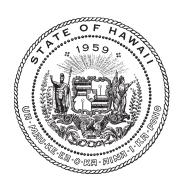
STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form F-1 (Rev. 2018)

Contact Information for General Questions

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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.

FORM F-1 (Rev. 2018)

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:
 - Helvetica
- 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 Helvetica bold
 - 2. F-1: 18 pt Helvetica bold
 - 3. Rev. 2018: 8 pt Helvetica
- 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. 2018): 8 pt Helvetica 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: 8 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 10 pt Courier 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:

12-1234567

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

Page 3

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. 2018) cannot be filed until 2019.

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 through 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 45, row 65.

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 10.
 - 2. Pages 2 through 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 2018A 01 VIDXX:

The required QR code for page 2 is: F1_T 2018A 02 VIDXX

The required QR code for page 3 is: F1_T 2018A 03 VIDXX

The required QR code for page 4 is: F1_T 2018A 04 VIDXX

The QR code includes the form number (F1), an underscore, type of form (T), space, 4-digit form year (2018), 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 at the bottom of page 1 at column 6, row 64, utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only 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. 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.

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1	0.	(a) TOTAL INCOME — from page 1, line 10	ļ.,			10(a)	199	9999	9999	<u> 19 .</u>	00
		DEDUCTIONS									
1	1	Compensation of officers (Schedule E)	ļ.,						9999		
1	2.	Salaries and wages (not deducted elsewhere)	ļ.,						9999		
1		Repairs (Do not include cost of improvements or capital expenditures)	ļ.,						9999		
1	4.	(a) Bad debts (Schedule F) 99999999999 . 0.0 Plus 14(b) Rents 999	99	999999.00	, Sum ➤				99999		
1	5.	(a) Taxes (Attach schedule) 99999999999.00 Plus 15(b) Interest 99	99	9999999.0	0 , Sum >				9999	-	
1	6.	Contributions or gifts paid (Attach schedule)	ļ.,.						99999		
1	7.	Amortization (Attach schedule)	ļ.,						9999		
1	8.	Depletion	ļ.,						9999		
1	9.	Depreciation (from federal Form 4562)	ļ.ļ.						9999		
2	20.	Advertising	L			20	99	9999	9999	€9.	00
2	21.	Amounts contributed under: (a) Pension, profit-sharing, stock bonus, annuit	y pla	ans (Attach sch	edule)				99999		
		(b) Other employee benefit plans (Attach sche	lule)		21(b)	99	9999	9999	€9.	00
2		Other deductions (Attach schedule)	ļ.ļ.						9999		
2	23.	TOTAL DEDUCTIONS Acd lines 11 through 22	ļ.,				-		9999		
2	24.	Net income before Hawaii adjustments (line 10(a) minus line 23)	ļ.,			24	99	9999	99999	€9.	0.0
		STATE ADJUSTMENT	s								
A	DD:										
2	25.	Taxable dividends from Schedule C, line 10	ļ.,			25	99	9999	99999	99.	00
2	26.	(a) Interest on obligations of the United States or its possessions or on securi	ties	issued under a	n						
		Act of Congress. (See instruction VI(a)(1))	L			26(a)	99	9990	9999	99	0.0
		(b) Interest on state, territorial, municipal, county, or other bonds or securities	inc	luding Hawa iar	n issues.						
		not included on line 6. (See instruction VI(a)(2))				26(b)	99	9999	99999	99.	00
2	7.	Amount of deduction for bad debts taken on line 14(a). (See Instructions IV(b							9999		
2		Other additions required by law submit schedule. (See Instruction IV(b))							9999		
2		Total of lines 24 through 28							99999	-	
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3			-	99999999							
				99999999							
		Total of lines 30 through 32	Ι			33	99	9999	9999	99.	0.0
		Net income after Hawaii adjustments (line 29 minus line 33)							99999		
		Note: If you do not need to apportion your income, skip lines 35 through	56.	enter the amo	ount on					Т,	
		line 34 on line 57, and continue with line 58. Otherwise, continue									
		ADJUSTMENTS TO ARRIVE AT APPORTIONABLE BUS	INE	SS INCOME S	UBJECT TO	XATC					
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		Nonbusiness dividends included on page 1, line 4, and included	Т			1					
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		Total (lines 35 to 40, inclusive)	70		7.7.7.100	//1	Too	0000	9999	0 T	0.0
		Balance (line 34 minus line 41)	11.		1111		_		9999	-	
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		Total of lines 43 and 44	-		++++				9999		
		Business income from sources within and without Hawaii (line 42 plus line 45	1			46	199	9999	9999	19.	UU
	7.	Allocate 0.99999% (from Schedule P. line 8), as apportionable income att	rıbul	adie to Hawaii a	ana	\square	#	+++	+++	++	+++
		Subject to tax. (Multiply line 46 by the %)				47		0000	99999	7 C I	'h h

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and Current	Receivable	(or Net)	Sales on Account	Allowance	6. Gross Amou	nt 7. Am	ount Charged	8. Balance	e of
Taxable Years	Outstanding at End of Year	Reported		ls Carried on Books	Added to Allowar	ice Agair	st Allowance	Allowand	ce
	99999999.00	000000000000000000000000000000000000000	000000	9999999.00	999999999.	00 000	99999.00	9999999	00
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20 99			999999.00				99999.00		
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2.		Tax Credit (Attach Forn						99999999.	00
3.	Carryover of the High	Technology Business I	nvestment Tax Cr	edit (Attach Form I	N-323)		3 9999	99999999.	.00
4.	Carryover of the Rene	ewable Energy Technol	ogies Income Tax	Credit (for systems	s installed and pla	ced in			
	service before July 1,	2009) (Attach Form N-	323)				4 ● 9999	99999999.	.00
5.		echnologies Income Tax			e on or after July	1, 2009			
		Check the type of ener						99999999.	00
6.		Credits. Add lines 1 thr		ere and on page 1,	line 72)	>-	6 9999	99999999.	0.0
50ne		FUNDABLE CRED	7113 CIN						.100
	Capital Goods Evoice	Tay Cradit (Attach For	rn (1-312)				10 1000	2000000	
2	Capital Goods Excise Benewable Energy Te						1 9999	999999999999999999999999999999999999999	
2.	Renewable Energy Te	echnologies Income Tax	Credit for System	ns Placed in Servi					00
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FORM F-1 (REV. 2018)

STATE OF HAWAII — DEPARTMENT OF TAXATION

FRANCHISE TAX RETURN

BANKS, OTHER FINANCIAL CORPORATIONS, AND SMALL BUSINESS INVESTMENT COMPANIES

Place QR Code Here

CALENDAR YEAR 2019 OR FISCAL YEAR BEGINNING IN 2019 (Based on income for calendar year 2018 or fiscal year beginning on ______12-12______, 2018 and ending

		12-12,	, 20 _	99) (First year, Se	econd year, &	Final re	eturn filers,	see Instruction	ns)			
			X	IRS Adjustment	Hawaii Tax I.D. N	lumber		Fede	ral Employ	er I.D. No.		
X	AME	NDED Return (Attach Sch. AMD)		NOL Carryback			-9999-9		-9999			
	Name	TIELD HELDIN (Allach Sch. AMD)	Z	INOL Carryback	GE-777	1-222	-		Business			
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찚		LING ADDRESS XXXXXXXXX tate, and Postal/ZIP Code		^^^^	^^^^^	ΛΛΛΛΙ	ΛΛΛΛΛΛ			n Country of Inc	corporation	
_	-	STATE ZIP CODE XXXXX	VVV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vvvvvvvv	vvvvv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OF INC	•	/vvvv
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`	Z Z		₹	0		v	ī 01	of Addison				
	X	,		Second year retur		X	- ·	of Address				.1
	<u>م</u> ا	Final return (Business end date	12	-12	, 20 12)	I.A.	Liection	to pay via the	ınstalin	nent payme	nt metno	a
		A 0000V 05 ALL 0		50 OF VOUR FER	EDAL DETLID	N I N 41 10	OT 4000	1 4D 4 N 1 / TL 110	DETUD	N.I.		
		A COPY OF ALL P										
		If this is a consolidat	ed r	eturn, attach copy	of Hawaii Foi	rms N-3	304 and N-	303 for each	subsidi	ary.		
	1. (Gross Receipts 999999999999999999999999999999999999	.00	Less: Return	s and allowan	ices	9999999	9999.00	1	999999	99999	.00
	2 . l	Less: Cost of goods sold and/or ope	eratio	ns (Attach schedule	e)				2	999999	99999	.00
		Gross Profit (line 1 minus line 2)							3	999999	99999	.00
Æ		Dividends (Schedule C)							4	999999		
õ		,	[Gross Amount				Bond Premiu	m			
2	5. I	Interest on government obligations.	.	999999999	99.00		9999999	9999.00	5	999999	99999	.00
S	6. (Other interest	1	999999999				9999.00	6	999999		
GROSS INCOME				Plus 7(b) R					7(c)			
GB.	8. ((a) Net capital gains (from federal So								999999		_
	((b) Ordinary gain or loss (from federa	al Sc	hedule 4797)						999999		
	9. (Other income (Attach schedule)							9	999999		
	10.	TOTAL INCOME — Add lines 3 throu	ıgh 9	. Enter here and or	n page 2, line	10(a) .			10●			
	69.	TOTAL TAX from page 3, line 68							69●			
	70.	Total Refundable Credits. Enter the	resul	It from page 4, Sche	dule I, line 3				70●	999999	99999	.00
	71 . l	Line 69 minus line 70. If line 71 is ze	ero o	r less, see Instructio	on XV				71	999999	99999	.00
	72	Total Nonrefundable Credits from Sc	hedu	ıle H, line 6					72●	999999	99999	.00
	73. (Capital Infrastructure Tax Credit (Atta	ach F	orm N-348)					73●	999999	99999	.00
	74. l	Line 71 minus the sum of lines 72 ar	nd 73	(See Instruction X\	/I)				74	999999	99999	.00
¥	75. F	Payment with extension (Attach Form	n N-7	755)		75●	9999999	9999.00		•		
F	76.	Tax installment payments (See Instru	uction	n XIV)				9999.00				
	77.	Add lines 75 and 76 and enter result							77	999999	99999	.00
	78.	TAX DUE (Line 74 minus line 77. If I	ine 7	77 is greater than line	e 74, skip line	79 and	go to line	80)	78●	999999	99999	.00
	79. [Enter amount paid with this return .							79●	999999	99999	.00
	80.	OVERPAYMENT (If line 77 is larger t	than	line 74) (See Instruc	ction XVIII) .	. enter	AMOUNT	OVERPAID >	- 80●	999999	99999	.00
	81. [Enter amount of line 80 you want Cr o	edite	ed to 2020 installmen	nt payments >	81●	9999999	99999.00				
	82. /	Amount to be REFUNDED TO YOU (line	80 minus line 81) .				. REFUND >	82	999999	99999	.00
mended Return	83. /	Amount paid (overpaid) on original re	eturn	— AMENDED RET	TURN ONLY (See Instru	uctions. Attac	h Sch. AMD)	83	999999	99999	.00
Ame Ret	84. I	BALANCE DUE (REFUND) with am	nend	ed return (See Inst	ructions. Attac	h Sch.	AMD)		84	999999	99999	.00
		I declare, under the penalties set forth in sec my knowledge and belief, is a true, correct, a										
Ple Sig	ease	Corporations, Chapter 241, HRS.			, 101 1110 141	your	ou, puroua	to and marvain life	iana			
He		> •					2-1212	>.		E XXXXX	XXXXXX	XXXXX
		Signature of officer			-	Date			Title			
Pai	d	Preparer's Signature, and					ate	Check if		Preparer's ider		
Pre	parer's		REI	R NAME XXXXX	XXXXXXX	14/	12/12	self-employed		PREP II	NUMB	BER X
	rmation	Firm's name (or yours if self-employed),	AME	XXXXXXXXXXX	XXXXXXXX	XXXXX	XXXXXX	Federal ➤ 99 -		999		
		address, and Postal/ZIP Code ADDRES	S X	XXXXXXXXXXXX	XXXXXXXX	XXXXX	XXXXXX	Phone No. >	(999)	999-99	199	

FORM F-1 (REV. 2018) Page 2

Place QR Code Here

Federal Employer Identification Number 99-9999999

		٠				
10.	(a) TOTAL INCOME — from page 1, line 10			10(a)	99999999999	.00
	DEDUCTIONS					
11.	Compensation of officers (Schedule E)			11	9999999999	.00
12.	Salaries and wages (not deducted elsewhere)			12	9999999999	.00
13.	Repairs (Do not include cost of improvements or capital expenditures)			13	9999999999	.00
14.	(a) Bad debts (Schedule F) 99999999999999999999999999999999999	99999.00	, Sum ➤	14(c)	9999999999	.00
15.	(a) Taxes (Attach schedule) 999999999999999999999999999999999999			15(c)	99999999999	.00
16.	Contributions or gifts paid (Attach schedule)			16	9999999999	.00
17.	Amortization (Attach schedule)			17	9999999999	.00
18.	Depletion			18	9999999999	.00
19.	Depreciation (from federal Form 4562)			19	9999999999	.00
20.	Advertising			20	9999999999	.00
21.	Amounts contributed under: (a) Pension, profit-sharing, stock bonus, annuity plar	ns (Attach sched	dule)	21(a)	9999999999	.00
	(b) Other employee benefit plans (Attach schedule)			21(b)	9999999999	.00
22.	Other deductions (Attach schedule)			22	9999999999	.00
23.	TOTAL DEDUCTIONS — Add lines 11 through 22			23●	9999999999	.00
24.	Net income before Hawaii adjustments (line 10(a) minus line 23)			24	9999999999	.00
	STATE ADJUSTMENTS					
ADD:						
25.	Taxable dividends from Schedule C, line 10			25	9999999999	.00
26.	(a) Interest on obligations of the United States or its possessions or on securities is	ssued under an				
	Act of Congress. (See instruction VI(a)(1))			26(a)	9999999999	.00
	(b) Interest on state, territorial, municipal, county, or other bonds or securities, inclu	•				
	not included on line 6. (See instruction VI(a)(2))			26(b)	9999999999	.00
27.	Amount of deduction for bad debts taken on line 14(a). (See Instructions IV(b) and			27	9999999999	.00
28.	Other additions required by law — submit schedule. (See Instruction IV(b))			28	9999999999	.00
29.	Total of lines 24 through 28			29	9999999999	.00
DEDL	JCT:					
30.		9999999999	9.00			
31.	· · · · · · · · · · · · · · · · · · ·	9999999999	_			
32.	Other deductions authorized by law — submit schedule. (See Instructions VI(b) and X(b))					
33.	Total of lines 30 through 32			-		.00
34.	Net income after Hawaii adjustments (line 29 minus line 33)			34	99999999999	.00
	Note: If you do not need to apportion your income, skip lines 35 through 56, e		nt on			
	line 34 on line 57, and continue with line 58. Otherwise, continue with I	ine 35.				
	ADJUSTMENTS TO ARRIVE AT APPORTIONABLE BUSINES	S INCOME SU	BJECTTO	ΤΔΧ		
DEDL		O INCOME OU	5525110			
35.	Nonbusiness dividends included on page 1, line 4, and included			1		
JU.	Tronsacinoso dividende inoladed en page 1, line 4, and inoladed		.	l		

DED	CI.						
35.	Nonbusiness dividends included on page 1, line 4, and included						
	on line 24 above	35	99999999999.	00			
36.	Nonbusiness interest (Attach schedule)	36	99999999999.	00			
37.	Royalties from nonbusiness assets (Attach schedule)	37	99999999999.	00			
38.	Net profit from nonbusiness rental property	38	99999999999.	00			
39.	Net gain from nonbusiness assets (Attach schedule)	39	99999999999.	00			
40.	Other adjustments (Attach schedule)	40	99999999999.	00			_
41.	Total (lines 35 to 40, inclusive)				41	9999999999.00	_
42.	Balance (line 34 minus line 41)				42	9999999999.00	_
ADD:							_
43.	Net loss from nonbusiness rental property	43	99999999999.	00			
44.	Net loss from nonbusiness assets (Attach schedule)	44	99999999999.	00			_
45.	Total of lines 43 and 44				45	9999999999.00	_
46.	Business income from sources within and without Hawaii (line 42 plus line	45)		[46	9999999999.00	_
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	9999999999.00	
							_

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48.

48 9999999999.00

CLASSIFICATION OF APPORTIONABLE BUSINESS INCOME SUBJECT TO TAX

Enter the portion of the amount on line 47 that is ordinary income.

49.	Enter the portion of the amount on line 47 th	at is net capital gain. Al	so, enter on l	ine 60			49	9999999999	.00
50.	Total (lines 48 and 49). This total must be ed	qual to the amount on lir	ne 47				50	9999999999	.00
	INCOME WI	HOLLY ATTRIBUTABLE	TO HAWAII	SUBJECT	T TO TAX				
51.	Gain (or loss) from sale of real estate and other tangib	ole assets located in Hawaii .	51	999999	99999.	00			
52.	Royalties from property located in Hawaii .		52	999999	99999.	00			
53.	Net profit (or loss) from nonbusiness rental p	property within Hawaii .	53	999999	99999.	00			
54.	Net gain from sale of nonbusiness assets loc	cated in or having tax							
	situs in Hawaii:								
	(a) Net short-term capital gain		54(a)	999999	99999.	00			
	(b) Net capital gain attributable to Hawaii. (The	his amount, if any, also							
	should be entered on line 60)		54(b)	999999	99999.	00			
	(c) Net gain (or loss) from sale or exchange								
	capital assets		54(c)	999999	99999.	00			
55.	Income from intangible personal property. Ir	nclude entire income							
	(or loss) of intangibles which, because of do	micile of the corporation							
	or business situs of intangibles, are located i	in Hawaii. Add back							
	Hawaii allocated, nonbusiness income and o	lividends.							
	(a) Dividends included on line 35 above (Atta	ach schedule)	55(a)	999999	99999.	00			
	(b) Interest			999999					
	(c) All other income from intangibles (Attach	schedule)		999999		_			
56.	Total income wholly attributable to Hawaii (lir	nes 51 to 55(c))		•			56	99999999999	.00
57.	Total of lines 47 and 56 (or the amount from	line 34 if you did not nee	ed to apportion	on your inc	ome)			99999999999	$\overline{}$
58.	Net operating loss deduction—submit sched	lule. (See instruction XI))					99999999999	
59.	Net income (or loss) for Hawaii tax purposes	(line 57 minus line 58).					59	99999999999	.00
		TAX COMPL	JTATION						
60.	Enter the amount of net capital gains as sho	wn on page 1, line 8(a).	(If you appo	rtioned you	ur income,				T
	enter the amounts from lines 49 and 54(b), it	f any, instead)					60	99999999999	.00
61.	Line 59 minus line 60 (If less than zero, ente	er zero)				. ▶	61	99999999999	.00
62.	(a) Tax on capital gain — 4% of amount on li	ine 60				[62(a)	99999999999	.00
	(b) Tax on net income — 7.92% of amount of	n line 61				[62(b)	99999999999	.00
	(c) Total of lines 62(a) and 62(b)					[62(c)	99999999999	.00
	(d) Using the 7.92% rate, compute tax on all	taxable income using a	mount from li	ne 59		[62(d)	99999999999	.00
63.	Total tax (enter lesser of line 62(c) or 62(d))		<u></u>			[63	99999999999	.00
64.	Recapture of Capital Goods Excise Tax Cred	dit from Form N-312, Par	rt II 64	999999	99999.	00			
65.	Recapture of Low-Income Housing Tax Cred	lit from Form N-586, Par	t III 65	999999	99999.	00			
66.	Recapture of Capital Infrastructure Tax Cred	it from Form N-348, Par	t IV 66	999999	99999.	00			
67.	Total recapture of tax credits (Add lines 64, 6	65, and 66)					67	9999999999	9.00
68.	Total tax (Add lines 63 and 67). Enter here a	and on page 1, line 69 .				. ➤	68	9999999999	9.00
Sche	dule C INCOME FROM DIVII	DENDS (Classified	for Hawa	ii Purpo	ses)				
		0.01.01.01.01.01.01	3. Received		4. Receiv				
	Name of declaring corporation	2. National Banking Associations	affiliate (includ as IRC secti		business i operating			All other divide	nds
			qualifying o		Business I				
AME	OF CORPORATION XXXXXXXXXXX	999999999.00	9999999	999.00	99999	99999	9.00	9999999999	.00
AME	OF CORPORATION XXXXXXXXXXX	999999999.00	9999999	999.00	99999	99999	∍.00	9999999999	.00
AME	OF CORPORATION XXXXXXXXXXX	999999999.00	9999999	999.00	99999	99999	€.00	9999999999	.00
6. To	tal dividends (Add amounts in columns 2, 3, 4	, and 5). Enter here and	d on page 1,	line 4				9999999999	.00
	vidends qualifying for the 70% dividends recei	•						9999999999	.00
	ultiply line 7 by .30 (30%)	•		,				9999999999	.00
	xable mutual funds dividends							9999999999	.00
	tal taxable dividends (Add lines 8 and 9). Ent								

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Name as shown on return	Federal Employer Identification Number
NAME	99-999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Sche	edule E CC	OMPENSATION (<u>OF OFFI</u>	CERS										
	1. Name and addre	ess of officer		2. Official	title	3. Tim devoted		Percent of o	corpora owned	tion			Amount of	
	Triano ana addio					busines		4. Common	5. Pre	ferred		com	npensation	
NAME	AND ADDRESS C	F OFFICERXXX	X TITL	E XXX	XXXXXX	9999	99	999999	999	999	99	99999	9999999	9.00
NAME	AND ADDRESS C	F OFFICERXXX	X TITL	E XXX	XXXXXX	9999	99	999999	999	999	99	99999	9999999	9.00
NAME	AND ADDRESS C	F OFFICERXXX	X TITL	E XXX	XXXXXX	9999	99	999999	999	999	99	99999	9999999	9.00
NAME	AND ADDRESS C	F OFFICERXXX	X TITL	E XXX	XXXXXX	9999	99	999999	999	999	99	99999	9999999	9.00
		F OFFICERXXX			XXXXXX			999999		999	99	99999	9999999	9.00
	ompensation of officer	s (Enter here and on	page 2, lin	e 11)							99	99999	9999999	9.00
Sche	edule F BA	AD DEBTS												
1. Last 3 Prior	2. Alliount of Notes	3. Taxable				Debts of	L		If Corp	oration	Carrie	s An Allov	vance	
and	and Accounts Receivable	(or Net)	4. Sales on	Account		tion if No		6. Gross Amo		7 /	t C	harged	8. Balanc	- of
Current Taxable	Outstanding at	Income Reported			Is Ca	arried		Added to Allow				wance	Allowan	
Years	End of Year				on B	looks								
20 <u>99</u>	99999999.00	99999999.00					\neg		\neg	9999	9999	9.00	9999999	9.00
20 <u>99</u>	+	99999999.00					_	99999999	.00	9999	9999	9999.00 99999999		9.00
20 <u>99</u>	99999999.00	99999999.00	999999	99.00	99999	999.0	0 9	99999999	.00	99999999.00		999.00 9999999		9.00
20 99	99999999.00	99999999.00	999999	99.00	99999	999.0	0 9	99999999	.00	9999	9999	9.00	9999999	9.00
Sche	edule H NO	NREFUNDABLE	CRED	TS										
1.	Carryover of the Cre	dit for Energy Conser	vation (Att	ach Forn	n N-323).						1●	9999	9999999	00
2.	Low-income Housing	g Tax Credit (Attach F	orm N-586	6)							2●	9999	9999999	00
3.	Carryover of the Hig	h Technology Busines	ss Investm	ent Tax C	redit (Atta	ch Form	N-3	323)			3●	9999	9999999	00
4.	Carryover of the Rer	newable Energy Techi	nologies In	come Ta	x Credit (fo	r system	ns ir	nstalled and p	laced	in				
	service before July 1	I, 2009) (Attach Form	N-323) .							[4●	9999	9999999	00
5.		Technologies Income					ice (on or after Ju	ly 1, 20	009				
	(Attach Form N-342)	Check the type of e	nergy syst	em: 🛚	Solar 🛚 🗓	Wind					5●	9999	9999999	00
6.		Credits. Add lines 1		(Enter h	ere and or	n page 1	, lin	e 72)		. ➤	6	9999	9999999	00
		FUNDABLE CR												
1.	•	e Tax Credit (Attach F		,							1•	9999	9999999	00
2.	• • • • • • • • • • • • • • • • • • • •	Technologies Income		-					-					
	, , ,	te: The refundable credit a								F	2•	9999	9999999	00
3.		edits. Add lines 1 and	•							. >	3	9999	9999999	00
Sche	edule P CC	MPUTATION OF	APPO	RTIONI	MENT FA	ACTOR	<u>≀S</u>							
			In Hawa			\longrightarrow				I Every				-
Property	 (use original cost) 	Beginning of taxable	e year	End of	taxable yea	ar	Be	ginning of tax	able ye	ar	En	d of taxa	ble year	

	In Ha	awaii	Total Eve	erywhere
Property — (use original cost)	Beginning of taxable year	End of taxable year	Beginning of taxable year	End of taxable year
Land	9999999999.00	9999999999.00	9999999999.00	9999999999.00
Buildings	9999999999.00	9999999999.00	9999999999.00	9999999999.00
Loans	9999999999.00	9999999999.00	9999999999.00	9999999999.00
Credit card receivables	9999999999.00	9999999999.00	9999999999.00	9999999999.00
Leasehold interests*		9999999999.00		9999999999.00
Rented Property*		9999999999.00		9999999999.00
Other Property	9999999999.00	9999999999.00	9999999999.00	9999999999.00
Total	9999999999.00	9999999999.00	9999999999.00	9999999999.00

^ Ente	er net annual rent X 8.	A. In Hawaii	B. Everywhere	Percent in Hawaii**
1	Property values (average value of property above)	99999999999.00	99999999999.00	
2	Property factor (line 1, col. A divided by line 1, col. B)			0.99999 %
3	Total compensation	99999999999.00	99999999999.00	
4	Payroll factor (line 3, col. A divided by line 3, col. B) .			0.99999 %
5	Total receipts	99999999999.00	99999999999.00	
6	Receipts factor (line 5, col. A divided by line 5, col. B)			0.99999 %
7	Total of factors (add lines 2, 4, and 6)			0.99999 %
8	Average of factors (divide line 7 by 3). Enter here an	d on page 2, line 47		0.99999 %

^{**} Compute all percentages to 5 decimal places (.00000%).