FORM N-70NP (REV. 2019)

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## EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

For calendar year 2019

X Amended Return (Attach Sch AMD) X IRS Adjustment X NOL Carryback								
Г					leral Employer I.D. No.			
• PRINT OR TYPE •	NAM	NAME OF ORGANIZATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			-9999999			
	Dba or C/O ●B Un				related business activity code(s)			
	DBA	OR CARE OFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999					
	Mailing Address (number and street)  •C Haw				D. No.			
	MAILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			-999-999-9999-99				
9	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions.				nis organization is a (check one):			
	CITY OR TOWNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				X Charita	ble Trust		
Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. Note: The sum of lines 1 - 5 DO NOT equal line 6.							
	1	Gross receipts or sales		1●	9999999	99999		
	2	Returns and allowances		2●	9999999	99999		
	3	Cost of goods sold and/or operations		3●	9999999	99999		
	4	Capital gain net income (see Instructions)		4●	9999999	99999		
	5	Other income		5●	9999999	99999		
=	6	Total unrelated trade or business income		6●	9999999	99999		
	7	Total deductions		7●	9999999	99999		
L	8	Unrelated business taxable income		8	9999999	99999		
_	9	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9		9●	9999999	99999		
Computation	10	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14		10●	9999999	99999		
를	11	Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)		11	9999999	99999		
ᆡဋ	12	Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)		12	9999999	99999		
آاَي	13	Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)		13	9999999	99999		
<u>a</u>	1	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344).		14	9999999	99999		
մև	15	Recapture of Capital Infrastructure Tax Credit (attach Form N-348)		15	9999999	99999		
	16	Total tax (add lines 9 or 10 and 11, 12, 13, 14, and 15)		16●	9999999	99999		
	17	Total refundable tax credits from Schedule CR, line 28		17●	9999999	99999		
	18	Line 16 minus line 17. If line 18 is zero or less, see Instructions.		18●	9999999	99999		
	19	Total nonrefundable credits from Schedule CR, line 20		19●	9999999			
	20	Line 18 minus line 19		20•	9999999	99999		
<u> `</u>	21	Credits and payments:		ATTA	<b>ICH COF</b>	PY OF		
립			9999999	CED	ERAL F			
Total Income Tax			9999999	4	990-T			
: =			9999999					
<u>[ </u>	22	(d) Total credits and payments (add lines 21(a) through 21(c))		21(d)● 22●	9999999			
اً	23			23•	9999999			
	24					99999		
	25	(a) Enter the amount of line 24 you want Credited to 2020 estimated tax		24● 25(a)●	9999999			
pe	23	(b) Enter the amount of line 24 you want <b>Credited to you</b> (line 24 minus line 25(a))		25(a) ●	9999999			
	26	Enter AMOUNT PAID with this return		26 ●	9999999			
	_	Amount paid (overpaid) on original return — AMENDED RETURN ONLY (see Instructions)		27	9999999			
Amended	28	BALANCE DUE (REFUND) with amended return (see Instructions)		28	9999999			
₹	$\overline{}$	are, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has be						
	and b	elief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	knowledge.	,, 10				
Here		• •	AND TI	TLEXXXX	XXXX			
		Signature of officer Date	Name and					
Sian	* N	lay the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Chis designation does not replace Form N-848, Power of Attorney.	ns)	Yes	No			
Please		Preparer's signature Date	Check if		Preparer's ident			
	Paid	Print Preparer's Name  PREPARERS NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	self-emplo		PREP ID	NOXXX		
"	1	arer's Firm's name (or yours, FIRMS NAME ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	1	Address and 7IP Code FIRMS NAME ADDRESS AND ZIP CODEXXXXXXXX	Z   Phone no	► (122	1 1 5 7	000		

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## Name as shown on return

NAME OF

Federal Employer Identification Number

99-999999

TAX COMPUTATION SCHEDULE								
PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)								
1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	<u>  1  </u>	99999999999					
2	Enter the total of other deductions (see Instructions, attach schedule)	2•	99999999999					
3	Difference — line 1 minus line 2	3	99999999999					
4	Hawaii additions to income (see Instructions, attach schedule)	4	99999999999					
5	Sum of lines 3 and 4	5	99999999999					
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	99999999999					
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	99999999999					
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	99999999999					
	(b) Tax on all other taxable income — If the amount on line 7 is:							
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)	99999999999					
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4%		_					
	of line 7 \$_99999999999999999999999999999999999	8(b)(ii)	99999999999					
	(iii) Over \$100,000 — Enter 6.4%							
	of line 7 \$ 9999999999999999999999999999999999	8(b)(iii)	99999999999					
	(c) Total of lines 8(a) and 8(b)	8(c)	99999999999					
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	99999999999					
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9	9	99999999999					
	<ul> <li>TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)</li> </ul>							
1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	99999999999					
2	Enter the total of other deductions (see Instructions, attach schedule)	2	99999999999					
3	Difference — line 1 minus line 2	3	99999999999					
4	Hawaii additions to income (see Instructions, attach schedule)	4	99999999999					
5	Sum of lines 3 and 4	5	99999999999					
6	Net capital gain taxable to the trust. Enter the smaller of line 18 or 19, col. (b), Schedule D (Form N-40)	6	99999999999					
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	99999999999					
8	Enter the greater of line 7 or \$20,000	8	99999999999					
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128.	9	99999999999					
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	99999999999					
11	Multiply the amount on line 10 by 7.25%	11	99999999999					
12	Total of lines 9 and 11	12	99999999999					
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	99999999999					

TRUST TAX RATES FOR PERIODS AFTER 12/31/01								
If the taxable income is:	The tax shall be:							
Not over \$2,000	1.4% of taxable income							
Over \$2,000 but not over \$4,000	\$28.00 plus 3.20% of excess over \$2,000							
Over \$4,000 but not over \$8,000	\$92.00 plus 5.50% of excess over \$4,000							
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000							
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000							
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000							
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000							
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000							
Over \$40,000	\$2,678.00 plus 8.25% of excess over \$40,000							

Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10. . . . . . . . .

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