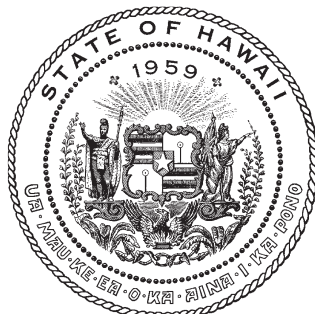


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form N-35 (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
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**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
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Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

FORM N-35 (Rev. 2021)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-35. Form N-35 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-35 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 N-35 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. N-35: 18 pt Arial bold
 3. Rev. 2021: 8 pt Arial
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on pages 2 through 4 of the form:
 1. Form N-35 (Rev. 2021): 8 pt Arial bold

- The following font and size should be used for the form number located at the bottom right corner on pages 1 through 4 of the form:

1. Form N-35 (Rev. 2021): 10 pt Arial bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier New font. Exception: (1) On page 4 in the Schedule N section, the "SSN or FEIN" variable data fields are 10 pt Courier New. (2) On page 4 in the Schedule P section, the percentage variable data fields are 10 pt Courier New.
- 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).
- 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-35 (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.

The required QR code for page 2 is:
N35_T 2021A 02 VIDXX

The required QR code for page 3 is:
N35_T 2021A 03 VIDXX

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 - 4: 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.

The required QR code for page 4 is:
N35_T 2021A 04 VIDXX

The QR code includes the form number (N35), an underscore, type of form (T), space, 4-digit form year (2021), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03), or (04), space, vendor I.D. label (VID), and your 2-digit Hawaii Vendor I.D. Number (XX). There are no hyphens.

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. Pages 2 - 4: 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:
N35_T 2021A 01 VIDXX

- 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:
N351C0S1

The required form serial number for page 2 is:
N352C0S1

The required form serial number for page 3 is:
N353C0S1

The required form serial number for page 4 is:
N354C0S1

- Please note that the sixth digit is the number 0.

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 N-35. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM N-35 (REV. 2021)

S CORPORATION INCOME TAX RETURN 2021

For calendar year 2021

Place QR Code Here

or other tax year beginning 12-12, 2021

and ending 12-12, 2021

Human Readable text here

X AMENDED Return (Attach Sch AMD)

Table with 2 columns: Name, Federal Employer I.D. No., Dba or C/O, Business Activity Code, Mailing Address, Hawaii Tax I.D. No., City or town, State, and Postal/ZIP Code, Enter the number of Schedules NS attached to this return.

Is the corporation electing to be an S corporation beginning with this tax year? X Yes X No
Check if: (1) X Initial Return (2) X Final Return (3) X S Election Termination or Revocation (4) X Name Change (5) X IRS Adjustment
How many months in 2021 was this corporation in operation? 99 Was this corporation in operation at the end of 2021? X Yes X No

CAUTION: Include only trade or business income and expenses on lines 1a through 20. See Instructions for more information.

Table with 21 rows for INCOME and DEDUCTIONS. Includes lines 1a-c, 2-6, 7-20, and 21. Values are mostly 9999999999.

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 true, correct, and complete, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here: Signature of officer, Date 12-12-12, NAME AND TITLE XXXX. May the Hawaii Department of Taxation discuss this return with the preparer shown below? X Yes X No

Table for Paid Preparer's Information. Includes Preparer's Signature, Print Preparer's Name, Date, Check if self-employed, Preparer's identification no., Firm's name and address, and Phone no.

Place QR Code Here

Name as shown on return

Federal Employer Identification Number

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99-9999999

Human Readable text here

Table with columns for line numbers, descriptions, and amounts. Includes sections for 'TAX & PAYMENTS' and 'AMENDED RETURN'. Lines 22-30.

Schedule A: Cost of Goods Sold (See Instructions for Schedule A). Lines 1-9. Includes inventory values, purchases, and cost of goods sold.

Schedule B: Other Information. Lines 1-7. Includes accounting method, date of incorporation, and other corporate details.

| | | |
|--------------------|--|--|
| Place QR Code Here | Name as shown on return | Federal Employer Identification Number |
| | NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 99-9999999 |

| Schedule K | Shareholders' Pro Rata Share Items | b. Attributable to Hawaii | c. Attributable Elsewhere |
|------------|------------------------------------|---------------------------|---------------------------|
|------------|------------------------------------|---------------------------|---------------------------|

| | | | | | |
|---------------------|---|--|------------------|------------------|------------------|
| Income (Losses) | 1 | Ordinary income (loss) from trade or business activities (page 1, line 21) | 9999999999999999 | 1 | 9999999999999999 |
| | 2 | Net income (loss) from rental real estate activities (attach federal Form 8825) . . | 9999999999999999 | 2 | 9999999999999999 |
| | 3 a | Gross income from other rental activities | 9999999999999999 | 3a | 9999999999999999 |
| | | b Expenses from other rental activities (attach schedule) | 9999999999999999 | 3b | 9999999999999999 |
| | | c Net income (loss) from other rental activities. Line 3a minus line 3b. | 9999999999999999 | 3c | 9999999999999999 |
| | 4 | Interest income | 9999999999999999 | 4 | 9999999999999999 |
| | 5 | Ordinary dividends | 9999999999999999 | 5 | 9999999999999999 |
| | 6 | Royalty income | 9999999999999999 | 6 | 9999999999999999 |
| | 7 | Net short-term capital gain (loss) (Schedule D (Form N-35)) | 9999999999999999 | 7 | 9999999999999999 |
| | 8 | Net long-term capital gain (loss) (Schedule D (Form N-35)) | 9999999999999999 | 8 | 9999999999999999 |
| 9 | Net gain (loss) under IRC section 1231 (attach Schedule D-1) | 9999999999999999 | 9 | 9999999999999999 | |
| Deductions | 10 | Other income (loss) (attach schedule) | 9999999999999999 | 10 | 9999999999999999 |
| | 11 | Charitable contributions (attach schedule) | 9999999999999999 | 11 | 9999999999999999 |
| | 12 | IRC section 179 expense deduction (attach federal Form 4562) | 9999999999999999 | 12 | 9999999999999999 |
| | 13 | Deductions related to portfolio income (loss) (attach schedule) | 9999999999999999 | 13 | 9999999999999999 |
| Investment Interest | 14 | Other deductions (attach schedule) | 9999999999999999 | 14 | 9999999999999999 |
| | 15 a | Interest expense on investment debts paid or accrued in 2021 | 9999999999999999 | 15a | 9999999999999999 |
| | | b (1) Investment income included on lines 4, 5, and 6, above | 9999999999999999 | 15b(1) | 9999999999999999 |
| | (2) Investment expenses included on line 13, above. | 9999999999999999 | 15b(2) | 9999999999999999 | |
| Credits | 16 a | Fuel Tax Credit for Commercial Fishers (attach Form N-163) | 9999999999999999 | 16a | |
| | b | Total cost of property qualifying for the Capital Goods Excise Tax Credit (See Instructions) | 9999999999999999 | 16b | |
| | | c Amounts needed to claim the Enterprise Zone Tax Credit (attach Form N-756) . . | See N-756A | 16c | |
| | d | Hawaii Low-Income Housing Tax Credit (attach Form N-586) | 9999999999999999 | 16d | |
| | e | Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) | 9999999999999999 | 16e | |
| | f | Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340) | 9999999999999999 | 16f | |
| | | g Credit for School Repair and Maintenance (attach Form N-330) | 9999999999999999 | 16g | |
| | h | Renewable Energy Technologies Income Tax Credit (attach Form N-342) | 9999999999999999 | 16h | |
| | i | Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) | 9999999999999999 | 16i | |
| | | j Tax Credit for Research Activities (attach Form N-346) | 9999999999999999 | 16j | |
| | k | Renewable Fuels Production Tax Credit (attach Form N-352) | 9999999999999999 | 16k | |
| | l | Organic Foods Production Tax Credit (attach Form N-354) | 9999999999999999 | 16l | |
| | m | Historic Preservation Income Tax Credit (attach Form N-325) | 9999999999999999 | 16m | |
| | n | Hawaii income tax withheld on Forms N-288A (See Instructions) | 9999999999999999 | 16n | |
| o | Total Hawaii income tax withheld on Forms N-4 | 9999999999999999 | 16o | | |
| p | Net income tax paid by the S corporation to states which do not recognize the corporation's "S" status. Identify state(s) | | 16p | 9999999999999999 | |

| | | | | | |
|---|---|--|------------------|------------------|------------------|
| (Attach a separate schedule if more space is needed for any item.) | | | | | |
| Other items | 17 | Total property distributions (including cash) other than dividend distributions reported on line 22, below. Date of Distribution <u>12-12-1212</u> | 9999999999999999 | 17 | 9999999999999999 |
| | 18 | Tax exempt interest income | 9999999999999999 | 18 | 9999999999999999 |
| | 19 | Other tax exempt income | 9999999999999999 | 19 | 9999999999999999 |
| | 20 | Non-deductible expenses | 9999999999999999 | 20 | 9999999999999999 |
| | 21 | Other items and amounts not included on lines 1 through 20, above, that are required to be reported separately to shareholders (attach schedule) | 9999999999999999 | 21 | 9999999999999999 |
| | 22 | Total dividend distributions paid from accumulated earnings and profits | 9999999999999999 | 22 | 9999999999999999 |
| | 23 | Income (loss) — Combine lines 1 through 10. From the result, subtract the sum of lines 11 through 15a | 9999999999999999 | 23 | 9999999999999999 |
| | 24 | Corporate adjustments to income attributable to Hawaii (attach schedule) | 9999999999999999 | 24 | |
| 25 | Interest penalty on early withdrawal of savings | | 25 | 9999999999999999 | |

| | | |
|--------------------|--------------------------------------|--|
| Place QR Code Here | Name as shown on return | Federal Employer Identification Number |
| | NAME | 99-9999999 |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |

Schedules L, M-1, and M-2 Attach a copy of page 4 of federal Form 1120S to this return. Attach Sch. M-3, if applicable.
Schedule N List of Shareholders (Attach a separate sheet if more space is needed)

| Name and Address | SSN or FEIN | No. of shares owned at all times during the year | State of Residence | Year Sch. NS filed, if any (Indicate if revoked) | Amount of Payment on Form N-4 attached |
|--------------------------|--------------|--|--------------------|--|--|
| 1 NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 99999999 | 9999999999 |
| 2 NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 99999999 | 9999999999 |
| 3 NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | | | | | |
| NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 99999999 | 9999999999 |

Schedule O Apportionment of Income (See Attributable to Hawaii in the Instructions.)

| | |
|---|----------------|
| 1 Ordinary income (loss) from trade or business activities (From page 1, line 21) | 99999999999999 |
| 2 Apportionment factor (from Schedule P, line 8) | 999.99999 % |
| 3 Business income apportioned to Hawaii (line 1 multiplied by line 2) (To Schedule K, line 1, col. b) | 99999999999999 |
| 4 Business income apportioned elsewhere (line 1 minus line 3) (To Schedule K, line 1, col. c) | 99999999999999 |
| 5 Are the totals of columns b and c, Schedule K, lines 2 through 6, and the amounts shown on Schedule P, column B, the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If "No," please explain EXPLANATION XXX | |

Schedule P Computation of Apportionment Factors (See Attributable to Hawaii in the Instructions.)

| Property — (use original cost) | In Hawaii | | Total Everywhere | |
|--------------------------------|---------------------------|---------------------|---------------------------|---------------------|
| | Beginning of taxable year | End of taxable year | Beginning of taxable year | End of taxable year |
| Land | 99999999999999 | 99999999999999 | 99999999999999 | 99999999999999 |
| Buildings | 99999999999999 | 99999999999999 | 99999999999999 | 99999999999999 |
| Inventories | 99999999999999 | 99999999999999 | 99999999999999 | 99999999999999 |
| Leasehold interests* | | 99999999999999 | | 99999999999999 |
| Rented Property* | | 99999999999999 | | 99999999999999 |
| Other Property | 99999999999999 | 99999999999999 | 99999999999999 | 99999999999999 |
| Total | 99999999999999 | 99999999999999 | 99999999999999 | 99999999999999 |

* Enter net annual rent X 8.
 Compute all percentages to 5 decimal places (0.00000%)

| | A. In Hawaii | B. Everywhere |
|---|----------------|----------------|
| 1 Property values (average value of property above) | 99999999999999 | 99999999999999 |
| 2 Property factor (line 1, col. A divided by line 1, col. B) | | 999.99999 % |
| 3 Total compensation | 99999999999999 | 99999999999999 |
| 4 Payroll factor (line 3, col. A divided by line 3, col. B) | | 999.99999 % |
| 5 Total sales | 99999999999999 | 99999999999999 |
| 6 Sales factor (line 5, col. A divided by line 5, col. B) | | 999.99999 % |
| 7 Total of factors (add lines 2, 4, and 6) | | 999.99999 % |
| 8 Average of factors (see instructions) (To Schedule O, line 2) | | 999.99999 % |

Designation of Tax Matters Person (See Instructions.)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return, if one has been designated:

Name of designated TMP NAME OF DESIGNATED TMP XXXXXXXXXXXXXXXXXXXX Identifying number of TMP 9999999999999999

Address of designated TMP ADDRESS OF TMP XXX

S CORPORATION INCOME TAX RETURN
2021

For calendar year

Place
QR Code
Here

Human Readable text here

or other tax year beginning 12-12, 2021
and ending 12-12, 2012

AMENDED Return (Attach Sch AMD)

| | | |
|----------------------|--|---|
| PRINT OR TYPE | Name NAME XXX | Federal Employer I.D. No. 99-9999999 |
| | Db a or C/O DBA OR CARE OF XXX | Business Activity Code (Use code shown on federal Form 1120S) 999999 |
| | Mailing Address (number and street) MAILING ADDRESS XXX | Hawaii Tax I.D. No. GE-999-999-9999-99 |
| | City or town, State, and Postal/ZIP Code. If foreign address, see Instructions. CITY OR TOWN STATE ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Enter the number of Schedules NS attached to this return 999999999 |

Is the corporation electing to be an S corporation beginning with this tax year? Yes No
Check if: (1) Initial Return (2) Final Return (3) S Election Termination or Revocation (4) Name Change (5) IRS Adjustment
How many months in 2021 was this corporation in operation? 99 Was this corporation in operation at the end of 2021? Yes No

CAUTION: Include only trade or business income and expenses on lines 1a through 20. See Instructions for more information.

| | | | | |
|---|--|--|------------------------|------------------------|
| INCOME | 1 a Gross receipts or sales (see Instructions) | 1a 999999999999 | | |
| | b Returns and allowances. | 1b 999999999999 | | |
| | c Line 1a minus line 1b | | 1c 999999999999 | |
| | 2 Cost of goods sold (Schedule A, line 8) | | 2 999999999999 | |
| | 3 Gross profit (line 1c minus line 2). | | 3 999999999999 | |
| | 4 Net gain or (loss) from Schedule D-1, Part II, line 19 (attach Schedule D-1). | | 4 999999999999 | |
| | 5 Other income (see Instructions) (attach schedule) | | 5 999999999999 | |
| | 6 TOTAL income (loss) — Add lines 3 through 5 and enter here | | 6 999999999999 | |
| | DEDUCTIONS | 7 Compensation of officers | | 7 999999999999 |
| | | 8 Salaries and wages (less employment credit) | | 8 999999999999 |
| | | 9 Repairs and maintenance | | 9 999999999999 |
| | | 10 Bad debts (see Instructions) | | 10 999999999999 |
| | | 11 Rents | | 11 999999999999 |
| | | 12 Taxes and licenses (attach schedule) | | 12 999999999999 |
| | | 13 Interest | | 13 999999999999 |
| | | 14 Depreciation from federal Form 4562 not claimed elsewhere on return (see Instructions) | | 14 999999999999 |
| | | 15 Depletion (Do not deduct oil and gas depletion. See Instructions.) | | 15 999999999999 |
| | | 16 Advertising | | 16 999999999999 |
| | | 17 Pension, profit-sharing, etc. plans | | 17 999999999999 |
| | | 18 Employee benefit programs | | 18 999999999999 |
| | | 19 Other deductions (attach schedule) | | 19 999999999999 |
| 20 TOTAL deductions — Add lines 7 through 19 and enter here | | | 20 999999999999 | |
| 21 Ordinary income (loss) from trade or business activities — line 6 minus line 20 (To Sch. K, line 1) | | 21 999999999999 | | |

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 true, correct, and complete, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: 12-12-12 NAME AND TITLE: XXXX
Type or print name and title of officer

★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? Yes No
(See page 3 of the Instructions) **This designation does not replace Form N-848, Power of Attorney.**

| | | | | | |
|------------------------------------|--|--|--------------------------------|--|---|
| Paid Preparer's Information | Preparer's Signature Print Preparer's Name | PREPARERS NAME XXXXXXXXXX | Date 12-12-12 | Check if self-employed <input checked="" type="checkbox"/> | Preparer's identification no. PREP ID NO X |
| | Firm's name (or yours if self-employed) Address and Postal/ZIP Code | FIRMS NAME AND ADDRESS XXXXXXXXXX FIRMS NAME AND ADDRESS XXXXXXXXXX | Federal E.I. No. 99-9999999 | Phone no. (123) 456-7890 | |

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

| | | | | | | | |
|----------------|----|---|---|--|--------------|--------------|--|
| TAX & PAYMENTS | 22 | a | Excess net passive income tax (attach schedule(s)) | 22a | 999999999999 | | |
| | | b | Tax from Schedule D (Form N-35), line 21 | 22b | 999999999999 | | |
| | | c | Number of N-4's attached <u>9999</u> Taxes withheld on attached N-4's | 22c | 999999999999 | | |
| | | d | LIFO recapture tax | 22d | 999999999999 | | |
| | | e | Interest due under look-back method | 22e | 999999999999 | | |
| | | f | Add lines 22a, 22b, 22c, 22d, and 22e | 22f | 999999999999 | | |
| | | 23 | a | 2020 overpayment allowed as a credit | 23a | 999999999999 | |
| | | | b | 2021 estimated tax payments from N-201Vs <u>9999999</u> and N-288As <u>99999</u> | 23b | 999999999999 | |
| | | | c | Payments with extension | 23c | 999999999999 | |
| | | | d | Add lines 23a, 23b, and 23c | 23d | 999999999999 | |
| | 24 | Estimated tax penalty. (see Instructions) Check if Form N-220 is attached <input checked="" type="checkbox"/> | | | 24 | 999999999999 | |
| | 25 | OVERPAYMENT (If line 23d is larger than the total of lines 22f and 24), enter AMOUNT OVERPAID | | | 25 | 999999999999 | |
| | 26 | Enter amount of line 25 you want Credited to 2022 estimated tax > 26a \$ <u>999999999</u> Refunded > | | | 26b | 999999999999 | |
| | 27 | TAX DUE (If the total of lines 22f and 24 is larger than line 23d) enter the amount due | | | 27 | 999999999999 | |
| | 28 | AMOUNT OF PAYMENT (see Instructions) | | | 28 | 999999999999 | |
| AMENDED RETURN | 29 | Amount paid (overpaid) on original return — AMENDED RETURN ONLY | | | 29 | 999999999999 | |
| | 30 | BALANCE DUE (REFUND) with amended return (See Instructions) | | | 30 | 999999999999 | |

| | | | | | | |
|--|---|--|--|----|--|--------------|
| Schedule A Cost of Goods Sold (See Instructions for Schedule A) | | | | | | |
| | 1 | Inventory at beginning of year | | | 1 | 999999999999 |
| | 2 | Purchases | | | 2 | 999999999999 |
| | 3 | Cost of labor | | | 3 | 999999999999 |
| | 4 | Additional IRC section 263A costs (see federal Instructions and attach a schedule) | | | 4 | 999999999999 |
| | 5 | Other costs (attach schedule) | | | 5 | 999999999999 |
| | 6 | Total—Add lines 1 through 5 | | | 6 | 999999999999 |
| | 7 | Inventory at end of year | | | 7 | 999999999999 |
| | 8 | Cost of goods sold—Line 6 minus line 7. (Enter here and on page 1, line 2) | | | 8 | 999999999999 |
| | 9 | a Check all methods used for valuing closing inventory: | | | | |
| | | (i) | <input checked="" type="checkbox"/> Cost as described in Treasury Regulations section 1.471-3. | | | |
| | | (ii) | <input checked="" type="checkbox"/> Lower of cost or market as described in Treasury Regulations section 1.471-4 (see Instructions) | | | |
| | | (iii) | <input checked="" type="checkbox"/> Other (specify method used and attach explanation) > METHOD USED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| | | b | Check if there was a writedown of subnormal goods as described in Treasury Regulations section 1.471-2(c) | | <input checked="" type="checkbox"/> | |
| | | c | Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach federal Form 970) | | <input checked="" type="checkbox"/> | |
| | | d | If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO | 9d | 999999999999 | |
| | | e | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the corporation? | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | f | Was there any change in determining quantities, cost or valuations between opening and closing inventory? | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | If "Yes," attach explanation. | | | |

| | | | | | | |
|-------------------------------------|---|---|---|---|--|--|
| Schedule B Other Information | | | | | | |
| | 1 | Check method of accounting: a <input checked="" type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input checked="" type="checkbox"/> Other (specify) > OTHER XXXXXXXXXXXX | | | | |
| | 2 | a | Date of incorporation <u>12-12-1212</u> | b | Date business began in Hawaii <u>12-12-1212</u> | |
| | | c | Under laws of <u>LAWS OF XXXXXXXX</u> | d | Date of federal election as an S corporation <u>12-12-1212</u> | |
| | 3 | Refer to the listing of Business Activity Codes at the end of the federal Instructions for Form 1120S and state your principal: Business Activity > BUSINESS ACTIVITY XX ; Product or service > PRODUCT OR SERVICE | | | | |
| | 4 | Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see IRC section 267(c).) If "Yes" attach a schedule showing: (a) name, address and employer identification number (b) percentage owned, and (c) if 100% owned, was QSSS election made?.. | | | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 5 | Enter the number of shareholders in the corporation at the end of the tax year who are: residents of Hawaii <u>999999999999</u> nonresidents of Hawaii <u>99999999999999</u> | | | | |
| | 6 | Did the corporation derive income from sources outside Hawaii which is not includable in the Hawaii return? | | | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7 | If the corporation: (1) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (2) has net unrealized built-in gain (defined by IRC section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years \$ <u>99999999999999</u> | | | | |

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

| | Schedule K Shareholders' Pro Rata Share Items | b. Attributable to Hawaii | | c. Attributable Elsewhere | |
|--|--|--|----------------|----------------------------------|----------------|
| Income (Losses) | 1 Ordinary income (loss) from trade or business activities (page 1, line 21) | 99999999999999 | 1 | 99999999999999 | |
| | 2 Net income (loss) from rental real estate activities (attach federal Form 8825) | 99999999999999 | 2 | 99999999999999 | |
| | 3 a Gross income from other rental activities | 99999999999999 | 3a | 99999999999999 | |
| | b Expenses from other rental activities (attach schedule) | 99999999999999 | 3b | 99999999999999 | |
| | c Net income (loss) from other rental activities. Line 3a minus line 3b. | 99999999999999 | 3c | 99999999999999 | |
| | 4 Interest income | 99999999999999 | 4 | 99999999999999 | |
| | 5 Ordinary dividends | 99999999999999 | 5 | 99999999999999 | |
| | 6 Royalty income | 99999999999999 | 6 | 99999999999999 | |
| | 7 Net short-term capital gain (loss) (Schedule D (Form N-35)) | 99999999999999 | 7 | 99999999999999 | |
| | 8 Net long-term capital gain (loss) (Schedule D (Form N-35)) | 99999999999999 | 8 | 99999999999999 | |
| Deductions | 9 Net gain (loss) under IRC section 1231 (attach Schedule D-1) | 99999999999999 | 9 | 99999999999999 | |
| | 10 Other income (loss) (attach schedule) | 99999999999999 | 10 | 99999999999999 | |
| | 11 Charitable contributions (attach schedule) | 99999999999999 | 11 | 99999999999999 | |
| | 12 IRC section 179 expense deduction (attach federal Form 4562) | 99999999999999 | 12 | 99999999999999 | |
| | 13 Deductions related to portfolio income (loss) (attach schedule) | 99999999999999 | 13 | 99999999999999 | |
| | 14 Other deductions (attach schedule) | 99999999999999 | 14 | 99999999999999 | |
| | Investment Interest | 15 a Interest expense on investment debts paid or accrued in 2021 | 99999999999999 | 15a | 99999999999999 |
| | | b (1) Investment income included on lines 4, 5, and 6, above | 99999999999999 | 15b(1) | 99999999999999 |
| | | (2) Investment expenses included on line 13, above. | 99999999999999 | 15b(2) | 99999999999999 |
| | Credits | 16 a Fuel Tax Credit for Commercial Fishers (attach Form N-163) | 99999999999999 | 16a | |
| b Total cost of property qualifying for the Capital Goods Excise Tax Credit (See Instructions) | | 99999999999999 | 16b | | |
| c Amounts needed to claim the Enterprise Zone Tax Credit (attach Form N-756). | | See N-756A | 16c | | |
| d Hawaii Low-Income Housing Tax Credit (attach Form N-586) | | 99999999999999 | 16d | | |
| e Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) | | 99999999999999 | 16e | | |
| f Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340) | | 99999999999999 | 16f | | |
| g Credit for School Repair and Maintenance (attach Form N-330) | | 99999999999999 | 16g | | |
| h Renewable Energy Technologies Income Tax Credit (attach Form N-342) | | 99999999999999 | 16h | | |
| i Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344). | | 99999999999999 | 16i | | |
| j Tax Credit for Research Activities (attach Form N-346) | | 99999999999999 | 16j | | |
| k Renewable Fuels Production Tax Credit (attach Form N-352). | | 99999999999999 | 16k | | |
| l Organic Foods Production Tax Credit (attach Form N-354) | | 99999999999999 | 16l | | |
| m Historic Preservation Income Tax Credit (attach Form N-325). | | 99999999999999 | 16m | | |
| n Hawaii income tax withheld on Forms N-288A (See Instructions) | | 99999999999999 | 16n | | |
| o Total Hawaii income tax withheld on Forms N-4 | | 99999999999999 | 16o | | |
| p Net income tax paid by the S corporation to states which do not recognize the corporation's "S" status. Identify state(s) | | | 16p | 99999999999999 | |
| Other Items | (Attach a separate schedule if more space is needed for any item.) | | | | |
| | 17 Total property distributions (including cash) other than dividend distributions reported on line 22, below. Date of Distribution <u>12-12-2022</u> | 99999999999999 | 17 | 99999999999999 | |
| | 18 Tax exempt interest income | 99999999999999 | 18 | 99999999999999 | |
| | 19 Other tax exempt income. | 99999999999999 | 19 | 99999999999999 | |
| | 20 Non-deductible expenses | 99999999999999 | 20 | 99999999999999 | |
| | 21 Other items and amounts not included on lines 1 through 20, above, that are required to be reported separately to shareholders (attach schedule). | 99999999999999 | 21 | 99999999999999 | |
| | 22 Total dividend distributions paid from accumulated earnings and profits. | 99999999999999 | 22 | 99999999999999 | |
| | 23 Income (loss) — Combine lines 1 through 10. From the result, subtract the sum of lines 11 through 15a. | 99999999999999 | 23 | 99999999999999 | |
| | 24 Corporate adjustments to income attributable to Hawaii (attach schedule) | 99999999999999 | 24 | | |
| | 25 Interest penalty on early withdrawal of savings | | 25 | 99999999999999 | |

| | | |
|---|---|--|
| Place QR Code Here <small>Human Readable text here</small> | Name as shown on return NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Federal Employer Identification Number 99-9999999 |
|---|---|--|

Schedules L, M-1, and M-2 Attach a copy of page 4 of federal Form 1120S to this return. Attach Sch. M-3, if applicable.

Schedule N List of Shareholders (Attach a separate sheet if more space is needed)

| Name and Address | SSN or FEIN | No. of shares owned at all times during the year | State of Residence | Year Sch. NS filed, if any (Indicate if revoked) | Amount of Payment on Form N-4 attached |
|---|--------------|--|--------------------|--|--|
| 1 NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 99999999 | 999999999 |
| 2 NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 999999999 | 999999999 |
| 3 NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX NAME AND ADDRESS XXXXX | 999999999999 | 99999999 | STATE XXX | 99999999 | 999999999 |

Schedule O Apportionment of Income (See Attributable to Hawaii in the Instructions.)

| | |
|---|--|
| 1 Ordinary income (loss) from trade or business activities (From page 1, line 21) | 999999999999 |
| 2 Apportionment factor (from Schedule P, line 8) | 999.99999 % |
| 3 Business income apportioned to Hawaii (line 1 multiplied by line 2) (To Schedule K, line 1, col. b) | 999999999999 |
| 4 Business income apportioned elsewhere (line 1 minus line 3). (To Schedule K, line 1, col. c). | 999999999999 |
| 5 Are the totals of columns b and c, Schedule K, lines 2 through 6, and the amounts shown on Schedule P, column B, the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "No," please explain EXPLANATION XXX | |

Schedule P Computation of Apportionment Factors (See Attributable to Hawaii in the Instructions.)

| Property — (use original cost) | In Hawaii | | Total Everywhere | |
|--------------------------------|---------------------------|---------------------|---------------------------|---------------------|
| | Beginning of taxable year | End of taxable year | Beginning of taxable year | End of taxable year |
| Land | 999999999999 | 999999999999 | 999999999999 | 999999999999 |
| Buildings | 999999999999 | 999999999999 | 999999999999 | 999999999999 |
| Inventories | 999999999999 | 999999999999 | 999999999999 | 999999999999 |
| Leasehold interests* | | 999999999999 | | 999999999999 |
| Rented Property* | | 999999999999 | | 999999999999 |
| Other Property | 999999999999 | 999999999999 | 999999999999 | 999999999999 |
| Total | 999999999999 | 999999999999 | 999999999999 | 999999999999 |

* Enter net annual rent X 8.

Compute all percentages to 5 decimal places (0.00000%)

| | A. In Hawaii | B. Everywhere |
|--|--------------|---------------|
| 1 Property values (average value of property above) | 999999999999 | 999999999999 |
| 2 Property factor (line 1, col. A divided by line 1, col. B) | | 999.99999 % |
| 3 Total compensation. | 999999999999 | 999999999999 |
| 4 Payroll factor (line 3, col. A divided by line 3, col. B) | | 999.99999 % |
| 5 Total sales | 999999999999 | 999999999999 |
| 6 Sales factor (line 5, col. A divided by line 5, col. B) | | 999.99999 % |
| 7 Total of factors (add lines 2, 4, and 6) | | 999.99999 % |
| 8 Average of factors (see instructions) (To Schedule O, line 2) | | 999.99999 % |

Designation of Tax Matters Person (See Instructions.)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return, if one has been designated:

Name of designated TMP **NAME OF DESIGNATED TMP** XXXXXXXXXXXXXXXX Identifying number of TMP **99999999999999**

Address of designated TMP **ADDRESS OF TMP** XXX
ADDRESS OF TMP XXX