FORM

STATE OF HAWAII — DEPARTMENT OF TAXATION

N-30 CORPORATION INCOME TAX RETURN

Place QR Code Here $\begin{array}{c} \text{CALENDAR YEAR} & \textbf{2024} \\ \text{or other tax year beginning} & 12-12 \\ \text{and ending} & 12-12 \\ \end{array}, \text{2024} \\ \end{array}$

Human Readable text here X Final Return X AMENDED Return (Attach Sch AMD) X NOL Carryback X IRS Adjustment														
Hum	nan F	Readable text here	X Final Return X	AMENDED	Return (At	ttach Sch AMD)	X NOL	Carryback	X IRS A	diustment	.			ĺ
	X Final Return X AMENDED Return (Attach Sch AMD) X NOL Carryback X IRS Adjust Name Federal Employer													
l	NAME XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XX						9999	999						
TYPE	Dba or C/O Business Activity C form 1120 or 1120							ctivity Code I	No. (Use	code s	hown on f	ederal		
1	DBA OR CARE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX													
R	Mailing Address (number and street) Date business beg								Hawaii					
PRINT	MAILING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							-						
R		City or town, State, and Postal/ZIP Code. If foreign address, see Instructions. Hawaii Business A												
								,		٦тг	77777	7		
									BUSINESS ACTIVITY Hawaii Tax I.D. No.					
1	THIS RETURN IS (CHECK BOX, IF APPLICABLE):									99-999-999-99				
	X	For a multi-state corporation using separate accounting.												
	Х	7. Toombiled retain of a dilitary group of corporations. (Coo mondottons)								•	,	•		• ,
	X A separate return of a member corporation of a unitary group. (See instructions) (Attach a copy of Hawaii Forms N-3								s N-303 a	nd N-30)4 for	each su	bsidiary)	
F(OR	LINES 1	- 5 and 7 - 10, E	NTER AN	TOUNT	S FROM C	OMPA	RABLE	LINES	ON FE	EDEF	RAL	.RET	URN.
	1	(a) Gross r	eceipts or sales				1(a)	9999	999999	99				
		(b) Returns	and allowances				1(b)	999	999999	99				
		(c) Line 1(a	a) minus line 1(b)							> 1(0) 9	99	9999	9999
빌	2	Cost of god	ods sold							2	9	99	9999	9999
6	3	•									9	99	9999	9999
12	4		S								. 9	99	9999	9999
╚	5		Ities											9999
ᆸ	6	-	gain net income (attach								_			9999
TAXABLE INCOME	ľ		n (loss) from Hawaii Sch											9999
≩	7		me			•	,				_			9999
Ι.	8		INCOME											9999
	9		DEDUCTIONS								_			9999
	10		come before Hawaii adju											9999
\vdash	11		K (Schedule J, line 25)											9999
	12		dable credits from Sched						999999		-			
	l		D TAX LIABILITY — Lin									000	0000	9999
TAX PAYMENTS	14							_	999999) 3	99	9999	9999
	14		fundable credits from So								- 0	000	0000	9999
Į₹	15		nus line 14					_	999999) 3	999	9999	9999
P	16		verpayment allowed as a											
×		` '	mated tax payments (includir	0 ,		J	· — —		999999					
Ė			nts with extension (attac						999999		, I o	00	0.000	9999
AND	4-		dd lines 16(a), 16(b), an								- / -			
Ş	17		tax penalty (see Instruct	•						X 1				9999
TAX	18		If the total of lines 15 an	_										9999
1	19		is larger than the total o											9999
	20		unt of line 19 you want								` /			
ъ. С	21		UNT PAID with this retu											9999 9999
Amended Return	22	•	id (overpaid) on original DUE (REFUND) with a			•								9999
Ā.	<u> 23</u>													
9	9		I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been exam knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a					has any kn	-	1 0	1.0	•		
5	9	NAME AND TITLE XXXXXX									- T Z .	-12		
2	Sign Here	Signature of officer Print or type name and title of officer May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 2 of the Instructions) This designation does not re								es not replace	Date Form N-	848	X Yes	X No
ن ا	ה <u></u>	,	Preparer's signature			(PT		-1		Che	eck if	
8	ase	Paid	and date	PREPAR	רו מסכי	IAME XXXX	XXXXX	/VVV >	PREF	DI	VOX	self	f-employe	:d ≻ X
8		Preparer's	Print Preparer's Name Firm's name (or yours,						ODEXX					
2		Information	if self-employed)	FIRMS	NAME	ADDRESS					~ ~			9999
\Box			Address and ZIP Code	FIRMS	NAME	ADDRESS	AND	ZIP C	ODEXX	rnone no.	, ,,			

ATTACH CHECK OR MONEY ORDER HERE

Place QR Code Here

Federal Employer Identification Number 99-9999999

	Sche	edule C Income From Dividends (Classified	for Hawaii Purpe	oses)					
	1 Name of declaring corporation (Attach a separate sheet if more space is needed.)		2 National Bank Associations or certain high technology businesses			4 Received by a Small Business Investment Co. operating under Small Business Investment Act		5 Columns 2 through 4 and all other dividends	
اس	COI	RPORATION NAME XXXXXXXXXXXXX	999999999	9999	999999	99999	9999	99999999999	
DIVIDENDS	CORPORATION NAME XXXXXXXXXXXXX		999999999					99999999999	
	6	Total dividends. (Subtotal of column 5)		99999999999					
	7	·						99999999999	
ㅁ	8	Subtotal. Line 6 minus line 7			99999999999				
	9							99999999999	
1	10	Taxable mutual funds dividends		99999999999					
	11	Total taxable dividends. Line 9 plus line 10	>	99999999999					
	Sche								
1	1	Taxable income (loss) before Hawaii adjustments from page	1, line 10 (Unitary bus	ness tax	payers, see I	nstructions)	1	99999999999	
1	2	(a) Taxable dividends from Schedule C, line 11		2(a)	99999	999999			
<u>ဖ</u>		(b) Deductions allowable for federal tax purposes but not	allowable or						
16		allowable only in part for Hawaii tax purposes (attach	schedule)	2(b)	99999	<u>999999</u>			
١Ĕ		(c) The portion of the Hawaii jobs credit claimed applicable	-						
ADDITIONS		new employees from Schedule CR, line 25 (see Instru				<u>999999</u>			
٩		(d) Other adjustments (attach schedule)				999999			
1	1	3 Total additions (Add lines 2(a), 2(b), 2(c) and 2(d))					3	9999999999	
\vdash	4	Total of lines 1 and 3			<u></u>		4	99999999999	
1	5	Entire dividends as reported on federal return and included o				999999 999999			
1	6	Interest on obligations of the United States included on pa	•	6	99999	999999	1		
\S	7	Net income from sources outside Hawaii received by a foreign or do	·	-	00000	999999			
॒	。	except for unitary business taxpayers using Form N-30, Schedu		7	99999	999999			
5	8	Amortization of casualty losses where election is made to amorpurposes under section 235-7(f), HRS (attach explanation)		8	aaaaa	999999			
₽	9	Net operating loss deduction (under section 235-7(d), HRS) (9		999999	1		
SUBTRACTIONS	10	Other deductions or adjustments (attach schedule)				999999			
୪	11	Total subtractions (Add lines 5, 6, 7, 8, 9, and 10)					11	9999999999	
	12						12	9999999999	
		Note: If the corporation has a farming NOL for the tax year, to elect to							
Г	13	Enter the amount of net capital gains as shown on Schedule I					13	99999999999	
	14	, ,				>	14	99999999999	
	15						15(a)	99999999999	
1		(b) Tax on all other taxable income, line 14 — If the amou							
1		(i) Not over \$25,000 — Enter 4.4% of line 14	15(b)(i)	99999999999					
		(ii) Over \$25,000 but not over \$100,000 — Enter 5.4			0000000000				
		Subtract \$250.00 and enter difference		15(b)(ii)	99999999999				
ᇢ		(iii) Over \$100,000 — Enter 6.4% of line 14 \$ <u>999</u>							
IΞ		Subtract \$1,250.00 and enter difference					15(b)(iii) 15(c)	99999999999	
۱۶		(c) Total of lines 15(a) and 15(b)						99999999999	
ΙĘ	16	 (d) Using the rates listed on line 15(b), compute tax on all taxable income using amount from line 12 Total tax (enter the lesser of line 15(c) or 15(d)) (Combined unitary group filers, see Instructions) 						99999999999	
TAX COMPUTATION	17								
Iặ	18	Recapture of Capital Goods Excise Tax Credit from Form		18		999999			
-	19	· · · · · · · · · · · · · · · · · · ·				999999	1		
	20	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax		20		999999			
	21	Recapture of Capital Infrastructure Tax Credit from Form		21		999999			
	22	Recapture of Historic Preservation Income Tax Credit from Fe				999999			
	23		Total recapture of tax credits (Add lines 17, 18, 19, 20, 21 and 22)				23	99999999999	
	24	·					24	99999999999	
	25	Total tax (Add lines 16, 23, and 24). Enter here and on pa	ge 1, line 11			>	25	99999999999	
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