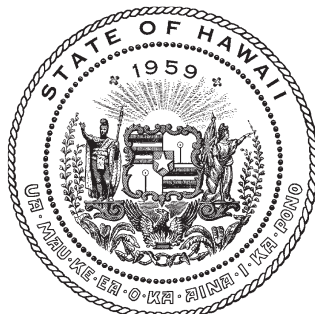


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form N-20 (Rev. 2023)**

**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](mailto: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](mailto:tax.dp.qa@hawaii.gov)

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

## Form N-20 (Rev. 2023)

### General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-20. Form N-20 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-20 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-20 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-20: 18 pt Arial bold
  3. REV. 2023: 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 page 2 of the form:
  1. FORM N-20 (REV. 2023): 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 and 2 of the form:
  1. FORM N-20 (REV. 2023): 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).
- 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

**General Information and Scannable Specifications**

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-20 (Rev. 2023) cannot be filed until 2024.

**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 1-3: 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 42 and at the bottom of row 37.
  2. Pages 2-3: 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:  
N20\_T 2023A 01 VIDXX

The required QR code for page 2 is:  
N20\_T 2023A 02 VIDXX

The required QR code for page 3 is:  
N20\_T 2023A 03 VIDXX

The QR code includes the form number (N20), an underscore, type of form (T), space, 4-digit form year (2023), 1-letter revision indicator (A), space, 2-digit page number (01), (02), or (03), 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 41, row 38
  2. Pages 2-3: Column 6, row 8
- Please do not print the outline around the human readable text and QR code. The outline is 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:  
PRT1H7V9

The required form serial number for page 2 is:  
PRT2H7V9

The required form serial number for page 2 is:  
PRT3H7V9

**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-20. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM N-20 (REV. 2023)

STATE OF HAWAII—DEPARTMENT OF TAXATION

THIS SPACE FOR DATE RECEIVED STAMP

PARTNERSHIP RETURN OF INCOME 2023

For calendar year 2023

Place QR Code Here

or other tax year beginning 12-12, 2023 and ending 12-12, 2012

Human Readable text here

Table with 4 columns: A Federal Employer I.D. No. (99-9999999), B Business Code No. (999999), C Principal business activity (ACTIVITY), D Hawaii Tax I.D. No. (GE-123-456-7890-01)

E Check applicable boxes: (1) X Initial Return (2) X Final Return (3) X Amended Return (Attach Sch AMD) (4) X IRS Adjustment (5) X Electing PTE (Attach Sch PTE) (6) X Upper-Tier PTE (Attach Sch PTE-U)

FOR LINES 1 - 9, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL FORM 1065

Main table for business activities with columns for line numbers and amounts. Includes sections for ADD and DEDUCT.

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 Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member 12-12-12 Date

May the Hawaii Department of Taxation discuss this return with the preparer shown below? X Yes X No

Paid Preparer's Information table with fields for Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Federal E.I. No., and Address and Postal/ZIP Code.

Place QR Code Here	Partnership Name PARTNERSHIP NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer I.D. No. 99-9999999
Human Readable text here	*****	

<b>TAX &amp; PAYMENTS</b>	<b>17 a</b> Pass-Through entity tax (attach Schedule PTE) (see instructions) . . . . .	<b>17a</b>	9999999999	
	<b>b</b> Interest due under look-back method. . . . .	<b>17b</b>	9999999999	
	<b>c</b> Add lines 17a and 17b . . . . .			<b>17c</b> 9999999999
	<b>18 a</b> 2023 estimated tax payments from N-201Vs . . . . .	<b>18a</b>	9999999999	
	<b>b</b> Payments with extension . . . . .	<b>18b</b>	9999999999	
	<b>c</b> Add lines 18a and 18b . . . . .			<b>18c</b> 9999999999
	<b>19</b> OVERPAYMENT (If line 18c is larger than line 17c), enter AMOUNT OVERPAID and to be REFUNDED . . . . .	<b>19</b>	9999999999	
	<b>20</b> TAX DUE (If line 17c is larger than line 18c) enter the amount due . . . . .	<b>20</b>	9999999999	
	<b>21</b> AMOUNT OF PAYMENT (see Instructions) . . . . .	<b>21</b>	9999999999	
	<b>22</b> Amount paid (overpaid) on original return — <b>AMENDED RETURN ONLY</b> . . . . .	<b>22</b>	9999999999	
<b>23</b> <b>BALANCE DUE (REFUND) with amended return</b> (See Instructions) . . . . .	<b>23</b>	9999999999		

Place QR Code Here	Partnership Name PARTNERSHIP NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX *****	Federal Employer I.D. No. 99-9999999
Human Readable text here		

Schedule K		PARTNERS' Pro Rata Share Items	b. Attributable to Hawaii		c. Attributable Everywhere	
Income (Losses)	1	Ordinary income (loss) from trade or business activities (page 1, line 16) . . . . .	9999999999999999	1	9999999999999999	
	2	Net income (loss) from rental real estate activities (attach federal Form 8825) . . . . .	9999999999999999	2	9999999999999999	
	3 a	Gross income (loss) 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	Guaranteed Payments to Partners . . . . .	9999999999999999	4	9999999999999999	
	5	Interest income . . . . .	9999999999999999	5	9999999999999999	
	6	Ordinary dividends . . . . .	9999999999999999	6	9999999999999999	
	7	Royalty income . . . . .	9999999999999999	7	9999999999999999	
	8	Net short-term capital gain (loss) (Schedule D (Form N-20)) . . . . .	9999999999999999	8	9999999999999999	
	9	Net long-term capital gain (loss) (Schedule D (Form N-20)) . . . . .	9999999999999999	9	9999999999999999	
10	Net gain (loss) under IRC section 1231 (attach Schedule D-1) . . . . .	9999999999999999	10	9999999999999999		
11	Other income (loss) (attach schedule) . . . . .	9999999999999999	11	9999999999999999		
Deductions	12	Charitable contributions (attach schedule) . . . . .	9999999999999999	12	9999999999999999	
	13	IRC section 179 expense deduction (attach federal Form 4562) . . . . .	9999999999999999	13	9999999999999999	
	14	Deductions related to portfolio income (loss) (attach schedule) . . . . .	9999999999999999	14	9999999999999999	
	15	Other deductions (attach schedule) . . . . .	9999999999999999	15	9999999999999999	
	16	Total cost of qualifying property for the Capital Goods Excise Tax Credit (attach Form N-312) . . . . .	9999999999999999	16		
17	Fuel Tax Credit for Commercial Fishers (attach Form N-163) . . . . .	9999999999999999	17			
18	Amounts needed to claim the Enterprise Zone Tax Credit (attach Form N-756) . . . . .	See N-756A	18			
Credits	19	Hawaii Low-Income Housing Tax Credit (attach Form N-586) . . . . .	9999999999999999	19		
	20	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) . . . . .	9999999999999999	20		
	21	Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340) . . . . .	9999999999999999	21		
	22	Credit for School Repair and Maintenance (attach Form N-330) . . . . .	9999999999999999	22		
	23	Renewable Energy Technologies Income Tax Credit (attach Form N-342) . . . . .	9999999999999999	23		
	24	Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) . . . . .	9999999999999999	24		
	25	Tax Credit for Research Activities (attach Form N-346) . . . . .	9999999999999999	25		
	26	Historic Preservation Income Tax Credit (attach Form N-325) . . . . .	9999999999999999	26		
	27	Renewable Fuels Production Tax Credit for Years After 12/31/21 (attach Form N-360) . . . . .	9999999999999999	27		
	28	Pass-Through Entity Tax Credit (attach Schedule PTE and/or PTE-U) . . . . .	9999999999999999	28		
	29	Credit for income tax withheld on Form N-288A (net of refunds) . . . . .	9999999999999999	29		
	Investment Interest	30 a	Interest expense on investment debts . . . . .	9999999999999999	30a	9999999999999999
		b	(1) Investment income included on lines 5, 6, and 7, Schedule K . . . . .	9999999999999999	30b(1)	9999999999999999
(2) Investment expenses included on line 14, Schedule K . . . . .			9999999999999999	30b(2)	9999999999999999	
Other Items	31	Attach schedule for other items and amounts not reported above (e.g., credit recapture amounts) See Instructions. Check box if schedules attached <input checked="" type="checkbox"/> . . . . .	9999999999999999	31		
Analysis	32 a	Income (loss). Combine lines 1 through 11 in column c. From the result, minus the sum of lines 12 through 15 and 30a in column c . . . . .		32a	9999999999999999	
		b Analysis by type of partner:				
			(a) Corporate	(b) Individual i. Active      ii. Passive	(c) Partnership	(d) Exempt organization
	1. General Partners	9999999999	9999999999    9999999999	9999999999	9999999999	9999999999
	2. Limited Partners	9999999999	9999999999    9999999999	9999999999	9999999999	9999999999

STATE OF HAWAII—DEPARTMENT OF TAXATION PARTNERSHIP RETURN OF INCOME 2023

THIS SPACE FOR DATE RECEIVED STAMP

Place QR Code Here

For calendar year 2023 or other tax year beginning 12-12, 2023 and ending 12-12, 2012

Human Readable text here

Partnership Name, Federal Employer I.D. No., Business Code No., Mailing Address, Principal business activity, Hawaii Tax I.D. No.

E Check applicable boxes: (1) X Initial Return (2) X Final Return (3) X Amended Return (4) X IRS Adjustment (5) X Electing PTE (6) X Upper-Tier PTE

FOR LINES 1 - 9, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL FORM 1065

Table with columns for Ordinary Income (Loss) from Trade or Business Activities and rows 1a through 16, including sub-rows for ADD and DEDUCT.

DECLARATION I declare, under the penalties set forth in section 231-36, HRS, that this return... Signature of general partner or limited liability company member Date 12-12-12

Paid Preparer's Information Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Federal E.I. No., Address and Postal/ZIP Code, Phone no.



Place QR Code Here	Partnership Name PARTNERSHIP NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX *****	Federal Employer I.D. No.  99-9999999
Human Readable text here		

<b>TAX &amp; PAYMENTS</b>	<b>17 a</b>	Pass-Through entity tax (attach Schedule PTE) (see instructions) . . . . .	<b>17a</b>	9999999999		
	<b>b</b>	Interest due under look-back method. . . . .	<b>17b</b>	9999999999		
	<b>c</b>	Add lines 17a and 17b . . . . .			<b>17c</b>	9999999999
	<b>18 a</b>	2023 estimated tax payments from N-201Vs. . . . .	<b>18a</b>	9999999999		
	<b>b</b>	Payments with extension . . . . .	<b>18b</b>	9999999999		
	<b>c</b>	Add lines 18a and 18b . . . . .			<b>18c</b>	9999999999
	<b>19</b>	OVERPAYMENT (If line 18c is larger than line 17c), enter AMOUNT OVERPAID and to be REFUNDED . . . . .	<b>19</b>			9999999999
	<b>20</b>	TAX DUE (If line 17c is larger than line 18c) enter the amount due . . . . .	<b>20</b>			9999999999
	<b>21</b>	<b>AMOUNT OF PAYMENT</b> (see Instructions) . . . . .	<b>21</b>			9999999999
	<b>AMENDED RETURN</b>	<b>22</b>	Amount paid (overpaid) on original return — <b>AMENDED RETURN ONLY</b> . . . . .	<b>22</b>		9999999999
		<b>23</b>	<b>BALANCE DUE (REFUND) with amended return</b> (See Instructions) . . . . .	<b>23</b>		9999999999

Place QR Code Here  
Human Readable text here

Partnership Name  
PARTNERSHIP NAME  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
\*\*\*\*\*

Federal Employer I.D. No.  
99-9999999

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