STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-70NP (Rev. 2024)

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

FORM N-70NP (Rev. 2024)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-70NP. Form N-70NP is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-70NP 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.

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 N-70NP 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. N-70NP: 18 pt Arial bold

3. REV. 2024: 8 pt Arial

- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 2 of the form:
 - 1. FORM N-70NP (REV. 2024): 8 pt Arial bold

- The following font and size should be used for the form number located at the bottom right corner on pages 1 and 2 of the form:
 - 1. FORM N-70NP (REV. 2024): 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 indicator. 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).

 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).

6. Dollar Amounts

123456789

- · 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).

Form N-70NP (Rev. 2024) General Information and Scannable Specifications

- 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 N-70NP (Rev. 2024) cannot be filed until 2025.

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 positions:
 - 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):
 - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.
 - Page 2: 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: N70NP_T 2024A 01 VIDXX

The required QR code for page 2 is: N70NP_T 2024A 02 VIDXX

The QR code includes the form number (N70NP), an underscore, type of form (T), space, 4-digit form year (2024), 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 11
 - 2. Page 2: 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: N701K1W3

The required form serial number for page 2 is: N702K1W3

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 N-70NP. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM N-70NP

8 10 12

18 20 22 **STATE OF HAWAII—DEPARTMENT OF TAXATION** 50 52 54 56 THIS SPACE FOR DATE RECEIVED STAMP 80

6

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EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

(REV. 2024)

Cricle Parameter for the manufacture peginning 12-12 20-12 Parameter for them X Final Return X Amended Raturn (Attack Sin Atta) X IRS Adjustment X NOL Carryback A Federal Employer LD, No. 999-999999 Day or Circl DBA OR CARE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
President feet Intel X Final Return X Amanded Return X Amanded Return Attach X RS Adjustment X NOL Carryback
Name of prograntation Nam
Name of prograntation Nam
NAME OF ORGANIZATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dia or CO DBA OR CARE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DRA OR CARE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Mailing Address (number and street) ARTLLING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AT LING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City or town. State and Postal/ZIP code. If this is, a foreign address, see instructions. ZITY OR TOWN STATE POSTAL ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ETTY OR TOWN STATE POSTAL ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 99.0-1. Note: The sum of lines 1-5 DN NOT equal line 6. 1 Gloss receipts or sales. 2 Returns and allowances. 3 0-sot of goods sold and/or operations. 3 3 9999999999999999999999999999999999
1
2 993939393 3 Cost of goods sold end/or operations. 3 999999999 5 Capital gain not income (see Instructions). 4 9993999999 5 Other income . 5 9993999999 6 Total unrelated trade or business income. 5 9993999999 8 Unrelated trade or business income. 7 9993999999 8 Unrelated business taxable income . 8 9393999999 9 Tax = From TAX COMPUTATION SCHEDULE on page 2. Part I. line 9
3 3993939393939393939393939393939393939
4
5 Other income 6 Total unrelated trade or business income. 6 Total unrelated trade or business income. 7 Total deductions 8 39393939393 8 Unrelated business taxable income 8 39393939393 9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part I, line 9 9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part I, line 14 10 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part II, line 14 11 Recapture of Capital Goods Excise Tax Credit from Form N-312, 111 9993939939 12 Recapture of Capital Goods Excise Tax Credit from Form N-586, Part III (attach Form N-586) 13 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586) 14 9393939393 15 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586) 15 Recapture of Incortant Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) 16 Recapture of Capital Infrastructure Tax Credit (attach Form N-348) 17 Total ax (add lines 9 or 10 and 11, 12, 13, 14, 15 and 16) 18 Total refundable tax credits from Schedule CR, line 10 19 ADJUSTED TAX LIABILITY — Line 17 minus line 18. If line 19 is zero or less, see Instructions. 19 999393939 10 Total nonrefundable credits from Schedule CR, line 32 11 Line 19 minus line 20 12 Credits and payments (add lines 22(a) through 22(c)) 13 Estimated tax payments (add lines 22(a) through 22(c)) 14 TAX DIE II line 19 is zero or less, see Instructions. 15 PEDERAL FORM 16 (a) 3939393939 17 (d) Total oredits and payments (add lines 22(a) through 22(c)) 18 Estimated tax payments (add lines 22(a) through 23 (a) seriar amount owed (see Instructions) 19 (a) 3939393939 20 Total nonrefundable credited to 2024 21 (a) 2023 overpayment credited to 2024 22 (a) 3939393939 23 Estimated tax payments (redited to 2024 (a) sarger than the total of lines 21 and 23, enter amount owed (see Instructions) 24 (a) 3939393939 25 (b) Estimated tax payments (abd lines 22(a) through 22(c)) 26 (a) Enter the amount of line 25 you want Refunded to you (line 25 minus line 26(a)) 27 (b) Enter the amount of li
5 Other income 6 Total unrelated trade or business income. 6 Total unrelated trade or business income. 7 Total deductions 8 39393939393 8 Unrelated business taxable income 8 39393939393 9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part I, line 9 9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part I, line 14 10 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part II, line 14 11 Recapture of Capital Goods Excise Tax Credit from Form N-312, 111 9993939939 12 Recapture of Capital Goods Excise Tax Credit from Form N-586, Part III (attach Form N-586) 13 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586) 14 9393939393 15 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586) 15 Recapture of Incortant Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) 16 Recapture of Capital Infrastructure Tax Credit (attach Form N-348) 17 Total ax (add lines 9 or 10 and 11, 12, 13, 14, 15 and 16) 18 Total refundable tax credits from Schedule CR, line 10 19 ADJUSTED TAX LIABILITY — Line 17 minus line 18. If line 19 is zero or less, see Instructions. 19 999393939 10 Total nonrefundable credits from Schedule CR, line 32 11 Line 19 minus line 20 12 Credits and payments (add lines 22(a) through 22(c)) 13 Estimated tax payments (add lines 22(a) through 22(c)) 14 TAX DIE II line 19 is zero or less, see Instructions. 15 PEDERAL FORM 16 (a) 3939393939 17 (d) Total oredits and payments (add lines 22(a) through 22(c)) 18 Estimated tax payments (add lines 22(a) through 23 (a) seriar amount owed (see Instructions) 19 (a) 3939393939 20 Total nonrefundable credited to 2024 21 (a) 2023 overpayment credited to 2024 22 (a) 3939393939 23 Estimated tax payments (redited to 2024 (a) sarger than the total of lines 21 and 23, enter amount owed (see Instructions) 24 (a) 3939393939 25 (b) Estimated tax payments (abd lines 22(a) through 22(c)) 26 (a) Enter the amount of line 25 you want Refunded to you (line 25 minus line 26(a)) 27 (b) Enter the amount of li
6 Total unrelated trade or business income. 7 Total deductions 8 Unrelated business taxable income 8 0 Unrelated business taxable income 9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part II, line 9 ▶ 9 999999999 10 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part II, line 14 ▶ 10 9999999999 11 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part II, line 14 ▶ 10 9999999999999999999999999999999999
Total deductions 7
8 93939393939393939393939393939393939393
9 Tax — From TAX COMPUTATION SCHEDULE on page 2. Part I, line 9
Tax
Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)
12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586) 12 99999999999999999999999999999999
Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338). 13 99999999999999999999999999999999999
Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344). 14 99999999999999999999999999999999999
15
16 Recapture of Historic Preservation Income Tax Credit (attach Form N-325)
17 Total tax (add lines 9 or 10 and 11, 12, 13, 14, 15 and 16) 18 399999999999999999999999999999999999
Total refundable tax credits from Schedule CR, line 10
ADJUSTED TAX LIABILITY — Line 17 minus line 18. If line 19 is zero or less, see Instructions
Total nonrefundable credits from Schedule CR, line 32
Line 19 minus line 20
Line 19 minus line 20
Credits and payments: (a) 2023 overpayment credited to 2024 (b) Estimated tax payments. (c) Tax paid with automatic extension of time to file. (d) Total credits and payments (add lines 22(a) through 22(c)). Estimated tax penalty (see Instructions). Check if Form N-220 is attached. TAX DUE — If line 22(d) is smaller than the total of lines 21 and 23, enter amount owed (see Instructions). OVERPAYMENT — If line 22(d) is larger than the total of lines 21 and 23, enter amount overpaid (see Instructions). OVERPAYMENT — If line 25 you want Credited to 2025 estimated tax (b) Enter the amount of line 25 you want Refunded to you (line 25 minus line 26(a)) Take Instructions (see Instructions). 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. NAME AND TITLE XXX
(b) Estimated tax payments
(b) Estimated tax payments
(c) Tax paid with automatic extension of time to file
(d) Total credits and payments (add lines 22(a) through 22(c))
23 Estimated tax penalty (see Instructions). Check if Form N-220 is attached
TAX DUE — If line 22(d) is smaller than the total of lines 21 and 23, enter amount owed (see Instructions)
OVERPAYMENT — If line 22(d) is larger than the total of lines 21 and 23, enter amount overpaid (see Instructions) . > 25 9999999999999999999999999999999999
(a) Enter the amount of line 25 you want Credited to 2025 estimated tax
(b) Enter the amount of line 25 you want Refunded to you (line 25 minus line 26(a))
27 Enter AMOUNT PAID with this return
I declare, under the penalties set forth in section 231-36, HR\$, 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 12-12-12 NAME AND TITLE XXX
and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 12-12-12 NAME AND TITLE XXX
and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 12-12-12 NAME AND TITLE XXX
→ NAME AND TITLE XXX
· · · · · · · / · · · · · · · · · · · · · · · · · · ·
★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Instructions) X Yes X No
This designation does not replace Form N-848, Power of Attorney.
Preparer's signature Date Check if PTIN The Date Check if Date Date Date Check if Date Date Date Date Date Date Date Date
Paid Print Preparer's Name PREPARER NAME XXXXXXXXXX 12-12-12 Self-employed X PREP ID No Preparer's Information Figure 1 and 1
Preparer's Firm's name (or yours, FIRM'S NAME ADDRESS XXXXXXXXXXXXXX Federal > 99+9999999 FIRM'S NAME ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address and ZIP Code FTRMS NAME ADDRESS XXXXXXXXXXXXXX Phone no. > (999) 999-995

6 8	10 12 14 16 18 20 22 24 26 N-70NP (REV. 2024)	28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62	64 66 68	70 72 74 76 78 80 Page 2	82
		Name as shown on return Federal	Employer Id	dentification Number	4
Place QR Co		NAME OF ORGANIZATION	-999999		5
Here		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-999999	79	6
	Readable text here				7
				000000000	8
Per 28.		return - AMENDED RETURN ONLY (see instructions)	28	9999999999	
) Est 29	BALANCE DUE (REFUND) with a	mended return (see Instructions)	29	999999999	1
					11
2					12
3					13
ΤΔ	COMPUTATION SCHED				. 14
			4 4: \		15
PAR		ble as CORPORATIONS (See Instructions for Tax Cominess taxable income as shown on page 1, line 8	putation)	999999999	16
		(see Instructions, attach schedule)	2	9999999999	
		(see instructions, attach schedule)	3	9999999999	
		atyustiana attach sahadula)	4	999999999	
		structions, attach schedule)	5	9999999999	
5		pital gain from line 18, Schedule D (Form N-30/N-70NP)	. 6	9999999999	
			7	9999999999	1
			8(a)	9999999999	
	(b) Tax on all other taxable income		Q(d)		1
5	(i) Not over \$25,000 — Ente		8(b)(i)	999999999	25
7	(ii) Over \$25,000 but not ove		[0(D)(I)]		26
	of line 7 \$ 9999999		8(b)(ii)	999999999	
9	(iii) Over \$100,000 — Enter 6		0(D)(II)		29
)	of line 7 \$ 9999999		8(b)(iii)	999999999	
	(c) Total of lines 8(a) and 8(b)	. Subtract \$1,250 and enter the difference	8(c)	9999999999	
2		b), compute the tax on the amount on line 5 above	8(d)	9999999999	
9		8(c) or line 8(d)). Also, enter this amount on page 1, line 9	9	9999999999	
PAR		Trust Rates (See Instructions for Tax Computation)			34
1		iness taxable income as shown on page 1, line 8	. 1	999999999	
2		(see Instructions, attach schedule)	2	999999999	
3			3	999999999	
4	Hawaii additions to income (see Ir	structions, attach schedule)	. 4	999999999	
5			5	999999999	39
6		t. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40) .	. 6	999999999	
7			7	999999999	•
8			. 8	999999999	
9	Using the Trust Tax Rates below,	compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,12	8. 9	9999999999	43
10			10	999999999	
11			11	999999999	
12			12	999999999	46
13	Using the Trust Tax Rates below of	compute the tax on the amount on line 5 above	13	999999999	
14	Total tax (enter the smaller of line	12 or line 13). Also, enter this amount on page 1, line 10	14	9999999999	48
,					49
)					50
					51
2		TRUST TAX RATES FOR PERIODS AFTER 12/31/01			52
8	If the taxable income i	s: The tax shall be:			53
	Not over \$2,000				54
5	Over \$2,000 but not o				55
5	Over \$4,000 but not o	ver \$8,000	er \$4,000		56
. 1	Over \$8,000 but not o	ver \$12,000	ver \$8,000		57
	Over \$12,000 but not	over \$16,000	ver \$12,000		58
	OVCI \$12,000 But 1101		Vor \$16 000		1 20
	Over \$16,000 but not	over \$20,000	vei \$ 10,000		59
3		over \$30,000	over \$20,00		60
33	Over \$16,000 but not	over \$30,000	over \$20,00		
3	Over \$16,000 but not Over \$20,000 but not	over \$30,000	over \$20,000 over \$30,000	0	60

N-70NP

(REV. 2024)

EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

For calendar year 2024

Place QR Code Here

ŀ	Hum	an Readable text h	nere X	Final Return	X Amended Retur	n (Attach Sch AMD)	X IRS Ad	ljustment	X NO	DL Carryb	ack			
Г		Name of org										oyer I.D. N	lo.	
		NAME OF	'ORG	ANIZATION	XXXXXXXX	XXXXXXXXX	XXXXXX	XXXXXXX		99	-999	99999		
	TYPE	Dba or C/O							В	Unrela	ted bus	siness acti	vity co	ode(s)
	۲ ۲		CARE	OF XXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXX	XXXXXXX			9999		,	()
	- OR	Mailing Addr	ess (num	nber and street)					l c	Hawaii	Tax I.[D. No.		
	PRINT				XXXXXXXXX	XXXXXXXXX	XXXXXX	XXXXXXX		GE-	999-	-999-9	999	9-99
	PR	City or town	State an	nd Postal/ZIP code	If this is a foreign	n address, see Inst	ructions		- Б	This or	naniza	tion is a (c	heck	one).
						CODE XXX		XXXXXXX			-	•		le Trust
ŀ	\dashv	FNTER APP	ROPRIAT	TE AMOUNTS ERC	M FEDERAL FOR	М 990-Т. Note: Th	e sum of line	s 1 - 5 DO NOT		- 1	Tation	011	arread	
									•		1	99999	990	9999
	ь										2	99999		
	Ю											99999		
	낕		-								4	99999		
	Taxable Income										5	99999		
	axe										6	99999		
											7	99999		
											8			
-	\dashv					age 2, Part I, line 9					_	99999		
						age 2, Part II, line :						99999		
	Computation					age 2, Fart II, IIIIe Form N-312, Part I						99999		
ш	ntat			•		Form N-586, Part I	•	,				99999		
낊	mp					N-338 (attach For	•	,				99999		
푀	ပိ					•	•					99999		
띪	Тах					gricultural Cost Ta	•		•			99999		
ORDER HERE						n Form N-348)						99999		
						it (attach Form N-3						99999		
MONEY						d 16)						99999		
8						10						99999		
Σ						8. If line 19 is zero						99999		
R						32						99999		
쑀											21	99999	1999	1999
삘	Тах		and payr		0004		L	201 1 0 0 0 0	2000	2000	ΔΤΤ	ACH C	OP۱	/ OF
히	μe			-				22(a) 99999				DERAL		
АТТАСН СНЕСК	Total Income						_				LEI		_	KIVI
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۱	Tot	(a) lota	ıı credits a	and payments (ad	d lines 22(a) throu	igh 22(c))				Ċχ		99999		
		23 Estimat	ed tax pe	enaity (see instruc	uons). Check ii Fo	rm N-220 is attach	iea			,		99999	999	1999
						ines 21 and 23, er					24	99999		
				` '	ŭ	lines 21 and 23, ente			,		25	99999		
		, ,		•		2025 estimated					26(a)	99999		
		. ,		•		to you (line 25 mir	٠,	• •			26(b)	99999		
-	_	27 Enter A	MOUNI	PAID WITH THIS FEE	urn						27	99999	1999	<u> 1999</u>
						n (including any accomp n taxpayer) is based on a					me and,	to the best of	my kno	wledge
	ē	\				1 .	2 12 12	,	1/1	AME	7/ NI D	TITL	r v	XX
	He	Sign	nature of o	officer			2-12-12 Date	<u>-</u> /		me and ti			۸ نا	<u> </u>
	Sign Here				n discuss this return	n with the preparer		? (See page 5 of				【 Yes	х	No
				oes not replace For				(_			-
	3Se		Preparer's	s signature				Date	o c	heck if	- 1	PTIN		
	Please	Paid	Print Prep	parer's Name	REPARER N	AME XXXXX	XXXXX	12-12-1	12 se	elf-employe	x	▶ PREP	ΙD) NOX
	-	Preparer's Information	Firm's nar	me (or yours,	FIRMS NAM	ME ADDRESS	S XXXXX	XXXXXXX	X E	ederal > 9	9-9	99999	9	
				and ZIP Code		ME ADDRESS				hone no.				9999

Page 2

Federal Employer Identification Number 99-9999999

Human Readable text here

28. Refuru 29.	Amount paid (overpaid) on original return - AMENDED RETURN ONLY (see instructions)	28	9999999999
^투 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							
3	Difference — line 1 minus line 2	3	999999999				
4	Hawaii additions to income (see Instructions, attach schedule)	4	999999999				
5	Sum of lines 3 and 4	5	999999999				
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	999999999				
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	999999999				
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	999999999				
	(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 \$ 9999999999999999999999999999999999	8(b)(ii)	9999999999				
	(iii) Over \$100,000 — Enter 6.4%						
	of line 7 \$ 9999999999999999999999999999999999	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	 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	999999999				
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	999999999				
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	999999999				
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	999999999				
11	Multiply the amount on line 10 by 7.25%	11	999999999				
12	Total of lines 9 and 11	12	999999999				
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	999999999				
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10	14	9999999999				

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	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					