

STATE OF HAWAII—DEPARTMENT OF TAXATION EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

THIS SPACE FOR DATE RECEIVED STAMP

For calendar year 2024

Place QR Code Here

or other taxable year beginning 12-12, 2024 and ending 12-12, 2012

Human Readable text here

Final Return Amended Return (Attach Sch AMD) IRS Adjustment NOL Carryback

Name of organization, DBA or C/O, Mailing Address, City or town, State and Postal/ZIP code. Federal Employer I.D. No., Unrelated business activity code(s), Hawaii Tax I.D. No., This organization is a (check one): Corporation Charitable Trust

Table with 8 rows for Taxable Income. Columns: Description, Line Number, Amount. Includes Gross receipts or sales, Returns and allowances, Cost of goods sold, etc.

Table with 8 rows for Tax Computation. Columns: Description, Line Number, Amount. Includes Tax from TAX COMPUTATION SCHEDULE, Recapture of Capital Goods Excise Tax Credit, etc.

Table with 10 rows for Total Income Tax. Columns: Description, Line Number, Amount. Includes Total tax, Total refundable tax credits, ADJUSTED TAX LIABILITY, Total nonrefundable credits, Credits and payments, TAX DUE, OVERPAYMENT, Amount Paid.

ATTACH COPY OF FEDERAL FORM 990-T

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of officer, Date, NAME AND TITLE XXX

May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Instructions) Yes No

Preparer's Information: Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Address and ZIP Code, Federal E.I. No., Phone no.

Place QR Code Here	Name as shown on return NAME OF ORGANIZATION XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer Identification Number 99-9999999
Human Readable text here		

Amended Return	28. Amount paid (overpaid) on original return - AMENDED RETURN ONLY (see instructions)	28	9999999999
	29. BALANCE DUE (REFUND) with amended return (see Instructions)	29	9999999999

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	1	9999999999
2	Enter the total of other deductions (see Instructions, attach schedule)	2	9999999999
3	Difference — line 1 minus line 2	3	9999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	9999999999
5	Sum of lines 3 and 4	5	9999999999
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	9999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	9999999999
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	9999999999
	(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)	9999999999
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$ 9999999999 . Subtract \$250 and enter the difference.	8(b)(ii)	9999999999
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$ 9999999999 . Subtract \$1,250 and enter the difference.	8(b)(iii)	9999999999
	(c) Total of lines 8(a) and 8(b)	8(c)	9999999999
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	9999999999
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9.	9	9999999999

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	9999999999
2	Enter the total of other deductions (see Instructions, attach schedule)	2	9999999999
3	Difference — line 1 minus line 2	3	9999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	9999999999
5	Sum of lines 3 and 4	5	9999999999
6	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40)	6	9999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	9999999999
8	Enter the greater of line 7 or \$20,000.	8	9999999999
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	9999999999
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	9999999999
11	Multiply the amount on line 10 by 7.25%	11	9999999999
12	Total of lines 9 and 11.	12	9999999999
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	9999999999
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10	14	9999999999

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