annualization amounts:	5	4.0	2.4	1.5	1.09091	
6.	Annualized taxable income: (Line 4 x Line 5)	6					
7.	Adjusted annualized taxable income: (In Column (A), enter the amount from						
	Line 6, Column (A). In Columns (B), (C), and (D), enter the smaller of the						
	amounts in each column on Line 3 or Line 6)	7					
8.	Tax: (Multiply Line 6 (above) x 4.7%)	8					
9.	Business and Incentive Credit: (Enter one-fourth (1/4) of Business						
	and Incentive Credits as allowed for each period on P1 Line 6 on Form						
	AR1100PET.	9					
10.	Total tax after credit: (Line 8 less Line 9, if zero or less, enter zero)	10					
11.	Applicable percentage:	11	22.5%	45%	67.5%	90%	
12.	Annualized tax: (Line 10 x Line 11)	12					
13.	Add the amounts in all preceding columns of Line 20: (See Instructions)						
	Note: Complete Col. (A) before Col. (B), (B) before (C), and (C) before (D).	13					
14.	Adjusted Annualized Tax: (Line 12 less Line 13, if zero or less, enter zero)	14					
PART 2 Required Estimates			(A)	(B)	(C)	(D)	
				Pe	riod		
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
15.	Adjusted Annualized Tax: (Enter the amounts in each Column from Line 14)	15					
16.	Divide Line 3, Form AR2220-PET by 4 and enter the result in each Column:	16					
17.	Enter the amount from Line 19 of the preceding column:	17					
18.	Add Line 16 and 17:	18					
19.	If Line 18 is more than Line 15, subtract Line 15 from Line 18,						
	otherwise enter zero:	19					
20.	Required Estimates: Enter the smaller of Line 15 or Line 18 here and						
	on Form AR2220-PET, Column B, Line 2, 5, 8, and 11.	20					
AR2220	DA-PET (R 10/17/2024)			•	-	-	