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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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
<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●