STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form U-6 (Rev. 2020)

Contact Information for General Questions

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Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

FORM U-6 (Rev. 2020)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form U-6. Form U-6 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form U-6 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can

GENERAL INFORMATION

1. Substitute Form

- · We highly recommend you use the Department's official Form U-6 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 ٠ 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. 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. U-6: 18 pt Helvetica bold
 - 3. REV. 2020: 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 page 2 of the form:
 - 1. FORM U-6 (REV. 2020): 8 pt Helvetica bold

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.

- The following font and size should be used for the form number located at the bottom right corner of the form:
 - 1. FORM U-6 (REV. 2020): 10 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).

Form U-6 (Rev. 2020) General Information and Scannable Specifications

6. Dollar Amounts

9999999999

- 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).

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 and 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 45, row 64.

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):
 - 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. 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.

- 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 U-6 (Rev. 2020) cannot be filed until 2021.

SCANNABLE SPECIFICATIONS

- The required QR code for page 1 is: U6_T 2020A 01 VIDXX
- The required QR code for page 2 is: U6_T 2020A 02 VIDXX

The QR code includes the form number (U6), an underscore, type of form (T), space, 4-digit form year (2020), 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 U-6. If you did not receive the acetate overlays, please contact the Forms Coordinator.

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| (3) Adjusted Gross Income (line 1c(1) minus line 1d(2)) 1d(3) 2 Equipment Rentals Received (attach schedule and describe fully) 2 9999999999.00 3 Joint Facility Rentals Received 3 9999999999.00 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully) 4 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 6 DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. 7 Signature of officer Date 7 TITLE TITLE 7 Preparer's Signature of officer Date 7 Preparer's Signature of officer Date 7 Preparer's Signature of officer Date 7 PREP ID NUMB PREP ID NUMB 7 PREP ID NUMB PREP ID NUMB | | |
| 2 Equipment Rentals Received (attach schedule and describe fully) 2 9999999999 00 3 Joint Facility Rentals Received. 3 9999999999 00 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully) 4 99999999999 00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999 00 6 DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please 12-12-1212 TITLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | (3) Adjusted Gross Income (line 1d(1) mini | us line 1d(2)) |
| 3 Joint Facility Rentals Received. 3 9999999999.00 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully). 4 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 6 DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please 12-12-1212 TITTLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 2 Equipment Bantals Becaived (attach schedule a | and describe fully) 9999999999.00 |
| 3 Joint Facility Heritals Received. 3 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully). 4 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 6 DECLARATION | | |
| 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully). 4 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) 5 9999999999.00 6 DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please 12-12-1212 TITLE Signature of officer Date Preparer's Signature and Print Preparer's Name PREPARER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3 Joint Facility Rentals Received. | |
| 4 Not-Operating income from Fobilit Officer Unity Subjects (attach schedule and describe unity) | | |
| 5 TOTAL ADJUSTED GROSS INCOME (add ines 1 through 4) 5 999999999.00 5 DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please 12-12-1212 12-12-1212 Signature of officer Date Preparer's Signature and Print Preparer's Name PREPARER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 4 Non-Operating Income from Public Utility Busin | ess (attach schedule and describe fully) |
| DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please I2-12-1212 IITLE IITLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| schedules or statements) has been examined by me and, to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Sign lere Signature of officer Date Preparer's Signature and Preparer's Name PREPARER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| Please Sign TITLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | schedules or statements) has been e | xamined by me and, to the best of my knowledge and belief is a true, correct, and complete return, |
| lere 12-12-1212 11111E 1111E 1111E 1111E 11111E 1111E 111E 11E 11E< | made in good faith for the taxable ver | ar stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. |
| Signature of officer Date Title Preparer's Signature and Preparer's Name Preparer's Name Date Date Check if self-employed Preparer's cleantification number Print Preparer's normation FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | 12-12-1212 TITLE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Preparer's Signature and Preparer's Signature and Preparer's Name PREPARER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| Preparer's Print Preparer's Name PREPARER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| | reparer's Print Preparer's Name PREPARER | NAME XXXXXXXXXXXXXX 12-12-1212 ployed [A] PREP ID NUMB |
| | | |

| 6 8 10 12 14 16 18 20 22 2 FORM U-6 (REV. 2020) | 4 26 28 30 32 34 36 38 40 | 0 42 44 46 48 50 52 54 56 58 60 62 | 64 66 0 | 58 70 72 74 76 78 80 PAGE 2 |
|--|---|--|-------------------|---|
| Place | Name as shown or | n return Federal I | Employe | r Identification Number |
| QR Code | NAME | 9.9 - | 99999 | 999 |
| Here | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| | | | | |
| | | e to lines on page 1.) Note: Enter TOTAL 1 | AX am | ount on page 1. |
| | | FION 239-5 (a), (b) and (c), HRS. | | |
| Note: A Public Utility taxed under s analysis of retained earnings | section 239-5(a), HRS, must also for the utility and non-utility p | o attach to this return year-end balance shee ortions of the business. | ts, incor | ne statements, and an |
| A Line 5 less lines 1a(3), 1b(3), | | | [T | |
| and 1c(3) | 999999999.00 | x 4.0% (fixed rate) | A | 999999999.00 |
| | 999999999.00 | | | 9999999999.00 |
| B Line 1a(3) | · · · · · · · · · · · · · · · · · · · | x 5.35% (fixed rate) | B | |
| C Line 1b(3) | 999999999.00 | x 5% (fixed rate),, TAX AMOUNT | c | 9999999999.00 |
| | | | ┝──┼ | |
| D Line 1c(3) | 999999999.00 | x .5 % | D | 9999999999.00 |
| | | | ╎╷╷ | 9999999999.00 |
| E TOTAL TAX (add lines A, B, C, a F Nonrefundable Tax Credit - Credi | | ····· | Ee | |
| F Nonretundable Tax Credit - Credit Subsidy (see Instructions) | in or riteline telephone pervice | | I F™● I | 9999999999 00 |
| G Balance (line E minus line F, but | not less than zero) | | G | 9999999999.00 |
| H Payment with Extension (attach I | , | н 999999999.00 | | |
| I Tax Installment Payments (see Ir | structions). | 999999999.00 | | |
| J Total Payments (add lines H and | , | ┾┰┍┾┼┼┽┥┥┥ | J | 999999999.00 |
| K TAX DUE (if line G is larger than | | e G exceeds \$100,000 | | |
| see Instructions, When Is the Tax L OVERPAYMENT (if line J is large | | | | 99999999999999.00 |
| PART II FOR PUBLIC UTILI | | | | 9999999999 |
| | | | | |
| A TOTAL TAX (line 1a(3) | 999999999.00 | x 5.35% (fixed rate)) | A• | 9999999999.00 |
| B Payment with Extension (atlach F | | в 9999999999.00 | | |
| C Tax Installment Payments (see Ir | · · · · · · · · · · · · · · · · · · · | C999999999.00 | | |
| D Total Payments (add lines B and E TAX DUE (if line A is larger than | - | | D● | 9999999999.00 |
| (if line A exceeds \$100,000, see | | /able) | E | 00 |
| F OVERPAYMENT (if line D is large | | | F● | 9999999999 00 |
| PART III FOR PUBLIC UTIL | | | | |
| | | | | |
| A Line 1b(3) | . 999999999.00 | x .5 % (fixed rate)TAX AMOUNT | A | 9999999999.00 |
| B Line 1c(3) | 999999999 00 | x 5 % | в | 00.000000000000000000000000000000000000 |
| | | | | |
| C TOTAL TAX (add lines A and B) | | · · · · · · · · · · · · · · · · · · · | C• | 9999999999.00 |
| D Payment with Extension (attach I | | D 9999999999.00 | | |
| E Tax Installment Payments (see Ir | | E 999999999.00 | | |
| F Total Payments (add lines D and | - | ┶┶┶┶┽┽┽┥┥┥┙╸ | F | 9999999999.00 |
| G TAX DUE (if line C is larger than (if line C exceeds \$100,000, see | | | G● | 9999999999.00 |
| H OVERPAYMENT (if line F is large | | | H● | 99999999999 |
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| | | | | |
| <u>6 8 10 12 14 16 18 20 22 2</u> | 4 26 28 30 32 34 36 38 4 | 0 42 44 46 48 50 52 54 56 58 60 62 | 64 6 ¢: () | |
| Human Readable text here | | $ \overset{0}{\text{NO}} \overset{42}{\text{NO}} \overset{44}{\text{XX}} \overset{46}{\text{48}} \overset{48}{\text{50}} \overset{50}{\text{52}} \overset{54}{\text{56}} \overset{56}{\text{58}} \overset{60}{\text{60}} \overset{62}{\text{62}} . $ | ····· | RMºU ² 6 (REV. 2020) |
| | | | | |

TOTAL STATE OF HAWAII — DEPARTMENT OF TAXATION U-6 PUBLIC SERVICE COMPANY TAX RETURN

CALENDARYEAR 2021

Place QR Code Here

Based on income for calendar year 2020 or fiscal year beginning on

<u>12-12</u>, 2020 and ending <u>12-12</u>, 20 <u>12</u>)

(First year, Second year, and Final year return filers, see Instructions)

| | (NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public serve | vice company tax.) | | | |
|------------|--|--------------------------------------|--|--|--|
| | Name | Date Business Began in Hawaii | | | |
| | NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 12-12-1212 | | | |
| ۱ <u>۲</u> | DBA (if any) | Hawaii Tax I.D. No. | | | |
| OR TYPE | DBA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | GE-999-999-9999-99 | | | |
| | Mailing Address (number and street) | Federal Employer I.D. No. | | | |
| PRINT | MAILING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 99-9999999 | | | |
| • | City, State, and Postal/ZIP Code | Amount paid with this return | | | |
| | CITY STATE ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | •\$ 999999999999.00 | | | |
| | ECK BOX IF APPLICABLE: | TOTAL TAX (from page 2; Do Not enter | | | |
| X | First year 🕱 Second year 🕱 Final year 🕱 Amended return 🛣 Paying tax in installments | TAX DUE amount) | | | |
| | | \$ 999999999999.00 | | | |

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2020

| 1 | Gross Income from Public Utility Bus | iness (describe fully from | what sources received) |
|---|--------------------------------------|----------------------------|------------------------|
| | Cross moothe north abile ethicy bus | | what bouroes received) |

| | а | (1) | Passenger Fares for Transportation Between Points on a | | | | | | | |
|----------------|------------|-------|--|-------------|-----------|-------------------|--------------|-----------------------------|------|--|
| | | | Scheduled Route By Land | a(1) | 9999999 | 99.00 | | | | |
| | | (2) | Worthless Accounts Charged Off for Net Income Tax | | | | | | | |
| | | | Purposes (see Instructions) | a(2) | 99999999 | 99.00 | | | ~ ~ | |
| | | (3) | Adjusted Gross Income (line 1a(1) minus line 1a(2)) | | | <u></u> | 1a(3) | 9999999999 | .00 | |
| | b | (1) | Sales of Products or Services to Another Public Utility for | | | | | | | |
| | | | Resale to the Consumer | b(1) | 99999999 | 99.00 | | | | |
| | | (2) | Worthless Accounts Charged Off for Net Income Tax | | | | | | | |
| | | | Purposes (see Instructions) | | 9999999 | | | | ~~ | |
| | | (3) | Adjusted Gross Income (line 1b(1) minus line 1b(2)) | | <u></u> | <u></u> | 1b(3) | 9999999999 | .00 | |
| | с | (1) | Sales of Telecommunication Services to a Person Defined in | | | | | | | |
| | | | Section 237-13(6)(D), HRS, for Resale to the Consumer | :(1) | 99999999 | 99.00 | | | | |
| | | (2) | Worthless Accounts Charged Off for Net Income Tax | | | | | | | |
| | | | Purposes (see Instructions) | :(2) | 99999999 | 99.00 | | | ~ ~ | |
| | | (3) | Adjusted Gross Income (line 1c(1) minus line 1c(2)) | | | <u></u> | 1c(3) | 9999999999 | .00 | |
| | d | (1) | LINE D 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | l(1) | 9999999 | 99.00 | | | | |
| | | (2) | Worthless Accounts Charged Off for Net Income Tax | | | | | | | |
| | | | Purposes (see Instructions) | d(2) | 99999999 | 99.00 | | 999999999 | 00 | |
| | | (3) | Adjusted Gross Income (line 1d(1) minus line 1d(2)) | | | | 1d(3) | 555555555555 | .00 | |
| | | | | | | | | | ~~ | |
| 2 | Eq | uipm | ent Rentals Received (attach schedule and describe fully) | • • | | | 2 | 9999999999 | .00 | |
| | | | | | | | | 9999999999 | 0.0 | |
| 3 | Joi | nt Fa | cility Rentals Received. | • • | | | 3 | 5555555555 | .00 | |
| | | | | | | | | 9999999999 | 0.0 | |
| 4 | No | n-Op | erating Income from Public Utility Business (attach schedule and describe | fully) | | | 4 | 5555555555 | .00 | |
| _ | | | | | | | | | | |
| 5 | TC | TAL | ADJUSTED GROSS INCOME (add lines 1 through 4) | • • | | | 5 | 9999999999 | .00 | |
| | | | DECLARATION — I declare, under the penalties set forth in section 231 | | | | | | 1 | |
| | | | schedules or statements) has been examined by me and, to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. | | | | | | | |
| Please Sign | | | | | | | | | | |
| Here | | | 12-12- | | 12 | | | ***** | XXXX | |
| | | | Signature of officer Date | - | | Title | . | | | |
| Paid | 1 | | Preparer's Signature and | | Date | Check if self-em- | | Preparer's identification n | | |
| | Preparer's | | | 2-12-1212 | ployed | | PREP ID NUMB | • | | |
| Info | rma | ation | Firm's name (or yours 🔪 FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXX | XXXXXXXXX | E.I. No·► 9 | 9-99 | 99999 | | |

if self-employed),

| FOF | RM U-6 (REV. 2020) | | | | | | | | F | PAGE 2 |
|--------|---|---|-------------|--------------|-----------------|-------------|------------|--------------|----------------------|--------|
| р | lace | Name as shown | on return | | | | Federal E | mploye | er Identification Nu | umber |
| | | | | | | 99999 | 999 | | | |
| E | Iere | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXX | XXXXXX | XXXXX | XXXXXX | | | | |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | (XXXXXX | XXXXXX | | | | | | |
| | | | | | | | | | | |
| SE | CTION II — COMPUTATION OF TAX (| Line references a | re to lines | on page | 1.) No i | te: Enter | TOTAL T | AX am | ount on page 1. | |
| | RT I. — FOR PUBLIC UTILITIES TAXE | | | | | | | | | |
| Not | e: A Public Utility taxed under section 239- analysis of retained earnings for the utili | 5(a), HRS, must a | Iso attach | to this ret | turn yea | ar-end bala | ance sheet | ts, inco | me statements, an | id an |
| | | ty and non-utility | portions | of the bus | iness. | | | | | |
| Α | Line 5 less lines 1a(3), 1b(3), | 999999.00 | | | | | | | 9999999999 | 0.0 |
| | and 1c(3) | | x 4.0% | 6 (fixed rat | te) | TAX A | AMOUNT | A | | . 00 |
| | 0.00 | 9999999.00 | | | | | | | | |
| В | Line 1a(3) | .00 | x 5.35% | 6 (fixed rat | te) | TAX A | AMOUNT | В | 9999999999 | .00 |
| | | | | | | | | | | |
| С | Line 1b(3) | 9999999.00 | x .5 % | 6 (fixed rat | te) | TAX A | AMOUNT | С | 9999999999 | .00 |
| | | | | | | | | | | |
| D | Line 1c(3) | 9999999.00 | x .5% | 6 | | TAX A | AMOUNT | D | 999999999 | .00 |
| | | | | | | | | | | |
| Е | TOTAL TAX (add lines A, B, C, and D) | | | | | | > | E● | 9999999999 | .00 |
| F | Nonrefundable Tax Credit - Credit for Lifeline | Telephone Service |) | | | | | | | |
| | Subsidy (see Instructions) | | | | | | | F● | 9999999999 | 00 |
| G | Balance (line E minus line F, but not less than | | | | | | | G | 999999999 | .00 |
| Н | Payment with Extension (attach Form N-755) | (see Instructions) | | Н | 0 | 9999999 | 99.00 | | | |
| I | Tax Installment Payments (see Instructions). | 、 | | 1 | (| 9999999 | 99.00 | 1 | | |
| J | Total Payments (add lines H and I) | | | | | | | J● | 999999999 | .00 |
| | TAX DUE (if line G is larger than J), enter AM | | | | | | | | | |
| | see Instructions, When Is the Tax Payable) . | | | | | | | к∙ | 999999999 | 0.0 |
| T | OVERPAYMENT (if line J is larger than line G | | | | | | | L | 9999999999 | |
| | RT II. — FOR PUBLIC UTILITIES TAXE | | | | | | | | | |
| | | | | | •(), : | | | | | |
| Δ | TOTAL TAX (line 1a(3) | 9999999.00 | x 5 35% | 6 (fixed rat | te)) | | | A∙ | 999999999 | . 0.0 |
| R | Payment with Extension (attach Form N-755) | (see Instructions) | | | | 99999999 | | 713 | | |
| С | | | | | | | | | | |
| D | | | | | | | | D● | 999999999 | 0.0 |
| | TAX DUE (if line A is larger than line D), enter | | | | | | | | | |
| - | (if line A exceeds \$100,000, see Instructions, | | | | | | | E● | 9999999999 | 0.0 |
| F | OVERPAYMENT (if line D is larger than line A | | | | | | | F | 9999999999 | - |
| | RT III. — FOR PUBLIC UTILITIES TAX | | | | | | | | | .00 |
| | | | | 11011 203 | -5(0), | | | | | T |
| ۸ | Line 1b(3) | 9999999.00 | V F | (fixed ref | to) | TAX A | | А | 9999999999 | 0.0 |
| A | | .00 | X .5 . | | <i>le)</i> | IAA F | | ~ | | .00 |
| Р | Line 1c(3) | 9999999.00 | V E 9 | , | | TAX A | | | 00000000 | |
| D | Line IC(3) | .00 | X .57 | 0 | | IAA A | | В | 9999999999 | .00 |
| ~ | TOTAL TAY (add lines A and D) | | | | | | ~ | C• | 00000000 | 0.0 |
| C | TOTAL TAX (add lines A and B) | | | | | | | | 9999999999 | .00 |
| D - | Payment with Extension (attach Form N-755) | | | | | 9999999 | | | | |
| E | , | | | | | 99999999 | | | | 0.0 |
| F | Total Payments (add lines D and E) | | | | | | | F● | 9999999999 | .00 |
| G | TAX DUE (if line C is larger than line F), enter | | | | | | | | 000000000 | |
| | (if line C exceeds \$100,000, see Instructions, | when is the lax F | ravaple) . | | | | | G● | 999999999 | .00 |

999999999.00

Н●