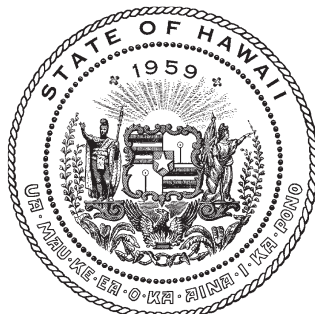


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Schedule P (Form N-30) (Rev. 2020)**

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

**Contact Information for Mailing
Test Packages and Testing Inquiries**

Hawaii Department of Taxation
Attn: Document Processing — Quality
Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

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

Schedule P (Form N-30) (Rev. 2020)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule P (Form N-30). Schedule P (Form N-30) is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule P (Form N-30) must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML

scanners. A 2D QR code must be present on each page of the form.

Substitute scannable forms **MUST** meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Schedule P (Form N-30) PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Fonts

- The form was designed using the following font:
 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. SCHEDULE P: 12 pt Helvetica
 2. FORM N-30: 10 pt Helvetica
 3. REV. 2020: 8 pt Helvetica

- The following font and size should be used for the form number located at the bottom right corner of the form:

1. SCHEDULE P (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.

5. Dollar Amounts

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified. 123456789
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

6. 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 trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form Schedule P (Form N-30) (Rev. 2020) cannot be filed until 2021.

SCANNABLE SPECIFICATIONS

1. Layout

- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following position:
 1. Page 1: The 2-digit Hawaii Vendor I.D. Number should begin at column 43, 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 11.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is N30SCHP_T 2020A 01 VIDXX

The QR code includes the form number (N30SCHP), 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 6pt 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 Schedule P (Form N-30). If you did not receive the acetate overlays, please contact the Forms Coordinator.

SCHEDULE P
FORM N-30
 (REV. 2020)

STATE OF HAWAII — DEPARTMENT OF TAXATION

APPORTIONMENT FORMULA

See separate instructions before completing this Schedule P.

ATTACHMENT TO FORM N-30

Place
 QR Code
 Here

This schedule must be completed and filed with Hawaii Corporation Income Tax Return (Form N-30), by every corporation engaged in a business within and without Hawaii. Attach a worksheet showing the requested information for each member of a combined unitary group.

Exact corporate title CORPORATE TITLE XXX Income year ended 9999

	TOTAL WITHIN AND WITHOUT HAWAII		TOTAL WITHIN HAWAII		PERCENT WITHIN HAWAII*
	(a)		(b)		(b) ÷ (a)
	Beginning of taxable year	End of taxable year	Beginning of taxable year	End of taxable year	
1. PROPERTY FACTOR: (use original cost)					
Inventory	9999999999	9999999999	9999999999	9999999999	
Buildings	9999999999	9999999999	9999999999	9999999999	
Machinery and equipment	9999999999	9999999999	9999999999	9999999999	
Furniture and equipment	9999999999	9999999999	9999999999	9999999999	
Delivery equipment	9999999999	9999999999	9999999999	9999999999	
Land	9999999999	9999999999	9999999999	9999999999	
Leasehold interests (Net Annual Rent x 8)		9999999999		9999999999	
Rented properties (Net Annual Rent x 8)		9999999999		9999999999	
Leasehold improvements	9999999999	9999999999	9999999999	9999999999	
Other tangible assets (Attach schedule)	9999999999	9999999999	9999999999	9999999999	
TOTAL PROPERTY VALUES (average value of property)	1(a)● 9999999999999999		1(b)● 9999999999999999		99.99999 %
2. PAYROLL FACTOR:					
Wages, salaries, commissions and other compensation of employees included in:					
Cost of goods sold (Compensation only)		9999999999999999		9999999999999999	
Cost of operations (Compensation only)		9999999999999999		9999999999999999	
Compensations of officers		9999999999999999		9999999999999999	
Salesmen's salaries		9999999999999999		9999999999999999	
Salesmen's commissions		9999999999999999		9999999999999999	
Other salaries and wages		9999999999999999		9999999999999999	
Repairs (Compensation only)		9999999999999999		9999999999999999	
Other deductions (Compensation only)		9999999999999999		9999999999999999	
TOTAL PAYROLL VALUES	2(a)● 9999999999999999		2(b)● 9999999999999999		99.99999 %
3. SALES FACTOR:					
Tangible property delivered or shipped to, Services/Intangible property used by purchasers in Hawaii					
a. From outside Hawaii				9999999999999999	
b. From within Hawaii				9999999999999999	
Sales shipped from Hawaii to the U.S. Gov't				9999999999999999	
Sales delivered or shipped to purchasers outside Hawaii				9999999999999999	
GROSS SALES, LESS RETURNS AND ALLOWANCES	3(a)● 9999999999999999		3(b)● 9999999999999999		99.99999 %
4. Total percent (sum of the percentages above)					99.99999 %
5. Average percent (see Instructions). Enter here and on Schedule O, line 24					99.99999 %

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

APPORTIONMENT FORMULA

See separate instructions before completing this Schedule P.

ATTACHMENT TO FORM N-30

Place
QR Code
Here

This schedule must be completed and filed with Hawaii Corporation Income Tax Return (Form N-30), by every corporation engaged in a business within and without Hawaii. Attach a worksheet showing the requested information for each member of a combined unitary group.

Exact corporate title CORPORATE TITLE XX Income year ended 9999

	TOTAL WITHIN AND WITHOUT HAWAII (a)		TOTAL WITHIN HAWAII (b)		PERCENT WITHIN HAWAII* (b) ÷ (a)
	Beginning of taxable year	End of taxable year	Beginning of taxable year	End of taxable year	
1. PROPERTY FACTOR: (use original cost)					
Inventory	9999999999	9999999999	9999999999	9999999999	
Buildings	9999999999	9999999999	9999999999	9999999999	
Machinery and equipment	9999999999	9999999999	9999999999	9999999999	
Furniture and equipment	9999999999	9999999999	9999999999	9999999999	
Delivery equipment	9999999999	9999999999	9999999999	9999999999	
Land	9999999999	9999999999	9999999999	9999999999	
Leasehold interests (Net Annual Rent x 8)		9999999999		9999999999	
Rented properties (Net Annual Rent x 8)		9999999999		9999999999	
Leasehold improvements	9999999999	9999999999	9999999999	9999999999	
Other tangible assets (Attach schedule)	9999999999	9999999999	9999999999	9999999999	
TOTAL PROPERTY VALUES (average value of property)	1(a)● 9999999999999999		1(b)● 9999999999999999		99.99999 %
2. PAYROLL FACTOR:					
Wages, salaries, commissions and other compensation of employees included in:					
Cost of goods sold (Compensation only)	9999999999999999		9999999999999999		
Cost of operations (Compensation only)	9999999999999999		9999999999999999		
Compensations of officers	9999999999999999		9999999999999999		
Salesmen's salaries	9999999999999999		9999999999999999		
Salesmen's commissions	9999999999999999		9999999999999999		
Other salaries and wages	9999999999999999		9999999999999999		
Repairs (Compensation only)	9999999999999999		9999999999999999		
Other deductions (Compensation only)	9999999999999999		9999999999999999		
TOTAL PAYROLL VALUES	2(a)● 9999999999999999		2(b)● 9999999999999999		99.99999 %
3. SALES FACTOR:					
Tangible property delivered or shipped to, Services/Intangible property used by purchasers in Hawaii					
a. From outside Hawaii			9999999999999999		
b. From within Hawaii			9999999999999999		
Sales shipped from Hawaii to the U.S. Gov't			9999999999999999		
Sales delivered or shipped to purchasers outside Hawaii			9999999999999999		
GROSS SALES, LESS RETURNS AND ALLOWANCES	3(a)● 9999999999999999		3(b)● 9999999999999999		99.99999 %
4. Total percent (sum of the percentages above)					99.99999 %
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*Compute all percentages to 5 decimal places (.00000%)