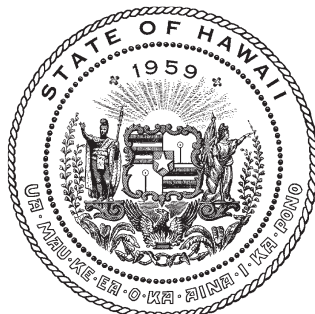


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form U-6 (Rev. 2021)**

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.

FORM U-6 (Rev. 2021)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form U-6. Form U-6 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form U-6 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 Form U-6 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. Arial
- 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 Arial bold
 2. U-6: 18 pt Arial bold
 3. REV. 2021: 8 pt Arial
- The following font and size should be used for the form number and revision year located at the top left corner on page 2 of the form:
 1. FORM U-6 (REV. 2021): 8 pt Arial bold

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

1. FORM U-6 (REV. 2021): 10 pt Arial bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier new font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox. 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).
- Dates must be printed with dash (-) delimiters. For example:
MM-DD-YYYY
(2 digits for month, followed by a dash (-), followed by 2 digits for day, followed by a dash (-), followed by 4 digits for year).
- 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."
- 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).

6. Dollar Amounts 999999999

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

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 U-6 (Rev. 2021) cannot be filed until 2022.

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. Pages 1 and 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

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:

U6_T 2021A 01 VIDXX

- The required QR code for page 2 is:

U6_T 2021A 02 VIDXX

The QR code includes the form number (U6), an underscore, type of form (T), space, 4-digit form year (2021), 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 below the QR code, utilizing 6 pt Arial font. Placement of the human readable text is as follows (see exhibits for exact placement):
 1. Page 1: Column 6, row 11
 2. Pages 2 - 4: Column 6, row 8
- 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. Form Serial Number

- The form serial number **MUST** be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is:
UTL1C0S1
- The required form serial number for page 2 is:
UTL2C0S1
- Please note that the sixth digit is the number 0.

General Information and Scannable Specifications

5. 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 U-6. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM U-6 STATE OF HAWAII — DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN
(REV. 2021) **CALENDAR YEAR 2022**

Place QR Code Here Based on income for calendar year 2021 or fiscal year beginning on 12-12, 2021 and ending 12-12, 2012
(First year, Second year, and Final year return filers, see Instructions)

Human Readable text here (NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public service company tax.)

Table with 2 columns: PRINTER TYPE (Name, DBA, Mailing Address, City, State, and Postal/ZIP Code) and Date Business Began in Hawaii, Hawaii Tax I.D. No., Federal Employer I.D. No., Amount paid with this return.

CHECK BOX IF APPLICABLE: [X] First year [X] Second year [X] Final year [X] Amended return [X] Paying tax in installments

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2021

Table for Section I: Gross Income from Public Utility Business. Includes rows for Passenger Fares, Sales of Products, and LIDE D 1, with sub-rows for adjustments and totals.

DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS.

Please Sign Here Signature of officer 12-12-1212 Date TITLE XXXXXXXXXXXX Title

Paid Preparer's Information Preparer's Signature and Print Preparer's Name PREPARER NAME XXXXXXXX Date 12-12-12 Check if self-employed [X] Preparer's identification number PREP ID NUMB Firm's name (or yours if self-employed), Address, and Postal/Zip Code FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX Federal E.I. No. 99-9999999 Phone No. (999) 999-9999

Place QR Code Here	Name as shown on return NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer Identification Number 99-9999999
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SECTION II -- COMPUTATION OF TAX (Line references are to lines on page 1.) Note: Enter TOTAL TAX amount on page 1.

PART I. -- FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.

Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.

A	Line 5 less lines 1a(3), 1b(3), and 1c(3)	999999999.00	x 4.0% (fixed rate)	TAX AMOUNT	A	999999999.00
B	Line 1a(3)	999999999.00	x 5.35% (fixed rate)	TAX AMOUNT	B	999999999.00
C	Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT	C	999999999.00
D	Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT	D	999999999.00
E	TOTAL TAX (add lines A, B, C, and D)				E	999999999.00
F	Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy (see Instructions)				F	999999999.00
G	Balance (line E minus line F, but not less than zero)				G	999999999.00
H	Payment with Extension (attach Form N-755) (see Instructions)	H		999999999.00		
I	Tax Installment Payments (see Instructions)	I		999999999.00		
J	Total Payments (add lines H and I)				J	999999999.00
K	TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000, see Instructions, When Is the Tax Payable)				K	999999999.00
L	OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID				L	999999999.00

PART II. -- FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

A	TOTAL TAX (line 1a(3))	999999999.00	x 5.35% (fixed rate)		A	999999999.00
B	Payment with Extension (attach Form N-755) (see Instructions)	B		999999999.00		
C	Tax Installment Payments (see Instructions)	C		999999999.00		
D	Total Payments (add lines B and C)				D	999999999.00
E	TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)				E	999999999.00
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID				F	999999999.00

PART III. -- FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

A	Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT	A	999999999.00
B	Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT	B	999999999.00
C	TOTAL TAX (add lines A and B)				C	999999999.00
D	Payment with Extension (attach Form N-755) (see Instructions)				D	999999999.00
E	Tax Installment Payments (see Instructions)				E	999999999.00
F	Total Payments (add lines D and E)				F	999999999.00
G	TAX DUE (if line C is larger than line F), enter AMOUNT OWED. (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)				G	999999999.00
H	OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID				H	999999999.00

STATE OF HAWAII — DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN
CALENDAR YEAR **2022**

THIS SPACE FOR DATE RECEIVED STAMP

Place
QR Code
Here

Human Readable text here

Based on income for calendar year 2021 or fiscal year beginning on
12-12, 2021 and ending 12-12, 2012
(First year, Second year, and Final year return filers, see Instructions)

(NOTE: Do NOT use Form U-6 to calculate and/or
remit the counties' share of the public service company tax.)

PRINTER TYPE	Name NAME XXX	Date Business Began in Hawaii 12-12-1212
	DBA (if any) DBA XXX	Hawaii Tax I.D. No. GE-999-999-9999-99
	Mailing Address (number and street) MAILING ADDRESS XXX	Federal Employer I.D. No. 99-9999999
	City, State, and Postal/ZIP Code CITY STATE ZIP CODE XXX	Amount paid with this return \$ 999999999.00

CHECK BOX IF APPLICABLE:
 First year
 Second year
 Final year
 Amended return
 Paying tax in installments

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2021

1 Gross Income from Public Utility Business (describe fully from what sources received)

a	(1) Passenger Fares for Transportation Between Points on a Scheduled Route By Land	1a(1)	999999999.00		
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1a(2)	999999999.00		
	(3) Adjusted Gross Income (line 1a(1) minus line 1a(2))			1a(3)	999999999.00
b	(1) Sales of Products or Services to Another Public Utility for Resale to the Consumer	1b(1)	999999999.00		
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1b(2)	999999999.00		
	(3) Adjusted Gross Income (line 1b(1) minus line 1b(2))			1b(3)	999999999.00
c	(1) Sales of Telecommunication Services to a Person Defined in Section 237-13(6)(D), HRS, for Resale to the Consumer	1c(1)	999999999.00		
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1c(2)	999999999.00		
	(3) Adjusted Gross Income (line 1c(1) minus line 1c(2))			1c(3)	999999999.00
d	(1) LIDE D 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1d(1)	999999999.00		
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1d(2)	999999999.00		
	(3) Adjusted Gross Income (line 1d(1) minus line 1d(2))			1d(3)	999999999.00
2	Equipment Rentals Received (attach schedule and describe fully)			2	999999999.00
3	Joint Facility Rentals Received			3	999999999.00
4	Non-Operating Income from Public Utility Business (attach schedule and describe fully)			4	999999999.00
5	TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4)			5	999999999.00

Please Sign Here

DECLARATION — 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS.

Signature of officer: _____ Date: 12-12-1212 Title: XXXXXXXXXXXXXXXXXX

Paid Preparer's Information	Preparer's Signature and Print Preparer's Name	<u>PREPARER NAME XXXXXXXXX</u>	Date	<u>12-12-12</u>	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's identification number	<u>PREP ID NUMB</u>
	Firm's name (or yours if self-employed), Address, and Postal/Zip Code	<u>FIRM NAME XXXXXXXXXXXXXXXXXXXXXXX</u>		Federal E.I. No.	<u>99-9999999</u>		Phone No.	<u>(999) 999-9999</u>

Place QR Code Here Human Readable text here	Name as shown on return NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer Identification Number 99-9999999
--	---	--

SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) **Note: Enter TOTAL TAX amount on page 1.**

PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.

Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.

A Line 5 less lines 1a(3), 1b(3), and 1c(3)	999999999.00	x 4.0% (fixed rate)	TAX AMOUNT		A	999999999.00
B Line 1a(3)	999999999.00	x 5.35% (fixed rate)	TAX AMOUNT		B	999999999.00
C Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT		C	999999999.00
D Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT		D	999999999.00
E TOTAL TAX (add lines A, B, C, and D)					E	999999999.00
F Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy (see Instructions)					F	999999999.00
G Balance (line E minus line F, but not less than zero)					G	999999999.00
H Payment with Extension (attach Form N-755) (see Instructions)		H	999999999.00			
I Tax Installment Payments (see Instructions)		I	999999999.00			
J Total Payments (add lines H and I)					J	999999999.00
K TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000, see Instructions, When Is the Tax Payable)					K	999999999.00
L OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID					L	999999999.00

PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

A TOTAL TAX (line 1a(3))	999999999.00	x 5.35% (fixed rate))	TAX AMOUNT		A	999999999.00
B Payment with Extension (attach Form N-755) (see Instructions)		B	999999999.00			
C Tax Installment Payments (see Instructions)		C	999999999.00			
D Total Payments (add lines B and C)					D	999999999.00
E TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)					E	999999999.00
F OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID					F	999999999.00

PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

A Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT		A	999999999.00
B Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT		B	999999999.00
C TOTAL TAX (add lines A and B)					C	999999999.00
D Payment with Extension (attach Form N-755) (see Instructions)		D	999999999.00			
E Tax Installment Payments (see Instructions)		E	999999999.00			
F Total Payments (add lines D and E)					F	999999999.00
G TAX DUE (if line C is larger than line F), enter AMOUNT OWED. (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)					G	999999999.00
H OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID					H	999999999.00