2021

FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX

U Z I	INSTALLMENT PAYMENT VOUCHER
ased on income for calendar	tax year 2020, or fiscal tax year 2020

		•	ear 2020, or fiscal tax year 2		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax		Payment Number 2
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
rype				2. Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN.	Mailing Addres	s (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and	I Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR M TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your DUE DATES FOR MONTHLY PAYMENTS:	
QF	Place R Code Here	-MAILING AE HAWAII DEPARTMEN P. O. BOX HONOLULU, HI S	T OF TAXATION 1530	Payment due on or before February 10, 202 and on or before the 10th day of the second fiscal year for fiscal year taxpayers.	I, for calendar year taxpayers I month after the close of the
Hum	nan Readable text hei	re ID NO	XX See Instructions of	n the reverse side.	Form FP-1
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RE	orm FP-1 EV. 2020)	PI INS	ATE OF HAWAII — DEPARTMENT FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	OR PANY TAX VOUCHER	OR STAPLE IN THIS SPACE
		•	rear 2020, or fiscal tax year 2 20 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax		Payment Number 1

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) 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:

Payment due on or before January 10, 2021, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

Place QR Code Here -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

ID NO XX

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.

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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 2020 or fiscal tax year 2020 beginning on *month 1*, 2020 and ending on *month dd*, 20*yy*).
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P.O. Box 1530 Honolulu, HI 96806-1530

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

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2021

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX

	U Z I		STALLIVIENT PAYMENT		
			year 2020, or fiscal tax year 2 120 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 6
		Tax I.D. No.	Federal Employer I.D. No.	·	
				Estimated tax liability for the year	\$
М					
≝			2. Amount of this installment	\$	
r or type			Amount of any unused overpayment credit to be applied	\$	
PRINT			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	-MAILING A	DDRESS-	Payment due on or before June 10, 2021, for on or before the 10th day of the sixth month year for fiscal year taxpayers.	
QI	R Code	HAWAII DEPARTMEN		DUE DATES FOR QUARTERLY PAYMENTS	
	Here	P.O. BOX HONOLULU, HI		Payment due on or before June 20, 2021, for con or before the 20th day of the sixth month foll year for fiscal year taxpayers.	
*			CUT	HERE — — — — — —	Form FP-1 ×
(RE	orm FP-1 EV. 2020)	P IN:	FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	(OR I PANY TAX Γ VOUCHER	R STAPLE IN THIS SPACE
			year 2020, or fiscal tax year 2 20 and ending on		
			☐ Public Service Company Tax	Р	ayment Number 5
		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 Addres	ss (number and street)		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 Here -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

ID NO XX

for fiscal year taxpayers.

Payment due on or before May 10, 2021, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year

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2021

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX

INSTALLMENT PAYMENT VOUCHER

	eginning on, 20	20 and ending on	, 20		
	Check one: Franchise Tax	☐ Public Service Company Tax	s P	ayment Number 8	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.			
ш	 J Name		Estimated tax liability for the year	\$	
FOR TYPE	Name		2. Amount of this installment	\$	
	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT OR	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:		
Q	Place QR Code Here Place QR Do BOX 1530 Payment due on or before August 10, 2021, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of fiscal year for fiscal year taxpayers. Payment due on or before August 10, 2021, for calendar year taxpayer and on or before the 10th day of the eighth month after the close of fiscal year for fiscal year taxpayers.				
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(RI 2 B a	EV. 2020) P IN assed on income for calendar tax	TATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE COM STALLMENT PAYMENT year 2020, or fiscal tax year 2	(OR I PANY TAX I VOUCHER	R STAPLE IN THIS SPACE	
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		020 and ending on			
	Check one: Franchise Tax	☐ Public Service Company Tax		ayment Number 7	
	Hawaii Tax I.D. No.	_		ayment Number 7	
rype	Hawaii Tax I.D. No.	☐ Public Service Company Tax	P		
TORTYPE	Hawaii Tax I.D. No. ——-—————————————————————————————————	☐ Public Service Company Tax	1. Estimated tax liability for the year	\$	
PRINT OR TYPE	Hawaii Tax I.D. No. ——-—————————————————————————————————	☐ Public Service Company Tax	1. Estimated tax liability for the year 2. Amount of this installment 3. Amount of any unused overpayment	\$	
OR	Hawaii Tax I.D. No. ——-—————————————————————————————————	☐ Public Service Company Tax	1. Estimated tax liability for the year 2. Amount of this installment 3. Amount of any unused overpayment credit to be applied 4. Amount of this payment.	\$ \$ \$ \$ NEY ORDER PAYABLE	

ID NO XX

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0004

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX

2	021	INS	STALLMENT PAYMENT	VOUCHER	
			year 2020, or fiscal tax year 20 20 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 10
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
TYPE				Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	Mailing Addres	s (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and	l Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." 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 96806-1530	and on or before the 10th day of the tenth n fiscal year for fiscal year taxpayers.	
Hun	nan Readable text he	re ID NO	XX See Instructions of	n the reverse side.	Form FP-1
*			CUT	HERE — — — — — —	*
(RE	orm FP-1 EV. 2020)	Р	TATE OF HAWAII — DEPARTMENT FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	OR PANY TAX	OR STAPLE IN THIS SPACE
			year 2020, or fiscal tax year 20 20 and ending on		
5 0	Check one:	Franchise Tax	Public Service Company Tax		ayment Number 9
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
YPE	Name			Amount of this installment	\$
TORTYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$

Place QR Code Here

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530 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:

(Line 2 minus line 3.).....

4. Amount of this payment.

Payment due on or before September 10, 2021, for calendar year taxpayers and on or before the 10th day of the ninth month after the close of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS

Payment due on or before September 20, 2021, 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.

Mailing Address (number and street)

City, State, and Postal/ZIP Code

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 2020 or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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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2021

FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

Based on income for calendar tax year 2020, or fiscal tax year 2020	

be	ginning on, 2	020 and ending on	, 20	
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	ment Number 12
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE	Name		Amount of this installment	\$
TOR	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:	
-	Place -MAILING A	ADDRESS-	Payment due on or before December 10, 2021, and on or before the 10th day of the twelfth r fiscal year for fiscal year taxpayers.	
QF	R Code HAWAII DEPARTME		DUE DATES FOR QUARTERLY PAYMENTS	
	Here P. O. BO HONOLULU, H		Payment due on or before December 20, 2021, and on or before the 20th day of the twelfth n the fiscal year for fiscal year taxpayers.	
Hum	nan Readable text here ID NC	See Instructions o	n the reverse side.	Form FP-1
RE	EV. 2020)	STATE OF HAWAII — DEPARTMENT FRANCHISE TAX PUBLIC SERVICE COM	COR	R STAPLE IN THIS SPACE
		ISTALLMENT PAYMENT		
	sed on income for calendar tax ginning on, 2			
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	ment Number 11
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
ORTYPE	Name		Amount of this installment	\$
TOR	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:	

Place QR Code Here -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

ID NO XX

P. O. BOX 1530 HONOLULU, HI 96806-1530

See Instructions on the reverse side.

Payment due on or before November 10, 2021, for calendar year taxpayers and on or before the 10th day of the eleventh month after the close of the

fiscal year for fiscal year taxpayers.

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