STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form F-1 (Rev. 2023)

Contact Information for General Questions

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FORM F-1 (Rev. 2023)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form F-1. Form F-1 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form F-1 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can

be read by the Department's IBML scanners. A 2D QR code must be present on each page of the form.

Substitute scannable forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Form F-1 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Fonts

- · The form was designed using the following font:
 - 1. Arial
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 1 of the form:
 - 1. FORM: 8 pt Arial bold
 - 2. F-1: 18 pt Arial bold
 - 3. REV. 2023: 8 pt Arial
- The following font and size should be used for the form number and revision year located at the top left corner on pages 2 though 4 of the form:
 - 1. FORM F-1 (REV. 2023): 8 pt Arial bold

- The following font and size should be used for the form number located at the bottom right corner of the form:
 - 1. FORM F-1 (REV. 2023): 10 pt Arial bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier New font.
- All variable data fields require exact placement.
- · Print all alpha characters uppercase.
- Use a bold X (X) as a checkbox. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. Variable Data Delimiters

• Other tax year beginning and ending must be printed with dash (-) delimiters. For example:

MM-DD

(2 digits for month, followed by a dash (-), followed by 2 digits for day).

 Dates must be printed with dash (-) delimiters. For example:

MM-DD-YYYY

(2 digits for month, followed by a dash (-), followed by 2 digits for day, followed by a dash (-), followed by 4 digits for year).

 Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

GE-123-456-7890-01

(GE, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

Note: The Taxpayer's Hawaii Tax I.D. Number begins with "GE."

 Taxpayer's Federal Employer Identification Number must be printed with a dash (-) delimiter. For example:

General Information and Scannable Specifications

12-1234567

(2 digits, followed by a dash (-), followed by 7 digits).

6. Dollar Amounts

99999999

- · Do not use commas as thousand separators.
- Do not use leading dollar signs.
- · Amounts are right justified.

7. Testing and Approval of the Scannable Form

 A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).

- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form F-1 (Rev. 2023) cannot be filed until 2024.

SCANNABLE SPECIFICATIONS

1. Layout

 Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following position:
 - 1. Pages 1 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

3. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
 - Page 1: The left bottom corner of the QR code is between columns 7 and 8 and at the bottom of row 9.
 - Pages 2 4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 7.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- · Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is: F1 T 2023A 01 VIDXX

The required QR code for page 2 is: F1_T 2023A 02 VIDXX

The required QR code for page 3 is: F1_T 2023A 03 VIDXX

The required QR code for page 4 is: F1_T 2023A 04 VIDXX

The QR code includes the form number (F1), an underscore, type of form (T), space, 4-digit form year (2023), 1-letter revision indicator (A), space, 2-digit page number (01), space, vendor I.D. label (VID), and your 2-digit Hawaii Vendor I.D. Number (XX). There are no hyphens.

- The human readable text for the QR code must be printed below the QR code utilizing 6 pt Arial font.
 Placement of the human readable text is as follows (see exhibits for exact placement):
 - 1. Page 1: Column 6, row 10
 - 2. Pages 2 4: Column 6, row 8
- Please do not print the outline around the human readable text and QR code. The outline is used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf).
 This format causes a very low read rate by the Department's IBML scanners.

4. Form Serial Number

- The form serial number MUST be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is: FRN1E3T4

The required form serial number for page 2 is: FRN2E3T4

The required form serial number for page 3 is: FRN3E3T4

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The required form serial number for page 4 is: FRN4E3T4

5. Acetate Overlays

 Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.

- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form F-1. If you did not receive the acetate overlays, please contact the Forms Coordinator.
- Although the form was revised for 2023, the placement of the variable data has not changed from revision 2022. To help minimize costs, please use the acetate overlays from revision 2022. If you do not have the overlays from revision 2022, please contact the Forms Coordinator.

4	6 8FO	RM 12 14 16 18 20 STATE OF HAWAII 32 DEPARTIMENT OF TAXATION 8 50 52 54 56 58 HS SPAC	Ę FQR	BATE RECEIVED STAMP 2
3	F=			3
4	(REV.			4
5	(ILLV.	BANKS, OTHER FINANCIAL CORPORATIONS, AND		5
6	D1.	SMALL BUSINESS INVESTMENT COMPANIES		
7		Code CALENDAR YEAR 2024 OR FISCAL YEAR BEGINNING IN 2024		
8		CALENDAR YEAR 2024 OK FISCAL YEAR BEGINNING IN 2024		
10	Human Re	(Based on income for calendar year 2023 or fiscal year beginning on $\frac{12-12}{12-12}$, 2023 and adable text here $\frac{12-12}{12-12}$, 20 $\frac{12}{12}$) (First year, Second year, & Final return filers, see Instructions		
11			5)	
12			1 1 1 1	loyer i.D. No.
13 -	X. AN			99999
14	Nan	ne i iviain	Busines	ss Activity
	出 NA			TY XXXXXXXXX
15 16	DB/			ss Began in Hawaii
17	K DB			-1212
				poration
18 19				-1212
20	CL City,			eign Country of Incorporation
21 -			ATE	OF INC XXXXXX
22		K BOX, IFAPPLICABLE:		2
23		X First year return X Second year return X Final return (Business end date 12-12		, 20 <u>12</u>)
24_		X Election to pay via the installment payment method		2
25		A COPY OF ALL PAGES OF YOUR FEDERAL RETURN MUST ACCOMPANY T	HIS R	ETURN. 2
26		If this is a consolidated return, attach copy of Hawaii Forms N-304 and N-303 for each s	ubsidia	ary.
27_	1.	Gross Receipts 99999999900 Less: Returns and allowances 9999999900	1 4	1999999999100
28	2.	Less: Cost of goods sold and/or operations (Attach schedule)	2	9999999999
29	3.	Gross Profit (line 1 minus line 2)	3	999999999.00
30		Dividends (Schedule C)	4	999999999100
31	4. OO N. 5.	Gross Amount of Interest Less: Amortizable Bond Premium	-	333333333333333333333333333333333333333
32	○ 2 5.	Interest on government obligations 99999999.00 99999999.00	5	999999999
		Other interest	6	999999999100
35	9 6. 9 7. 9 8.	(a) Rents 99999999.00 Plus 7(b) Royalties 99999999.00 , Sum ➤	7(c)	999999999.00
36	6 8.	(a) Net capital gains (from federal Schedule D) (See Instructions)	8(a)	99999999.00
37		(b) Ordinary gain or loss (from federal Schedule 4797)	8(b)	999999999,00
38	9.	Other income (Attach schedule)	9	99999999,00
39_	10.	TOTAL INCOME — Add lines 3 through 9. Enter here and on page 2, line 10(a)	10	99999999,00
40	69.	TOTAL TAX from page 3, line 68	69	999999999,00
41	70.	Total Refundable Credits. Enter the result from page 4, Schedule I, line 3	70	999999999,00
42	71.	Adjusted Tax Liability (Line 69 minus line 70. If line 71 is zero or less, see Instruction XVI)	71	999999999,00 4
43	72.	Total Nonrefundable Credits from Schedule H, line 6	72	999999999 00 4
44	73.	Carryover of the Capital Infrastructure Tax Credit (Attach Form N-348)	73	999999999,00 4
45	74. × 75	Line 71 minus the sum of lines 72 and 73 (See Instructions XVII)	74	99999999100
46	¥ 75. ⊢ 76.	Payment with extension (Attach Form N-755)		4
47	77.	Tax installment payments (See Instruction XV)	77	999999999100
48	78.	TAX DUE (Line 74 minus line 77. If line 77 is greater than line 74, skip line 79 and go to line 80)	78	999999999
49	79.	Enter amount paid with this return	79	
50	80.	OVERPAYMENT (If line 77 is larger than line 74) (See Instruction XIX) enter AMOUNT OVERPAID >	80	999999999 00 5
51	81.	Enter amount of line 80 you want Credited to 2025 installment payments > 81 99999999 00	0.5	
52	82.	Amount to be REFUNDED TO YOU (line 80 minus line 81)	82	99999999100
53		Amount paid (overpaid) on original return—AMENDED RETURN ONLY (See Instructions. Attach Sch. AMD)	83	999999999100
55	Banden Refurm 84.	BALANCE DUE (REFUND) with amended return (See Instructions. Attach Sch. AMD)	84	999999999.00
56		I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Inco	een exam	nined by me and, to the best of
	Please Sign	Corporations, Chapter 241, HRS.	ino idadi	5
	Here		ITLE	E XXXXXXXXXXX ₅
59_			itle	5
60	Paid	Preparer's Signature, and PREPARER NAME XXXXXXXX 12-12-12 self-employed	FTIN	V PREP ID NO XX
61	Preparer	S AND THE REPORT OF THE PROPERTY OF THE PROPER		6
62	Informati	If self-employed),		
63	6 0	and Postal/ZIP Code ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999)	
4 64	₽RÑ1	10 3 12 4 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62	64 66 F	ORM F-1 (REV. 2023)

FORM F	0 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 1 (REV. 2023)	48 50	52 54 56 58	60 62	64 66	68 70 72 74 76 P 3	78 age 2
Place	Name as shown on return			Federal E	mploy	er Identification Nu	mber
QR Code	NAME			99_	9999	999	
Here	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	/VVV	/٧٧٧٧٧				
Human Rea	Idable text here						
10.	(a) TOTAL INCOME — from page 1, line 10				10(2)	999999999	00
10.					10(a)		. 00
44	DEDUCTIONS				11	999999999	00
11. 12.	Compensation of officers (Schedule E)				12	999999999	
					13	999999999	
13.	Repairs (Do not include cost of improvements or capital expenditures) (a) Bad debts (Schedule F) 9999999.00 Plus 14(b) Rents 9	0000		Cura	14(c)	999999999	
14.					14(c) 15(c)	999999999	
15.	(a) Taxes (Attach schedule) 9999999 00 Plus 15(b) Interest	9999	99999.00	, Sum ≯ –	16	999999999	00
16.	Contributions or gifts paid (Attach schedule)					999999999	
17.	Amortization (Attach schedule)				17	999999999	0.0
18.	Depletion	+ + + + +			18	999999999	00
19.	Depreciation (from federal Form 4562)	1111	· · · · · · ·		19	999999999	0.0
20.	Advertising		- / 04 - 1	alula V	20	999999999	00
21.	Amounts contributed under: (a) Pension, profit-sharing, stock borius, and	1 1 1		auie)	21(a)	999999999	00
	(b) Other employee benefit plans (Attach sc	nedule)	- - - - - - - - -		21(b)	999999999	0.0
22.	Other deductions (Attach schedule)				22	999999999	
23.	TOTAL DEDUCTIONS — Add lines 11 through 22	++++			23	999999999	
24.	Net income before Hawaii adjustments (line 10(a) minus line 23)	NITO			24	<i> פרברברב</i>	. 00
	STATE ADJUSTME	NIS			+++		++
ADD:						00000000	0.0
25.	Taxable dividends from Schedule C, line 10				25	999999999	. 00
26.	(a) Interest on obligations of the United States or its possessions or on sec	curities is	ssued under an				
	Act of Congress. (See instruction VI(a)(1))	+ + + +			26(a)	999999999	.00
	(b) Interest on state, territorial, municipal, county, or other bonds or securiti	ies, inclu	ıding Hawaiian	issues,		00000000	0.0
	not included on line 6. (See instruction VI(a)(2))				26(b)	999999999	
27.	Amount of deduction for bad debts taken on line 14(a). (See Instructions I	' '	d VII)		27	999999999	00
28.	Other additions required by law — submit schedule. (See Instruction IV(b))			28	999999999	00
29.	Total of lines 24 through 28	, .			29	9999999999	. 00
DEDU							
30.	Entire dividends as reported on page 1, line 4	30	99999999	9.00			
31.	Bad debt deduction allowed by section 241-4(b)(3), HRS. (See Instruction VII(c))		99999999				
32.	Other deductions authorized by law—submit schedule. (See Instructions VI(b) and X(b))	32	99999999	99.00			
33.	Total of lines 30 through 32				33	9999999999	
34.	Net income after Hawaii adjustments (line 29 minus line 33)				34	9999999999	.00
	Note: If you do not need to apportion your income, skip lines 35 throu			ınt on			
	line 34 on line 57, and continue with line 58. Otherwise, continu	ue with	line 35.				
	ADJUSTMENTS TO ARRIVE AT APPORTIONABLE B	USINES	S INCOME SU	BJECT TO	TAX		
DEDU					1		
35.	Nonbusiness dividends included on page 1, line 4, and included				++		$\vdash \vdash$
	on line 24 above		99999999				$\vdash \vdash$
36.	Nonbusiness interest (Attach schedule)		99999999				$\vdash \vdash$
37.	Royalties from nonbusiness assets (Attach schedule)		99999999				++
38.	Net profit from nonbusiness rental property	H———	9999999				++
39.	Net gain from nonbusiness assets (Attach schedule)		99999999				\Box
40.	Other adjustments (Attach schedule)	40	99999999	99.00	\coprod		Ш
41.	Total (lines 35 to 40, inclusive)	1111			41	999999999	00
42.	Balance (line 34 minus line 41)		<u> </u>		42	999999999	00
ADD:							
43.	Net loss from nonbusiness rental property	43	9999999	9.00			
44.	Net loss from nonbusiness assets (Attach schedule)	44	99999999	9.00			Ш
45.	Total of lines 43 and 44				45	999999999	00
46.	Business income from sources within and without Hawaii (line 42 plus line	45)			46	999999999	00
47.	Allocate 0.9999% (from Schedule P. line 8), as apportionable income	1 1 1	ible to Hawaii a	nd			
					47	999999999	0.0
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	48 50	52 54 56 58	60 62			

Place	Name as shown on	return	Federa	Employ	yer Identification Number
QR Code	2 12 22			-9999	9999
Here		XXXXXXXXXXXXXXXX	XXX		
luman Rea	dable text here				
			NID IFOT TO T	N.	
48.	CLASSIFICATION OF APPORTION. Enter the portion of the amount on line 47 that is ordinary income.		SUBJECT TO IA	48	19999999991.00
49.	Enter the portion of the amount on line 47 that is not capital g			49	999999999
50.	Total (lines 48 and 49). This total must be equal to the amount			50	999999999 00
	INCOME WHOLLY ATTRIBU		T TO TAX	1 30	
51.	Gain (or loss) from sale of real estate and other tangible assets located in		99999.00	- 1	
52.	Royalties from property located in Hawaii	<u> </u>	99999.00		
53.	Net profit (or loss) from nonbusiness rental property within Ha	 	99999.00		
54.	Net gain from sale of nonbusiness assets located in or having	<u> </u>	33333.00		
	situs in Hawaii:				
	(a) Net short-term capital gain	54(a) 9999	99999.00		
	(b) Net capital gain attributable to Hawaii. (This amount, if an	v. also		7	
	should be entered on line 60)	54(b) 9999	99999.00		
	(c) Net gain (or loss) from sale or exchange of property other	than			
	capital assets	54(c) 9999	99999.00		
55.	Income from intangible personal property. Include entire inco	me			
	(or loss) of intangibles which, because of domicile of the corp	oration			
	or business situs of intangibles, are located in Hawaii. Add b	ack			
	Hawaii allocated, nonbusiness income and dividends.				
	(a) Dividends included on line 35 above (Attach schedule) .	55(a) 9999			
	(b) Interest	55(b) 9999			
	(c) All other income from intangibles (Attach schedule)	55(c) 9999	99999.00		
56.	Total income wholly attributable to Hawaii (lines 51 to 55(c)).			56	999999999.00
57.	Total of lines 47 and 56 (or the amount from line 34 if you did		come)	57	999999999.00
58.	Net operating loss deduction—submit schedule. (See instruc			58	999999999.00
59.	Net income (or loss) for Hawaii tax purposes (line 57 minus li			59	999999999.00
		COMPUTATION			
60.	Enter the amount of net capital gains as shown on page 1, lin	e 8(a). (If you apportioned yo	our income,	00	999999999.00
24	enter the amounts from lines 49 and 54(b), if any, instead)			60	999999999 00
62.	Line 59 minus line 60 (If less than zero, enter zero)			62(a)	
62.	(a) Tax on capital gain — 4% of amount on line 60 (b) Tax on net income — 7.92% of amount on line 61			62(b)	
	(c) Total of lines 62(a) and 62(b)			62(c)	+
	(d) Using the 7.92% rate, compute tax on all taxable income	using amount from line 50		62(d)	+
63.	Total tax (enter lesser of line 62(c) or 62(d))	asing amount nom line 35 .		63	999999999
64.	Recapture of Capital Goods Excise Tax Credit from Form N-3	12. Part II 64 9999	99999.00		1 333333331.00
65.	Recapture of Low-Income Housing Tax Credit from Form N-5		99999 00		
66.	Recapture of Capital Infrastructure Tax Credit from Form N-3	 	99999 00		
67.	Total recapture of tax credits (Add lines 64, 65, and 66)			67	T 9999999991.00
68.	Total tax (Add lines 63 and 67). Enter here and on page 1, lin	ne 69		68	999999999.00
Sche	dule C INCOME FROM DIVIDENDS (Clas	sified for Hawaii Purp	oses)		
		3. Received from an	4. Received by		
	Name of declaring corporation Substitution Substitution Substitution Substitution Substitution Substitution) business invest operating und		5. All other dividends
	/IOSOSICIONE	qualifying dividend	Business Inves		
NAME	OF CORPORATION XXXXX 199999999	.00 99999999.00	9999999	9.00	99999999.00
NAME	OF CORPORATION XXXXX 99999999	.00 99999999.00	9999999	9.00	99999999.00
NAME	OF CORPORATION XXXXX 99999999	.00 99999999.00	9999999	9.00	99999999.00
6 . To	tal dividends (Add amounts in columns 2, 3, 4, and 5). Enter h	ere and on page 1, line 4			999999999.00
	dends qualifying for the 70% dividends received deduction (T				999999999.00
	Iltiply line 7 by .30 (30%)				99999999.00
	xable mutual funds dividends				99999999.00
10 . To	tal taxable dividends (Add lines 8 and 9). Enter here and on p	age 2, line 25			999999999.00
	<u> </u>	9 1			
6 8 10	2374^{14} 16 18 20 22 24 26 28 30 32 34 36 10 38 40	4244 46 48 50 52 54	56 58 60 62	64 66	ORM F-1 (REV. 2023)

4 6 8 10 12 14 16 18 20 3 FORM F-1 (REV. 2023)	22 24 26 28 30 32 3	4 36 38 40 42 44 46	48 50 52 54 56	58 60 62 6	64 66 68 70	72 74 76 Page 80 4			
4									
5 Place	Name a	as shown on return		Federal E	mployer iden	tification Number			
6 QR Code	NAME	Σ		99-	9999999				
Here 7	XXXX	XXXXXXXXXXXX	XXXXXXXXXX						
8 Human Readable text here									
9									
Schedule E GC	OMPENSATION OF O	FFICERS							
11 1. Name and addre		2. Official title	3. Time Percent of stock (corporation owned	6. /	Amount of			
12 1. Name and addre	SS OI OIIICEI		business 4. Common	5. Preferred	corn	pensation			
13 NAME AND ADDRES	S OF OFFIC TI	TLE XXXXXXXX	9999 99999	99999	999	999999.00			
14 NAME AND ADDRES	S OF OFFIC TI	9999 99999	99999	999	999999.00				
15 NAME AND ADDRES	S OF OFFIC TI	TLE XXXXXXXX	9999 99999	99999	999	999999.00			
16 NAME AND ADDRES	S OF OFFIC TI	TLE XXXXXXX	9999 99999	99999	999	999999.00			
17 NAME AND ADDRES	S OF OFFIC TI	TLE XXXXXXX 9	99999 99999	99999	999	999999.00			
18 Total compensation of officer	s (Enter here and on page 2	2, line 11)			999	999999.00			
Schedule F EA	AD DEBTS								
20 1. Last 3 2. Amount of Notes	3. Taxable	5. Bad De	013 01	If Corporation	Carries An Allow	/ance			
21 and Description	(or Net)	Corporation s on Account Allowar				6 D.			
22 Taxable Outstanding at	Income Reported	ls Carri	ed Added to Allow		ount Charged ast Allowance	8. Balance of Allowance			
Years End of Year		on Boo	ks						
24 20 99 999999.00	999999.00 999				9999.00				
₂₅ ₂₀ <u>99 999999.00</u>	999999.00 999				9999.00	999999.00			
26 20 99 999999.00	999999.00 999	999.00 99999	9.00 999999	.00 999	9999.00	999999.00			
27 20 99 999999.00	999999.00 999	999.00 99999	9.00 999999	.00 999	9999.00	999999.00			
28 Schedule H NO	NREFUNDABLE CR	EDITS							
29 1. Carryover of the Cre	dit for Energy Conservation	(Attach Form N-323)			1 1 1 9 9 9 9 9 9 9 9 9 1 0 0				
30 2. Low-income Housing	g Tax Credit (Attach Form N	-586)			2 999999999.00				
3. Carryover of the Hig	h Technology Business Inve	stment Tax Credit (Attach	Form N-323)		3 999	999999.00			
32 4. Carryover of the Rer	newable Energy Technologie	es Income Tax Credit (for	systems installed and r	olaced in					
service before July 1	I, 2009) (Attach Form N-323	8)			4 999	9999991.00			
34 5. Renewable Energy	lechnologies Income Tax Cr	edit for Systems Placed in	n Service on or after Ju	ıly 1, 2009					
	Technologies Income Tax Cr Check the type of energy:			ily 1, 2009	5 999	999999.00			
(Attach Form N-342) 36 6. Total Nonrefundable		system: X Solar X	Wind	ıly 1, 2009		999999.00			
(Attach Form N-342) 36 6. Total Nonrefundable	Check the type of energy	system: X Solar X h 5. (Enter here and on p	Wind	ily 1, 2009	6 999	999999.00			
35 (Attach Form N-342) 36 6. Total Nonrefundable 37 Schedule RE 38 1. Capital Goods Excis	Check the type of energy credits. Add lines 1 throug FUNDABLE CREDITS at Tax Credit (Attach Form N	system: X Solar X h 5. (Enter here and on p	Wind		6 999				
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FORM F-1 (REV. 2023)

STATE OF HAWAII — DEPARTMENT OF TAXATION

FRANCHISE TAX RETURN

BANKS, OTHER FINANCIAL CORPORATIONS, AND SMALL BUSINESS INVESTMENT COMPANIES

Place QR Code Here

CALENDAR YEAR 2024 OR FISCAL YEAR BEGINNING IN 2024

	Here	(Based on income for calendar	r year	2023 or fiscal ye	ar beginning or	1	12-12	, 2023 ar	nd endin	g			
Hur	man Read			12) (First year,									_
			v	IRS Adjustment	Hawaii Tax I.	D. Num	ahar	Fod	oral Emi	l oloyer I.D	No		
x	A N/I E	ENDED Return (Attach Sch. AMD)		-	GE-999					99999			
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	CIT	Y STATE ZIP CODE X	XXX	XXXXXXXX	XXXXXXX	XXXX	XXXXXX	XXXX S	CATE	OF I	INC >	XXXX	ŹΧ
(BOX, IF APPLICABLE:											_
	Х		econd	year return	X Final ret	urn (Bu	isiness end	date <u>12-1</u> 2	2	2	n 12)	
		Election to pay via the installment		•	i ilidi ret	am (Be	ionicoo cha	uato <u>12 1</u>	-	, -	.0	. 1	
		A COPY OF ALL PAGES			DAI DETII		LIST ACC		ב אום	ETLIDI	NI		
											٧.		
		If this is a consolidat	ed re	turn, attach cop	y of Hawaii Fo	rms N-	304 and N-	303 for each	subsidi	ary.			
	1.	Gross Receipts 999999999.	.00	Less: Retu	rns and allowar	nces	99999	9999.00	1	9999	9999	99,00)
	2.	Less: Cost of goods sold and/or ope	eration	ns (Attach schedu	ıle)				2	9999	9999	9,00)
	3.	Gross Profit (line 1 minus line 2)							3	9999	99999	9.00)
Ĕ	4.	Dividends (Schedule C)	<u></u>						4	9999	9999	99.00)
INCOME				Gross Amoun		Less:		Bond Premiu	_				
		Interest on government obligations.		9999999				<u>9999.00</u>			9999		
SS		Other interest	_					<u>9999.00</u>	6	+	99999		
GROSS		(a) Rents 99999999.00			Royalties 99						9999		
<u>5</u>		(a) Net capital gains (from federal Sc							8(a)		9999		
		(b) Ordinary gain or loss (from federa							8(b)		99999		
		Other income (Attach schedule)							9		99999		
		TOTAL INCOME — Add lines 3 throu							10	+	99999		
		TOTAL TAX from page 3, line 68							69		99999		
		Total Refundable Credits. Enter the							70 71		99999		
		Adjusted Tax Liability (Line 69 minuted Total Nonrefundable Credits from Sci					,		72	+			
		Carryover of the Capital Infrastructure							73		99999		_
		Line 71 minus the sum of lines 72 an							74			99.00 99.00	
×		Payment with extension (Attach Forn						9999,00	17	19993	19993	19 100	_
_		Tax installment payments (See Instru				76	99999						
		Add lines 75 and 76 and enter result		,					77	9999	9999	99100	<u> </u>
	78. ·	TAX DUE (Line 74 minus line 77. If I	ine 77	is greater than l	ine 74, skip line	79 and	d go to line	80)	78		99999		
	79. I	Enter amount paid with this return .							79	+	9999		
	80.	OVERPAYMENT (If line 77 is larger t	han li	ne 74) (See Instr	uction XIX)	. ente	r AMOUNT	OVERPAID >	80		9999		
	81. I	Enter amount of line 80 you want Cre	edited	to 2025 installme	ent payments >	81	99999	9999.00		•			
	82 . /	Amount to be REFUNDED TO YOU	(line 8	0 minus line 81)				REFUND >	82	9999	9999	9,00)
E		Amount paid (overpaid) on original re			,) 83		99999		
æ	84. I	BALANCE DUE (REFUND) with am	ende	d return (See Ins	structions. Attac	h Sch.	AMD)		84	9999	99999	99,00)
ים		I declare, under the penalties set forth in sec my knowledge and belief, is a true, correct, a											
Siç	ease an	Corporations, Chapter 241, HRS.			,	•							
He		>					12-121			Ľ XXΣ	(XXXX	XXXXX	
		Signature of officer			Г	Date	Oato		Title	N			_
Pai	d	Preparer's Signature, and Print Preparer's Name	ΛDΓ	CR NAME X	VVVVVV		Date 12-12	Check if self-employed	X PTI	n PREP	ID.	NO XX	X
Pre	parer's	Firm's name (or yours			XXXXXXX			oon on proyou					_
ınto	ormation	if self-employed), FIRM		E XXXXXX				Federal > 99 - E.I. No. > 99 -			<u></u>		
		address, and Postal/ZIP Code ADDRE	SS	XXXXXXXX	XXXXXXXX	XXXX	XXXXX	Phone No. 🗲	(ンツツ	, 222	ノーシンご	15	

Place QR Code Here	
Human Read	able text here

Name as shown on return
NAME
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Federal Employer Identification Number 99-999999

10.	(a) TOTAL INCOME — from page 1, line 10			10(a)	999999999.00
	DEDUCTIONS				<u> </u>
11.	Compensation of officers (Schedule E)			11	999999999.00
12.	Salaries and wages (not deducted elsewhere)			12	999999999.00
13.	Repairs (Do not include cost of improvements or capital expenditures)			13	999999999.00
14.	(a) Bad debts (Schedule F) 99999999.00 Plus 14(b) Rents 9		14(c)	999999999.00	
15.	(a) Taxes (Attach schedule) 99999999.00 Plus 15(b) Interest			15(c)	999999999.00
16.	Contributions or gifts paid (Attach schedule)			16	999999999.00
17.	Amortization (Attach schedule)			17	999999999.00
18.	Depletion			18	999999999,00
19.	Depreciation (from federal Form 4562)			19	999999999.00
20.	Advertising			20	999999999.00
21.	Amounts contributed under: (a) Pension, profit-sharing, stock bonus, and	nuity pla	nns (Attach schedule)	21(a)	
	(b) Other employee benefit plans (Attach sc	hedule)		21(b)	
22.	Other deductions (Attach schedule)			22	999999999.00
23.	TOTAL DEDUCTIONS — Add lines 11 through 22		23	999999999,00	
24.	Net income before Hawaii adjustments (line 10(a) minus line 23)			24	999999999,00
	STATE ADJUSTME	NTS			
ADD:					
25.	Taxable dividends from Schedule C, line 10			25	999999999.00
26.	(a) Interest on obligations of the United States or its possessions or on sec			, , ,	
	Act of Congress. (See instruction VI(a)(1))			26(a)	999999999.00
	(b) Interest on state, territorial, municipal, county, or other bonds or securiti			00(1-)	999999999.00
07	not included on line 6. (See instruction VI(a)(2))			26(b)	
27. 28.	Amount of deduction for bad debts taken on line 14(a). (See Instructions I' Other additions required by law — submit schedule. (See Instruction IV(b)	` '	,	27	999999999,00
20. 29.	Total of lines 24 through 28	•		29	999999999.00
DEDI		 		25	999999999 00
30.	Entire dividends as reported on page 1, line 4	30	999999999,00		
31.	Bad debt deduction allowed by section 241-4(b)(3), HRS. (See Instruction VII(c))		999999999	1	
32.	Other deductions authorized by law—submit schedule. (See Instructions VI(b) and X(b))	-	999999999.00	1	
33.	Total of lines 30 through 32			33	999999999,00
34.	Net income after Hawaii adjustments (line 29 minus line 33)			34	999999999.00
•	Note: If you do not need to apportion your income, skip lines 35 throu				
	line 34 on line 57, and continue with line 58. Otherwise, continu	_			
	,	,			

ADJUSTMENTS TO ARRIVE AT APPORTIONABLE BUSINESS INCOME SUBJECT TO TAX

DED	JCT:						
35.	Nonbusiness dividends included on page 1, line 4, and included						
	on line 24 above	35	999999999	00			
36.	Nonbusiness interest (Attach schedule)	36	999999999.	00			
37.	Royalties from nonbusiness assets (Attach schedule)	37	999999999.	00			
38.	Net profit from nonbusiness rental property	38	999999999.	00			
39.	Net gain from nonbusiness assets (Attach schedule)	39	999999999.	00			
40.	Other adjustments (Attach schedule)	40	999999999.	00			
41.	Total (lines 35 to 40, inclusive)				41	999999999.	00
42.	Balance (line 34 minus line 41)			[42	999999999.	00
ADD:							
43.	Net loss from nonbusiness rental property	43	999999999.	00			
44.	Net loss from nonbusiness assets (Attach schedule)	44	999999999.	00			
45.	Total of lines 43 and 44				45	999999999.	00
46.	Business income from sources within and without Hawaii (line 42 plus line	45)		[46	999999999.	00
47.	Allocate 0 . 99999 % (from Schedule P, line 8), as apportionable income	attribu	table to Hawaii and		,		
	subject to tax. (Multiply line 46 by the %)			[47	999999999.	00
	-0-4						

FORM F-1 (REV. 2023) Page 3

Place QR Code Here Federal Employer Identification Number 99-999999

	CL ASSISICATION	OF APPORTIONABLE I	DI ICINIECC II	ICOME SI	ID IECT 1		,		
48.	Enter the portion of the amount on line 47 th						48	999999999	100
49.	Enter the portion of the amount on line 47 to	,					49	999999999	
50.	Total (lines 48 and 49). This total must be e	· · · · · ·					50	999999999	
00.	,	HOLLY ATTRIBUTABLE							
51.	Gain (or loss) from sale of real estate and other tangil			99999		_	1		
52.	Royalties from property located in Hawaii .			99999			┨		
53.				99999			┨		
	Net profit (or loss) from nonbusiness rental		53	99999	9999.	. 00	┨		
54.	Net gain from sale of nonbusiness assets lo situs in Hawaii:	cated in or naving tax							
	(a) Net short-term capital gain		54(a)	99999	9999.	00			
	(b) Net capital gain attributable to Hawaii. (7	his amount, if any, also					1		
	should be entered on line 60)		54(b)	99999	9999.	00			
	(c) Net gain (or loss) from sale or exchange	of property other than					1		
	capital assets		54(c)	99999	9999.	00			
55.	Income from intangible personal property. In	nclude entire income							
	(or loss) of intangibles which, because of do	micile of the corporation							
	or business situs of intangibles, are located	in Hawaii. Add back							
	Hawaii allocated, nonbusiness income and	dividends.							
	(a) Dividends included on line 35 above (Att	ach schedule)	55(a)	99999	9999.	00			
	(b) Interest		55(b)	99999	9999.	00			
	(c) All other income from intangibles (Attach	schedule)	55(c)	99999	9999.	00			
56.	Total income wholly attributable to Hawaii (li	nes 51 to 55(c))					56	999999999	.00
57.	Total of lines 47 and 56 (or the amount from	line 34 if you did not ne	ed to apportion	on your inc	ome)		57	999999999	.00
58.	Net operating loss deduction—submit sched	lule. (See instruction XI)				58	999999999	.00
59.	Net income (or loss) for Hawaii tax purposes	s (line 57 minus line 58)					59	999999999	.00
		TAX COMPL	JTATION						
60.	Enter the amount of net capital gains as sho			-					
	enter the amounts from lines 49 and 54(b), i						60	999999999	
61.	Line 59 minus line 60 (If less than zero, ent						61	999999999	
62.	(a) Tax on capital gain — 4% of amount on I						62(a)	999999999	
	(b) Tax on net income — 7.92% of amount of						62(b)		
	(c) Total of lines 62(a) and 62(b)						62(c)		
	(d) Using the 7.92% rate, compute tax on al						62(d)		
63.	Total tax (enter lesser of line 62(c) or 62(d))						63	999999999	.00
64.	Recapture of Capital Goods Excise Tax Cre	•		99999		_	4		
65.	Recapture of Low-Income Housing Tax Cred			_	99999		-		
66.	Recapture of Capital Infrastructure Tax Cred				99999	.00		00000000	
67.	Total recapture of tax credits (Add lines 64,	* *					67	999999999	
68.	Total tax (Add lines 63 and 67). Enter here					>	68	999999999	.00
Sche	dule C INCOME FROM DIVI	DENDS (Classified	3. Received		4. Recei	rod by a	emall		
	1. Name of declaring corporation	2. National Banking	affiliate (includ	ing foreign)	business			5. All other divide	ade
		Associations	as IRC section of a section of		operating Business			C. 7 til Other divide	103
JAME	OF CORPORATION XXXXX	99999999.00	999999					999999999	$\overline{\cap \cap}$
JAME	OF CORPORATION XXXXX	99999999.00	999999				_	99999999	
JAME	OF CORPORATION XXXXX	99999999.00	999999					999999999	
					•			999999999	
	tal dividends (Add amounts in columns 2, 3, 4 vidends qualifying for the 70% dividends rece							999999999	
								999999999	
	ultiply line 7 by .30 (30%)						- 1	999999999	
	tal taxable dividends (Add lines 8 and 9). En							999999999	
10. 10	an taxable dividends (Add iiiles o diid a). Eli	or nore and on page 2,	10 20					12222222	

Place QR Code Here Federal Employer Identification Number 99-9999999

Sc	hedule E CC	OMPENSATION	OF OFFICE	ERS							
	1. Name and addre	ess of officer	2 (Official title	3. Time devoted to	Percent of o	corporation owned		6. /	Amount of	
	I. Name and addre	ess of officer	2. (business	4. Common	5. Preferred	t	con	npensation	
NAM	IE AND ADDRES	S OF OFFIC	TITLE	XXXXXXX	99999		99999			999999	
NAM	E AND ADDRES	S OF OFFIC	TITLE	XXXXXXX	99999		99999			999999	
NAM			TITLE	XXXXXXX	99999		99999			999999	
NAM			TITLE	XXXXXXX	99999		99999			9999999	
NAME AND ADDRESS OF OFFIC TI										9999999	
	l compensation of officer		page 2, line 1	1)				.	99	999999	9.00
		AD DEBTS									
1. Last 3 Prior 2. Amount of Notes and Accounts 3. Taxable					Debts of tion if No		If Corporation	n Carries	An Allov	vance	
an Curr	a Possivable	(or Net) Income	4. Sales on Ac		vance	6. Gross Amo	ount 7. A	mount Cha	arged	8. Balanc	e of
Taxa	ble Outstanding at	Outstanding at Benerted Is Carried Added to Allowance			ainst Allow		Allowan				
Yea	113		On Books			00000		, , , , , , ,		00000	0 00
- -			999999		99.00	999999		9999		999999	
²⁰ –		999999.00	999999			999999		9999	$\overline{}$	999999	
- · —			999999		99.00	999999		9999	$\overline{}$	999999	
20 9	1 0 0 0 0 0 0 0 0				99.00	999999	.00 99	9999	.00	999999	9.00
		ONREFUNDABL						1 4 1	000	00000	100
	•	edit for Energy Conse	•	,				1		999999	
2	,	g Tax Credit (Attach F	,					3		999999 999999	
3		h Technology Busine newable Energy Tech						3	222	333333	100
4		newable Energy Tech 1, 2009) (Attach Form						4	000	999999	100
5		Technologies Income						-	222	333333	100
) Check the type of e		•			•	5	aaa	999999	I_{nn}
6		Credits. Add lines 1								999999	
		FUNDABLE CR		Intel fiere and o	ii page 1, iii	10 12)		1 0 1	222	<u> </u>	1.00
		se Tax Credit (Attach						1 1	999	999999	100
2	-	Technologies Income	,								1
		ote: The refundable credit						2	999	999999	.00
3		edits. Add lines 1 an						3	999	999999	.00
Sc		OMPUTATION O									
			In Hawaii				Total Eve	rywhere			
Prop	erty — (use original cost)	Beginning of taxable	e year	End of taxable ye	ar B	eginning of tax	able year	End of taxable year			
Land		99999999		9999999.		9999999				99.00	
Buildi	ngs	999999999		99999999.		9999999		9999	9999	99.00	
	S	99999999		99999999.		9999999				99.00	
Credit	t card receivables	99999999		99999999.		9999999	99.00			99.00	
Lease	ehold interests*			99999999.						99.00	
Rente	ed Property*			99999999.						99.00	1
Other	Property	999999999		99999999.		9999999				99.00	
٦	Total	999999999).00 99	99999999.	00 9	9999999	99.00	9999	9999	99.00	J
* Ente	er net annual rent X 8.		_				. 1	_			٦ .
	December 1 /			A. In Hawaii	00	B. Everyw		Pero	cent in	Hawaii**	J
1	Property values (average		′	99999999		9999999	99.00		\cap	00000	<u>,</u>
2	Property factor (line 1, o	col. A divided by line				0000000	00 00		U • :	99999 %	<u>o</u>
3 Total compensation4 Payroll factor (line 3, col. A divided by line 3, col. B).				99999999		9999999	99.00		\cap	99999	<u>′</u>
4		n. A divided by line 3,		99999999		0000000	00 00		U • :	99999 %	0
5 Total Sales				ンフフフフフソソ	.00				0		,
6 Sales factor (line 5, col. A divided by line 5, col. B) .									(1)	99999 01	^
		·								99999 % 99999 %	
6 7 8	Sales factor (line 5, col. Total of factors (add line Average of factors (divid	es 2, 4, and 6)							0.9	99999 % 99999 % 99999 %	6