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

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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."

9999999999

#### 6. Dollar Amounts

- 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 tailing spaces).

### 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:

- 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.

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.

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		1 Name of declaring corporation (Attach a separate sheet if more space is needed.)	2 National Bank Associations or certain high technology businesses	affiliate fore IRC sec qualifyir	ved from an (including ign) as tion 243(b) ng dividend	4 Received by Business Inv Co. operatin Small Bus Investmer	estment g under iness nt Act	5 Columns 2 through 4 and all other dividends
			9999999999999		999999	9999999		99999999999999
		PORATION NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		9999	999999	9999999	99999	999999999999999
	6	Total dividends. (Subtotal of column 5)		• • • • •	· · · · · ·	· · · · · ·	• • • • •	999999999999999
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ļ	8	Subtotal. Line 6 minus line 7		••••		• • • • • •	[	99999999999999
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		Taxable income (loss) before Hawaii adjustments from page 1, line 10 (				tions	1	999999999999999
ļ	2	(a) Taxable dividends from Schedule C, line 11		2(a)		99999999		988888
ł	<b>6</b> -	(a) Taxable dividends from Schedule C, the FT (b) Deductions allowable for federal tax purposes but not a		<u> ~(a)</u>	פפעע.	צבבבגע		
		allowable only in part for Hawaii tax purposes but not a		2(b)	999999	99999999		
		(c) The portion of the Hawaii jobs credit claimed applicable		~(0)				
		new employees from Schedule CR, line 19 (see Instruc		2(c)	99999	9999999		
$\ $	+	(d) Other adjustments (attach schedule)		2(d)		99999999		
ł	3	Total additions (Add lines 2(a), 2(b), 2(c) and 2(d))					3	99999999999999
ł	4	Total of lines 1 and 3					4	99999999999999
t	5	Entire dividends as reported on federal return and included on		5		99999999		
ł	6	Interest on obligations of the United States included on page		6		99999999		
ł	7	Net income from sources outside Hawaii received by a foreign or don						
$\ $		except for unitary business taxpayers using Form N-30, Schedule	es O & P	7	99999	99999999		
	8	Amortization of casualty losses where election is made to amort	tize for Hawaii tax					
t		purposes under section 235-7(f), HRS (attach explanation) .		8	99999	9999999		
t	9	Net operating loss deduction (under section 235-7(d), HRS) (a	attach schedule)	9•		99999999		
İ	10	Other deductions or adjustments (attach schedule)		10	999999	99999999		
İ	11	Total subtractions (Add lines 5, 6, 7, 8, 9, and 10)		• • • • •	• • • • •	· · · <b>· &gt;</b>	11	99999999999999
İ	12	Taxable income (loss) for Hawaii tax purposes (line 4 minu	1 1 1 1 1 1 1			· · · · · ·	120	99999999999999
ļ		Note: If the corporation has a farming NOL for the tax year, to elect to for		_ <u>_</u>				
L	13	Enter the amount of net capital gains as shown on Schedule D, line 18	1	axpayers,	see Instru		130	99999999999999
Ш	14	Line 12 minus line 13 (if less than zero, enter zero)		• • • • •		· · · · 🕨	14	99999999999999
ļ	15	(a) Tax on capital gain, line 13 — Enter 4% of amount on li		• • • • •	••••		15(a)	999999999999999
ļ		(b) Tax on all other taxable income, line 14 If the amoun					15(1-)(1)	000000000000000000000000000000000000000
ļ		<ul> <li>(i) Not over \$25,000 — Enter 4.4% of line 14</li> <li>(ii) Over \$25,000 but not over \$100,000 — Enter 5.4%</li> </ul>				· · · · · ·	15(0)(1)	99999999999999
							16/b/01	99999999999999
		Subtract \$250.00 and enter difference	999999999	• • • • •	· · · · · ·		1.)(u)(II)	<u><u><u> </u></u></u>
		Subtract \$1,250.00 and enter difference					15(b)(iii)	999999999999999
		(c) Total of lines 15(a) and 15(b)				• • • • •	15(c)	99999999999999999999
ł		(d) Using the rates listed on line 15(b), compute tax on all t				2	15(d)	9999999999999999
$\ $	16	Total tax (enter the lesser of line 15(c) or 15(d)) (Combined					16 <b>0</b>	999999999999999
ш	17	Recapture of Capital Goods Excise Tax Credit from Form N		, <u></u> 17		99999999		
Ш	18	Recapture of Low-Income Housing Tax Credit from Form N		18		99999999		
L	19	Recapture of Tax Credit for Flood Victims from Form N-338		19		9999999		
ł	20	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Cred		20		99999999		
L	21	Recapture of Capital Infrastructure Tax Credit from Form N		21		99999999		
ł	22	Total recapture of tax credits (Add lines 17, 18, 19, 20, and	21)				220	999999999999999
ł	23	Interest due under the look-back method completed long-term contra	acts (See Instructions	s. Attach	fecleral For	m 8697)..	230	99999999999999
t	24	Total tax (Add lines 16, 22, and 23). Enter here and on pag	e 1, line 11		• • • • • •	>	24	99999999999999
1	8 1	0 <u>1214</u> 16 18 20 22 24 26 28 30 32 34 36 38 data data data data data data data dat	1 <sup>40</sup> <sup>42</sup> NO <sup>44</sup> XX <sup>46</sup> <sup>48</sup>	50 52	54 56 58	60 62 64	FOR	1 N-30 (REV. 2020)

		FORM	STATE OF HAWAII — DEPARTMENT OF TAXATION	THIS SPACE	FOR DA	ATE RECEIVED	O STAMP			
	Ν	l-30 c								
		EV. 2020)	ORPORATION INCOME TAX RETURN							
_			CALENDAR YEAR $2020$							
	Pla		or other tax year beginning $\bullet$ <u>12-12</u> , 2	2020						
	QR C		and ending • <u>12-12</u> , 20 <u>12</u>							
L	He	re			-					
			🔀 AMENDED Return (Attach Sch AMD) 🔀 NOL Carryback 🛛 🔀	IRS Adjustment						
Γ	1	Name		Federal Er	nployer	I.D. No.				
	• N	AMEXXXXXX	***************************************							
	7	Dba or C/O		<ul> <li>Business Activity form 1120 or 112</li> </ul>	Code No. (U: 20A)	Code No. (Use code shown on federal 0A)				
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	=1 '		; (number and street) DRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ess began in Hawaii					
	₹⊨	-		±0 ±0		· .				
			ate, and Postal/ZIP Code. If foreign address, see Instructions. WN STATE ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Hawaii Busine		ITIVITYXXX	/vvvv			
┟				Hawaii Tax			1/1/1/1/			
	IHI		(CHECK BOX, IF APPLICABLE): ate corporation using separate accounting. X • For a real estate investment trust (RE	GE-999	-999-	9999-99				
		_		ed return. (Domestic	(Hawaii	i) corporations	only)			
				of Hawaii Forms N-303 a	•	, ,	• •			
ŀ			- 5 and 7 - 10, ENTER AMOUNTS FROM COMPARAB							
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			) minus line 1(b)		1(c)●	999999999	99999			
	≝  2	2 Cost of goo	ds sold		2●	999999999	99999			
		B Interest			3●	999999999	99999			
.	≚  4		3		4●	999999999				
ц	3		ties		5●	999999999				
Ξl	B A B A B	., .	gain net income (attach Hawaii Schedule D)		6(a)●	999999999				
-	TAXABLE	., .	n (loss) from Hawaii Schedule D-1, Part II, line 19 (attach Schedule D-1)		6(b)● 7●	999999999 999999999				
ORDER HERE	F 7 8		ne		8	9999999999				
5			DEDUCTIONS		9.	999999999				
<b>∐</b>	10		ome before Hawaii adjustments — Line 8 minus line 9. Enter here and on Sched		10	999999999				
	11		(Schedule J, line 24)		11●	999999999	99999			
	12	2 Total refund	lable credits from Schedule CR, line 8	99999999999999						
B	<u>ທ</u> 13	B ADJUSTEI	TAX LIABILITY — Line 11 minus line 12. If line 13 is zero or less, see Instruction		13●	999999999	99999			
S	Z 14	Total nonre		9999999999999		i				
IACH CHECK		5 Line 13 mir	ius line 14		15●	999999999	99999			
	<b>a</b>  16	6 (a) 2019 ov		99999999999999						
A	X	(b) 2020 esti	nated tax payments (including any Form N-288A withholdings. See Instructions) <b>16(b)</b> 99 tts with extension (attach Form N-201V)							
		(C) Paymer	dd lines 16(a), 16(b), and 16(c)) $\dots \dots $		16(d)	99999999	00000			
•		7 Estimated t	ax penalty (see Instructions). Check if Form N-220 is attached		17●	999999999				
	A 18		f the total of lines 15 and 17 are larger than line 16(d)), enter AMOUNT OWED		18●	999999999				
	ב 1 <sup>≤</sup>		is larger than the total of lines 15 and 17, enter AMOUNT OVERPAID. See Instru		19●	999999999				
	20	D Enter amount	of line 19 you want Credited to 2021 estimated tax>20(a) \$0_999999999999999999999999999999999999	999_Refunded>	<b>20(b)●</b>	999999999	99999			
	21	Enter AMO	UNT PAID with this return.		21●	999999999	99999			
	Return 23	2 Amount pa	d (overpaid) on original return — AMENDED RETURN ONLY (See Instructions.	,	22	999999999				
	<u>e</u> 23	BALANCE	<b>DUE (REFUND) with amended return</b> (See Instructions. Attach Sch AMD) the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or st		<b>23</b>	999999999				
	ē	knowledge and b	belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic	on of which preparer has a	ny knowled	ge.	iiiy			
	He	▶•_	NAME AND TITLEXXXXX		·	2-12-12				
	Sign Here	Sig	nature of officer Print or type name and title of office ali Department of Taxation discuss this return with the preparer shown below? (See page 2 of the Instructions)	r This designation does not re	Dat eplace Form	te 1 N-848 🔀 Yes	X No			
	Ŝ		Preparer's signature	Preparer's identification						
	Please	Paid Proparer's	Print Preparer's Name PREPARERS NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	• PREP II		Check if self-employ	ed <b>&gt; X</b>			
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			Address and ZIP Code FIRMS NAME ADDRESS AND ZIP CODEX		e no. 🗲 (	(999) 999	-9999			

FORM N-30 (REV. 2020)

#### Name as shown on return

\*

Federal Employer Identification Number

99-9999999

	Sche	dule C Income From Dividends (Classified	for Hawaii Purpo	oses)				
		<b>1</b> Name of declaring corporation (Attach a separate sheet if more space is needed.)	2 National Bank Associations or certain high technology businesses	affiliate fore IRC sec	ved from an e (including eign) as ction 243(b) ng dividend	4 Received by Business Inv Co. operatin Small Bus Investmer	estment g under iness	5 Columns 2 through 4 and all other dividends
S	COR	PORATION NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	9999999	99999	99999999999999		
DIVIDENDS	COR	PORATION NAMEXXXXXXXXXXXXXXXXXXXXXXXXX	99999	99999999999999				
	6	Total dividends. (Subtotal of column 5)		99999999999999				
IΞ	7	Sum of columns 2 through 4		99999999999999				
	8	Subtotal. Line 6 minus line 7						99999999999999
	9	Multiply line 8 by .30 (30%)						99999999999999
	10	Taxable mutual funds dividends						99999999999999
	11	Total taxable dividends. Line 9 plus line 10					🗲	99999999999999
	Sche	dule J Adjustments to Income for Hawaii F	Purposes and Tax	k Comp	outation			
	1	Taxable income (loss) before Hawaii adjustments from page 1, line 10	(Unitary business ta	xpayers,	see Instruc	tions)	1	99999999999999
	2	(a) Taxable dividends from Schedule C, line 11						
		(b) Deductions allowable for federal tax purposes but not a	allowable or					
S		allowable only in part for Hawaii tax purposes (attach s	,	2(b)	99999	99999999		
0		(c) The portion of the Hawaii jobs credit claimed applicable						
片		new employees from Schedule CR, line 19 (see Instru				99999999		
ADDITIONS		(d) Other adjustments (attach schedule)				99999999		
	3	Total additions (Add lines 2(a), 2(b), 2(c) and 2(d))					3	99999999999999
	4	Total of lines 1 and 3					4	99999999999999
	5	Entire dividends as reported on federal return and included o		5		99999999		
	6	Interest on obligations of the United States included on pa	-	6	99999	99999999		
6	7	Net income from sources outside Hawaii received by a foreign or do		_				
Ÿ		except for unitary business taxpayers using Form N-30, Schedul		7	99999	99999999		
Ĕ	8	Amortization of casualty losses where election is made to amo		•	00000	000000		
AC	9	purposes under section 235-7(f), HRS (attach explanation) Net operating loss deduction (under section 235-7(d), HRS) (		8 9●		99999999 99999999		
HH	9 10	Other deductions or adjustments (attach schedule)				99999999		
SUBTRACTIONS	11	Total subtractions (Add lines 5, 6, 7, 8, 9, and 10)					11	99999999999999
l o	12	Taxable income (loss) for Hawaii tax purposes (line 4 min					12●	999999999999999
		Note: If the corporation has a farming NOL for the tax year, to elect to		120				
	13	Enter the amount of net capital gains as shown on Schedule D, line 18					13●	99999999999999
	14	Line 12 minus line 13 (if less than zero, enter zero)					14	999999999999999
	15	(a) Tax on capital gain, line 13 — Enter 4% of amount on				-	15(a)	999999999999999
		(b) Tax on all other taxable income, line 14 — If the amount						
		(i) Not over \$25,000 — Enter 4.4% of line 14					15(b)(i)	99999999999999
		(ii) Over \$25,000 but not over \$100,000 — Enter 5.4	% of line 14 \$ <u>999</u>	99999	999999			
z		Subtract \$250.00 and enter difference					15(b)(ii)	99999999999999
12		(iii) Over \$100,000 — Enter 6.4% of line 14 \$_9999	99999999999					
A		Subtract \$1,250.00 and enter difference					15(b)(iii)	99999999999999
PU		(c) Total of lines 15(a) and 15(b)					15(c)	99999999999999
N		(d) Using the rates listed on line 15(b), compute tax on all	taxable income usin	g amoun	t from line 1	2	15(d)	99999999999999
TAX COMPUTATION	16	Total tax (enter the lesser of line 15(c) or 15(d)) (Combine		, see Ins			16●	99999999999999
<b>A</b>	17	Recapture of Capital Goods Excise Tax Credit from Form		17		999999999999999999999999999999999999999		
	18	Recapture of Low-Income Housing Tax Credit from Form						
	19	Recapture of Tax Credit for Flood Victims from Form N-338						
	20	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Cre				99999999		
	21	Recapture of Capital Infrastructure Tax Credit from Form I				99999999		
	22	Total recapture of tax credits (Add lines 17, 18, 19, 20, and					22•	99999999999999
	23	Interest due under the look-back method — completed long-term contractions (Add lines 16, 22, and 23). Enter here and an particular					23•	99999999999999
	24	Total tax (Add lines 16, 22, and 23). Enter here and on pa	ye i, iiile i i			🗡	24 FORM	99999999999999 1 N-30 (REV. 2020)