# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER

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			/ear 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	ayment Number <b>2</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
ORTYPE				Amount of this installment	\$
				Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing Address	s (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and	Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your checked DUE DATES FOR MONTHLY PAYMENTS:	
Ql	Place R Code Here	-MAILING AD HAWAII DEPARTMEN P. O. BOX HONOLULU, HIS	IT OF TAXATION 1530 96806-1530	Payment due on or before February 10, 2019, and on or before the 10th day of the second n fiscal year for fiscal year taxpayers.	for calendar year taxpayers nonth after the close of the
Hur	man Readable text her	ID NO	XX See Instructions o	n the reverse side.	Form FP-1
(RI	orm FP-1 EV. 2018)	P	ATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	OR PANY TAX	R STAPLE IN THIS SPACE
	~ <del>-</del> ~		/ear 2018, or fiscal tax year 2		
be	ginning on	, 20	18 and ending on	, 20	
_	Check one:	Franchise Tax Tax I.D. No.	Public Service Company Tax Federal Employer I.D. No.	Pa	ayment Number 1
		• •	r ederar Employer r.b. No.	Estimated tax liability for the year	\$
TYPE	Name			2. Amount of this installment	\$
OR	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and	Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
Ql	Place R Code Here	-MAILING AI HAWAII DEPARTMEN P. O. BOX HONOLULU, HIS	IT OF TAXATION 1530	Payment due on or before January 10, 2019, 1 and on or before the 10th day of the first month year for fiscal year taxpayers.	

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

# How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

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- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

(REV. 2018)

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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		-	year 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	ayment Number <b>4</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
ORTYPE	Name			Amount of this installment	\$
			Amount of any unused overpayment credit to be applied	\$	
PRINT			4. Amount of this payment. (Line 2 minus line 3.)	\$	
	7	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
	☐ Change of	-MAILING A		Payment due on or before April 10, 2019, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal year for fiscal year taxpayers.	
-	R Code Here	P. O. BOX		DUE DATES FOR QUARTERLY PAYMENTS	
	Here	HONOLULU, HI		Payment due on or before April 20, 2019, for control on or before the 20th day of the fourth month fiscal year for fiscal year taxpayers.	
Hun	nan Readable text he	re ID NO	XX See Instructions o	n the reverse side.	
					Form FP-1
(RE		P INS ne for calendar tax y	RATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT Year 2018, or fiscal tax year 2	COR PANY TAX VOUCHER 018	R STAPLE IN THIS SPACE
be	ginning on	, 20	18 and ending on	, 20	
		☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number <b>3</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
TYPE	Name			Amount of this installment	\$
OR	DBA (if any)  Mailing Address (number and street)		Amount of any unused overpayment credit to be applied	\$	
PRINT			4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and Postal/ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."		
	Change of	Address		Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	•
QI	Place R Code Here	-MAILING AI HAWAII DEPARTMEN P. O. BOX HONOLULU, HI	IT OF TAXATION 1530	Payment due on or before March 10, 2019, for and on or before the 10th day of the third month year for fiscal year taxpayers.	

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

# How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

(REV. 2018)

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

2019

			year 2018, or fiscal tax year 2 018 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number <b>6</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
TYPE	Name			Amount of this installment	\$
PRINT OR T	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
			4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
Place QR Code HAWAII DEPARTMENT OF TAXATION			NT OF TAXATION	Payment due on or before June 10, 2019, for control on or before the 10th day of the sixth month year for fiscal year taxpayers.  DUE DATES FOR QUARTERLY PAYMENTS	
	Here	P. O. BO) HONOLULU, HI		Payment due on or before June 20, 2019, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers.	
Hur	nan Readable text he	re ID NO	XX See Instructions o	n the reverse side.	Form FP-1
(RI 2 Ba		P IN ne for calendar tax	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM STALLMENT PAYMENT year 2018, or fiscal tax year 2 18 and ending on	COR PANY TAX VOUCHER 1018	R STAPLE IN THIS SPACE
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number <b>5</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
TYPE	Name			Amount of this installment	\$
OR	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
Ql	City, State, and Change of Place R Code Here	Address -MAILING A HAWAII DEPARTME P. O. BOY HONOLULU, HI	NT OF TAXATION ( 1530	MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:  Payment due on or before May 10, 2019, for con or before the 10th day of the fifth month after for fiscal year taxpayers.	eck or money order. alendar year taxpayers and
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This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

# How to Use the Payment Voucher

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- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

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# FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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Based on income for calendar tax year 2018, or fiscal tax year 2018 , 2018 and ending on beginning on ☐ Public Service Company Tax Check one: Franchise Tax Payment Number 8 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... -\_<u>----</u>\_\_-ORTYPE Name 2. Amount of this installment ...... \$ DBA (if any) 3. Amount of any unused overpayment credit to be applied...... \$ PRINT Mailing Address (number and street) Amount of this payment. (Line 2 minus line 3.) ..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS: Change of Address** Payment due on or before August 10, 2019, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of the -MAILING ADDRESS-Place fiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530 See Instructions on the reverse side. Human Readable text here ID NO XX Form FP-1 — CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2018) FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2018, or fiscal tax year 2018 beginning on \_\_\_\_\_, 2018 and ending on \_\_\_\_\_, 20 \_\_ ☐ Public Service Company Tax Payment Number 7 Hawaii Tax I.D. No. Federal Employer I.D. No. Estimated tax liability for the year...... Name ORTYPE \$ 2. Amount of this installment ...... DBA (if any) 3. Amount of any unused overpayment credit to be applied...... \$ PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.) ..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS: Change of Address** Payment due on or before July 10, 2019, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal -MAILING ADDRESS-Place year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530

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# How to Use the Payment Voucher

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

(REV. 2018)

2019

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER

	sed on income for calendar tax ginning on, 2	-		
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	yment Number <b>10</b>
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE	Name		Amount of this installment	\$
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
PRIN	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	NEY ORDER PAYABLE
QF	Place R Code Here Phonolulu, H	NT OF TAXATION X 1530	Payment due on or before October 10, 2019, and on or before the 10th day of the tenth m fiscal year for fiscal year taxpayers.	
Hum	nan Readable text here ID NO	XX See Instructions o	n the reverse side.	Form FP-1
<b>*</b> <		CUT	LIEDE	×
(RE	EV. 2018)	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM STALLMENT PAYMENT	COR PANY TAX VOUCHER	R STAPLE IN THIS SPACE
	ginning on, 2			
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number <b>9</b>
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
ORTYPE	Name		Amount of this installment	\$
ORT	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code  Change of Address		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
	Place -MAILING A		Payment due on or before September 10 taxpayers and on or before the 10th day of the of the fiscal year for fiscal year taxpayers.	
	R Code HAWAII DEPARTME Here P. O. BO		DUE DATES FOR QUARTERLY PAYMENTS	

Human Readable text here

Payment due on or before September 20, 2019, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

HONOLULU, HI 96806-1530

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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### **GENERAL INSTRUCTIONS**

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P.O. Box 1530 Honolulu, HI 96806-1530

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(REV. 2018)

# FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

Based on income for calendar tax year 2018, or fiscal tax year 2018

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, 2018 and ending on beginning on ☐ Public Service Company Tax Payment Number 12 Hawaii Tax I.D. No. Federal Employer I.D. No. Estimated tax liability for the year..... -<u>------</u> ORTYPE Name 2. Amount of this installment ...... \$ DBA (if any) 3. Amount of any unused overpayment credit to be applied...... \$ PRINT Mailing Address (number and street) Amount of this payment. (Line 2 minus line 3.) ..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS: Change of Address** Payment due on or before December 10, 2019, for calendar year taxpayers and on or before the 10th day of the twelfth month after the close of the -MAILING ADDRESS-Place fiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Here Payment due on or before December 20, 2019, for calendar year taxpayers HONOLULU, HI 96806-1530 and on or before the 20th day of the twelfth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. Human Readable text here ID NO XX Form FP-1 — CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2018) FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2018, or fiscal tax year 2018 beginning on \_\_\_\_\_, 2018 and ending on \_\_\_\_\_, 20 \_\_\_ Payment Number 11 ☐ Public Service Company Tax Hawaii Tax I.D. No. Federal Employer I.D. No. Estimated tax liability for the year..... Name ORTYPE \$ 2. Amount of this installment ...... DBA (if any) Amount of any unused overpayment credit to be applied...... \$ PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.) ..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS: Change of Address** Payment due on or before November 10, 2019, for calendar year taxpayers and on or before the 10th day of the eleventh month after the close of the -MAILING ADDRESS-Place fiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530

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