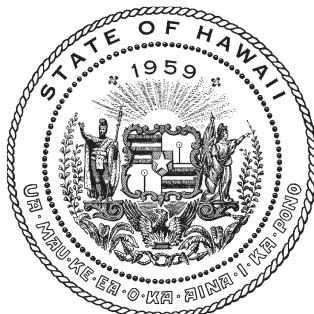**STATE OF HAWAII**
DEPARTMENT OF TAXATION

General Information
and Scannable Specifications
for
Schedule PTE (2023)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

**Contact Information for Mailing
Test Packages and Testing Inquiries**

Hawaii Department of Taxation
Attn: Document Processing — Quality
Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

Schedule PTE (2023)
General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule PTE. Schedule PTE is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule PTE 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 Schedule PTE 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 of the form:

     1. SCHEDULE PTE: 10 pt Arial bold

     2. 2023: 10 pt Arial

   - The following font and size should be used for the form number located at the bottom right corner of the form:

     1. SCHEDULE PTE (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**

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

     12-1234567

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

   - Taxpayer's Social Security Number must be printed with the dash (-) delimiters. For example:

     123-45-6789

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

6. **Dollar Amounts**   999999999

   - Do not use commas as thousand separators.

   - Do not use leading dollar signs.

   - Amounts are right justified.

   - Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

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.

- Schedule PTE (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 - 2: 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):

     1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 9.

     2. Page 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.

   - 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:
     SCHPTE_T 2023A 01 VIDXX

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

   The QR code includes the form number (SCHPTE), an underscore, type of form (T), space, 4-digit form year (2023), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), 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. Page 2: Column 6, row 9

   - 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: PTE1H7V9

     The required form serial number for page 2 is: PTE2H7V9

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 Schedule PTE. If you did not receive the acetate overlays, please contact the Forms Coordinator.

SCHEDULE PTE
(2023)

STATE OF HAWAII -- DEPARTMENT OF TAXATION

PASS-THROUGH ENTITY
TAX CALCULATION

➤ **Attach to Form N-20 or Form N-35**

TAX YEAR
20__99__

Place QR Code Here

Human Readable text here

Place an X if: ☒ Supplement to Part II Only

Name as shown on tax return	Federal Employer I.D. No. (FEIN)
NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Part I   ELECTIVE TAX INFORMATION

1.	Total number of all qualified members	1	999999999999
2.	Total qualified net income for all qualified members	2	999999999999
3.	Elective Tax Rate	3	11.00%
4.	Multiply line 2 by line 3 (if less than zero, enter zero). This is the total amount of elective tax. Enter the result here and on Form N-20, line 17a or Form N-35, line 22f.	4	999999999999

Part II   SCHEDULE OF QUALIFIED MEMBERS

1.	Total number of qualified members reported on this form	1	999999999999
2.	Total qualified net income for all qualified members reported on this form (combine all box **a** amounts from below and page 2)	2	999999999999
3.	Total elective tax credit amount for all qualified members reported on this form (combine all box **b** amounts from below and page 2)	3	999999999999

A

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME A XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

B

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME B XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

C

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME C XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

D

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME D XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

E

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME E XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

F

Qualified Member Name   ☒ FEIN   9999999999

QUALIFIED MEMBER NAME F XXXXXXXXXXXXXXXXXXXXXXXX   ☒ SSN

a.	Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	9999999999
b.	Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	9999999999

Place
QR Code
Here

Human Readable text here

Name as shown on tax return

NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXX

Federal Employer I.D. No. (FEIN)

99-9999999

Part II   SCHEDULE OF QUALIFIED MEMBERS - continued

	Qualified Member Name	**X** FEIN	
G	QUALIFIED MEMBER NAME G XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
H	QUALIFIED MEMBER NAME H XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
I	QUALIFIED MEMBER NAME I XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
J	QUALIFIED MEMBER NAME J XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
K	QUALIFIED MEMBER NAME K XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
L	QUALIFIED MEMBER NAME L XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
M	QUALIFIED MEMBER NAME M XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
N	QUALIFIED MEMBER NAME N XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999
	Qualified Member Name	**X** FEIN	
O	QUALIFIED MEMBER NAME O XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	99999999999
	b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	b	99999999999

STATE OF HAWAII — DEPARTMENT OF TAXATION

PASS-THROUGH ENTITY
TAX CALCULATION

➤ **Attach to Form N-20 or Form N-35**

TAX YEAR
20__ 99

Place QR Code Here

Human Readable text here

Place an X if: X Supplement to Part II Only

Name as shown on tax return	Federal Employer I.D. No. (FEIN)
NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Part I ELECTIVE TAX INFORMATION

1. Total number of all qualified members..	**1**	999999999999
2. Total qualified net income for all qualified members...	**2**	999999999999
3. Elective Tax Rate..	**3**	11.00%
4. Multiply line 2 by line 3 (if less than zero, enter zero). This is the total amount of elective tax. Enter the result here and on Form N-20, line 17a or Form N-35, line 22f.	**4**	999999999999

Part II SCHEDULE OF QUALIFIED MEMBERS

1. Total number of qualified members reported on this form	**1**	999999999999
2. Total qualified net income for all qualified members reported on this form (combine all box **a** amounts from below and page 2)..	**2**	999999999999
3. Total elective tax credit amount for all qualified members reported on this form (combine all box **b** amounts from below and page 2)	**3**	999999999999

A

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME A XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

B

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME B XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

C

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME C XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

D

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME D XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

E

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME E XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

F

Qualified Member Name	X FEIN	
QUALIFIED MEMBER NAME F XXXXXXXXXXXXXXXXXXXXXXXX	X SSN	99999999999
a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income...............	**a**	999999999999
b. Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero)	**b**	999999999999

Place
QR Code
Here

Human Readable text here

Name as shown on tax return	Federal Employer I.D. No. (FEIN)
NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXX	99-9999999

Part II   **SCHEDULE OF QUALIFIED MEMBERS - continued**

G

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME G XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

H

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME H XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

I

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME I XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

J

Qualified Member Name	**X** FEIN	
QUALFIED MEMBER NAME J XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

K

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME K XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

L

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME L XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

M

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME M XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

N

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME N XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999

O

Qualified Member Name	**X** FEIN	
QUALIFIED MEMBER NAME O XXXXXXXXXXXXXXXXXXXXXXXX	**X** SSN	99999999999

a.   Sum of pro-rata or distributive share and guaranteed payments included in qualified net income .... **a** 999999999999

b.   Elective tax credit amount (Multiply box **a** by 11.00% and enter the result. If less than zero, enter zero) .... **b** 999999999999