FORM

STATE OF HAWAII — DEPARTMENT OF TAXATION U-6 PUBLIC SERVICE COMPANY TAX RETURN

CALENDAR YEAR 2020

Place QR Code Here

Based on income for calendar year 2019 or fiscal year beginning on _______, 2019 and ending _______, 20 12)

1	ICIC		(First year, Second year, and Final year return filers, see Instructions)									
		(NO	TE: Do NOT use Form U-6 to calculate and/or remit the counties' sh	are of	the public servi	ce compai	nv tax.	.)				
П	Nar	<u> </u>	<u> </u>						awaii			
١. ا			·····					Date Business Began in Hawaii 12-12-1212				
삢		AME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
IZ		DBA (if any)					Hawaii Tax I.D. No.					
띩		DBA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					GE-999-999-99					
Ę	Mai	Mailing Address (number and street)					Federal Employer I.D. No.					
 PRINT OR TYPE 	MA	ILI	NG ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				99-999999					
=	City	, Sta	e, and Postal/ZIP Code				Amount paid with this return					
Ш	CI	ΤY	STATE ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXXXXXX	•\$		99999	999999	9.00		
СНІ	ECK							- TAX (from page 2; Do Not enter				
X	Fire	st ve	ar 🗴 Second year 🗴 Final year 🗓 Amended return 🕱 Paying	n tax in	installments			DUE amo				
		or you	ar all cocond your last maryour in thomasu rotum last aying	y tax iii	inotam norto	\$,	0 00		
<u> </u>	L '						\$ 99999999999.00					
SE	CII	ON	I - COMPUTATION OF ADJUSTED GROSS INCOME									
			GROSS INCOME FROM PRECEDING TAXABI	LEYEA	AR BEGINNING	IN 2019						
1	Gr	oss I	ncome from Public Utility Business (describe fully from what sources rec	eived)								
	а	(1)	Passenger Fares for Transportation Between Points on a									
		` ,	Scheduled Route By Land	1a(1)	9999999	99.00						
		(2)	Worthless Accounts Charged Off for Net Income Tax				1					
		(-/	Purposes (see Instructions)	12/2\	9999999	99.00	1a(3)					
		(2)			l			999	999999	.00		
			Adjusted Gross Income (line 1a(1) minus line 1a(2))		<u></u>					 		
	b	(1)	Sales of Products or Services to Another Public Utility for		9999999	99 00						
				1b(1)	000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		(2)	Worthless Accounts Charged Off for Net Income Tax									
			Purposes (see Instructions)	1b(2)	999999	99.00		000				
		(3)	Adjusted Gross Income (line 1b(1) minus line 1b(2))	<u></u>			1b(3)	999	999999	.00		
	С	(1)	Sales of Telecommunication Services to a Person Defined in									
		` '	Section 237-13(6)(D), HRS, for Resale to the Consumer	1c(1)	9999999	99.00						
		(2)	Worthless Accounts Charged Off for Net Income Tax	15(1)			1					
		(2)		1c(2)	9999999	99.00						
		(0)	• • •	10(2)	<u> </u>		4 - (0)	999	999999	.00		
		(3)	Adjusted Gross Income (line 1c(1) minus line 1c(2))		9999999	00000	1c(3)			 		
	d	(1)		1d(1)	999999	199.00						
		(2)	Worthless Accounts Charged Off for Net Income Tax		9999999	000						
			Purposes (see Instructions)			,,,,,		990	999999	100		
		(3)	Adjusted Gross Income (line 1d(1) minus line 1d(2))				1d(3)	, , ,				
										l		
2	Eq	uipm	ent Rentals Received (attach schedule and describe fully)				2	999	999999	.00		
3	Joi	nt Fa	acility Rentals Received				3	999	999999	.00		
			,							i –		
1	No	n-Or	perating Income from Public Utility Business (attach schedule and describ	a fully	١		4	999	999999	.00		
7	INC	11-Op	relating moone nominable office business (attach schedule and describ	Je rully)		-					
_	TO	тл.	AD ILICTED CDOCC INCOME (add lines 1 through 4)				_	000	999999			
<u> </u>	10	/IAL	ADJUSTED GROSS INCOME (add lines 1 through 4)				5	333		1.00		
			DECLARATION — I declare, under the penalties set forth in section 2									
Please Sign Here			schedules or statements) has been examined by me and, to the best of my knowledge and belief is a tr made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chap					rect, and o	complete re	eturn,		
		е						, , , , ,				
			12-12-1212 TI					TLE XXXXXXXXXXXXXXXX				
			Signature of officer Date Titl									
Paid Preparer's Information				1	Date	Check if		Preparer's	identification	number		
			Preparer's Signature and Print Preparer's Name DDFDADFD NAME YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY			self-em-	x •		ID NUME			
			FREFARER NAME AMAMAMAMA				F					
		ation	Firm's name (or yours if self-employed),				Federal E.I. No. ➤ 99 – 999999					
			If self-employed), Address, and Postal/Zip Code ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Phone No. ➤ (999) 999-9999					

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SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) Note: Enter TOTAL TAX amount on page 1. PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS. Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business. A Line 5 less lines 1a(3), 1b(3), 999999999.00 999999999.00 x 4.0% (fixed rate). TAX AMOUNT and 1c(3) 999999999.00 99999999 0.0 B Line 1a(3) x 5.35% (fixed rate). TAX AMOUNT 999999999.00 999999999.00 C Line 1b(3) x .5 % (fixed rate). TAX AMOUNT C 999999999.00 999999999.00 D D Line 1c(3)5 % TAX AMOUNT 99999999.00 E● Nonrefundable Tax Credit - Credit for Lifeline Telephone Service 99999999 0.0 F G 99999999 .00 H Payment with Extension (attach Form N-755) (see Instructions) Tax Installment Payments (see Instructions)...... 999999999.00 999999999. 00 J K TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000, K● 99999999 00 L OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID L 999999999.00 PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS. 999999999.00 A• 999999999 **A TOTAL TAX** (line 1a(3) x 5.35% (fixed rate)) 0.0 999999999 0.0 B Payment with Extension (attach Form N-755) (see Instructions) 999999999.00 00 D 999999999. E TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, When Is the Tax Payable) E● 999999999 00 F OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID 999999999.00 PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS. 999999999.00 999999999. A Line 1b(3)5 % (fixed rate). TAX AMOUNT 00 999999999.00 B Line 1c(3) В 999999999 00 C• 999999999.00 00 D Payment with Extension (attach Form N-755) (see Instructions) F● 999999999.00 G TAX DUE (if line C is larger than line F), enter AMOUNT OWED. 999999999. 00 G• (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)

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H OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID