

STATE OF HAWAII — DEPARTMENT OF TAXATION
CORPORATION INCOME TAX RETURN
CALENDAR YEAR **2020**

THIS SPACE FOR DATE RECEIVED STAMP

Place
QR Code
Here

or other tax year beginning • 12-12, 2020
and ending • 12-12, 20 12

AMENDED Return (Attach Sch AMD) **NOL Carryback** **IRS Adjustment**

• PRINT OR TYPE •	Name NAMEXX	Federal Employer I.D. No. 99-9999999
	Dba or C/O DBA OR CARE OFXX	Business Activity Code No. (Use code shown on federal form 1120 or 1120A) 999999
	Mailing Address (number and street) MAILING ADDRESSXX	Date business began in Hawaii 12-12-1212
	City or town, State, and Postal/ZIP Code. If foreign address, see Instructions. CITY OR TOWN STATE ZIP CODEXX	Hawaii Business Activity BUSINESS ACTIVITYXXXXXXXXXX

THIS RETURN IS (CHECK BOX, IF APPLICABLE):

For a multi-state corporation using separate accounting. For a real estate investment trust (REIT).
 A combined return of a unitary group of corporations. (See instructions) A consolidated return. (Domestic (Hawaii) corporations only).
 A separate return of a member corporation of a unitary group. (See instructions) (Attach a copy of Hawaii Forms N-303 and N-304 for each subsidiary)

FOR LINES 1 - 5 and 7 - 10, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL RETURN.

TAXABLE INCOME	1 (a) Gross receipts or sales	1(a)●	99999999999999	
	(b) Returns and allowances.	1(b)●	99999999999999	
	(c) Line 1(a) minus line 1(b)	1(c)●	99999999999999	
	2 Cost of goods sold	2●	99999999999999	
	3 Interest	3●	99999999999999	
	4 Gross rents	4●	99999999999999	
	5 Gross royalties	5●	99999999999999	
	6 (a) Capital gain net income (attach Hawaii Schedule D)	6(a)●	99999999999999	
	(b) Net gain (loss) from Hawaii Schedule D-1, Part II, line 19 (attach Schedule D-1).	6(b)●	99999999999999	
	7 Other income	7●	99999999999999	
8 TOTAL INCOME	8●	99999999999999	TOTAL INCOME	
9 TOTAL DEDUCTIONS	9●	99999999999999	TOTAL DEDUCTIONS	
10 Taxable income before Hawaii adjustments — Line 8 minus line 9. Enter here and on Schedule J, line 1	10	99999999999999		
TAX AND TAX PAYMENTS	11 TOTAL TAX (Schedule J, line 24)	11●	99999999999999	TOTAL TAX
	12 Total refundable credits from Schedule CR, line 8	12●	99999999999999	
	13 ADJUSTED TAX LIABILITY — Line 11 minus line 12. If line 13 is zero or less, see Instructions.	13●	99999999999999	
	14 Total nonrefundable credits from Schedule CR, line 29	14●	99999999999999	
	15 Line 13 minus line 14	15●	99999999999999	
	16 (a) 2019 overpayment allowed as a credit	16(a)●	99999999999999	
	(b) 2020 estimated tax payments (including any Form N-288A withholdings. See Instructions)	16(b)●	99999999999999	
	(c) Payments with extension (attach Form N-201V)	16(c)●	99999999999999	
	(d) Total (Add lines 16(a), 16(b), and 16(c))	16(d)●	99999999999999	TOTAL
	17 Estimated tax penalty (see Instructions). Check if Form N-220 is attached	17●	99999999999999	<input checked="" type="checkbox"/>
	18 TAX DUE (If the total of lines 15 and 17 are larger than line 16(d)), enter AMOUNT OWED	18●	99999999999999	
19 If line 16(d) is larger than the total of lines 15 and 17, enter AMOUNT OVERPAID. See Instructions.	19●	99999999999999		
20 Enter amount of line 19 you want Credited to 2021 estimated tax > 20(a) \$● 99999999999999 Refunded >	20(b)●	99999999999999		
21 Enter AMOUNT PAID with this return.	21●	99999999999999		
22 Amount paid (overpaid) on original return — AMENDED RETURN ONLY (See Instructions. Attach Sch AMD)	22	99999999999999		
23 BALANCE DUE (REFUND) with amended return (See Instructions. Attach Sch AMD)	23	99999999999999		

Please Sign Here

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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ NAME AND TITLEXXXXXXXXXXXXX _____ 12-12-12
 Print or type name and title of officer Date

★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 2 of the Instructions) This designation does not replace Form N-848 Yes No

Paid Preparer's Information	Preparer's signature and date Print Preparer's Name	Preparer's identification no. ● PREP ID NOX	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) Address and ZIP Code	FIRMS NAME ADDRESS AND ZIP CODEXXXXXXXXXX	Federal E.I. No. > 99-9999999 Phone no. > (999) 999-9999

