

STATE OF HAWAII—DEPARTMENT OF TAXATION EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

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Place QR Code Here

For calendar year 2020

or other taxable year beginning 12-12, 2020 and ending 12-12, 2020

Amended Return (Attach Sch AMD) IRS Adjustment NOL Carryback

Name of organization, DBA or C/O, Mailing Address, City or town, State and Postal/ZIP code. Federal Employer I.D. No., Unrelated business activity code(s), Hawaii Tax I.D. No., Corporation/Charitable Trust.

Taxable Income section: Lines 1-8 including Gross receipts or sales, Returns and allowances, Cost of goods sold, Capital gain net income, Other income, Total unrelated trade or business income, Total deductions, Unrelated business taxable income.

Tax Computation section: Lines 9-15 including Tax from Schedule, Recapture of Capital Goods Excise Tax Credit, Recapture of Low-Income Housing Tax Credit, Recapture of Tax Credit for Flood Victims, Recapture of Important Agricultural Land, Recapture of Capital Infrastructure Tax Credit.

Total Income Tax section: Lines 16-20 including Total tax, Total refundable tax credits, ADJUSTED TAX LIABILITY, Total nonrefundable credits, Line 18 minus line 19.

Credits and payments section: Lines 21-26 including 2019 overpayment, Estimated tax payments, Tax paid with automatic extension, Total credits and payments, Estimated tax penalty, TAX DUE, OVERPAYMENT, Amounts credited/refunded.

Amended Return section: Lines 27-28 including Amount paid (overpaid) on original return, BALANCE DUE (REFUND) with amended return.

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.

Signature of officer, Date, NAME AND TITLE. Includes checkbox for Hawaii Department of Taxation discussion.

Please Sign Here section: Preparer's signature, Date, Check if self-employed, Preparer's identification no., Firm's name, Address and ZIP Code, Federal E.I. No., Phone no.

Place QR Code Here	Name as shown on return	Federal Employer Identification Number
	NAME OF ORGANIZATIONXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

TAX COMPUTATION SCHEDULE

PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	999999999999
2	Enter the total of other deductions (see Instructions, attach schedule).	2	999999999999
3	Difference — line 1 minus line 2	3	999999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	999999999999
5	Sum of lines 3 and 4	5	999999999999
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	999999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	999999999999
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	999999999999
	(b) Tax on all other taxable income — If the amount on line 7 is:		
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)	999999999999
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$ 999999999999. Subtract \$250 and enter the difference	8(b)(ii)	999999999999
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$ 999999999999. Subtract \$1,250 and enter the difference	8(b)(iii)	999999999999
	(c) Total of lines 8(a) and 8(b).	8(c)	999999999999
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	999999999999
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9.	9	999999999999

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	999999999999
2	Enter the total of other deductions (see Instructions, attach schedule).	2	999999999999
3	Difference — line 1 minus line 2	3	999999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	999999999999
5	Sum of lines 3 and 4	5	999999999999
6	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40)	6	999999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	999999999999
8	Enter the greater of line 7 or \$20,000.	8	999999999999
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128	9	999999999999
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	999999999999
11	Multiply the amount on line 10 by 7.25%	11	999999999999
12	Total of lines 9 and 11	12	999999999999
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above.	13	999999999999
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10.	14	999999999999

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000.	\$2,678.00 plus 8.25% of excess over \$40,000