

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



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

Contact Information for General Questions

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FORM N-30 (Rev. 2020)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-30. Form N-30 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute 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.

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 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 form must not be submitted to the Department for processing.
- Substitute 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. N-30: 18 pt Helvetica bold
 3. REV. 2020: 8 pt Helvetica
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 2 of the form:
 1. FORM N-30 (Rev. 2020): 8 pt Helvetica bold

- The following font and size should be used for the form number located at the bottom right corner on pages 1 and 2 of the form:

1. FORM N-30 (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 indicator. 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).
- 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).
- 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."

6. Dollar Amounts

999999999

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified.

- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

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 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 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 positions:
 1. Pages 1-2: 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.
- The required QR code for page 1 is N30_T 2020A 01 VIDXX:

The required QR code for page 2 is
N30_T 2020A 02 VIDXX:

The QR code includes the form number (N30), an underscore, type of form (T), space, 4-digit form year (2020), 1-letter revision indicator (A), space, 2-digit page number (01 or 02), 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 each page 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 N-30. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM STATE OF HAWAII -- DEPARTMENT OF TAXATION N-30 CORPORATION INCOME TAX RETURN CALENDAR YEAR 2020

Place QR Code Here or other tax year beginning 12-12, 2020 and ending 12-12, 2020

AMENDED Return (Attach Sch AMD) NOL Carryback IRS Adjustment

Name, Dba or C/O, Mailing Address, City or town, State, and Postal/ZIP Code, Federal Employer I.D. No., Business Activity Code No., Date business began in Hawaii, Hawaii Business Activity, Hawaii Tax I.D. No.

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, A consolidated return, A separate return of a member corporation of a unitary group.

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

Table with columns for line number, description, and amount. Includes lines 1-10 for Taxable Income and lines 11-16 for Tax and Tax Payments.

Table with columns for line number, description, and amount. Includes lines 17-23 for Tax and Tax Payments, including Total Tax, Adjusted Tax Liability, and Balance Due.

Signature section including Signature of officer, Preparer's signature and date, Preparer's identification no., and Firm's name and address.

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		
9 TOTAL DEDUCTIONS	9●	99999999999999		
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	
	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	
	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

