

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form N-1 (Rev. 2018)**

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 N-1 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-1. Form N-1 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-1 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-1 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. Helvetica
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the voucher:
 1. Form: 8 pt Helvetica
 2. Rev. 2018: 6 pt Helvetica
 3. Tax Year: 8 pt Helvetica
 4. N-1: 12 pt Helvetica bold
 5. 2019: 14 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 12 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

- Taxpayer's Social Security Number and/or spouse's social security number should be printed with spaces between the dash (-) delimiters. For example:

123 - 45 - 6789

(3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)

6. Dollar Amounts

123456789

- 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.
- Test samples must include only the voucher portion of the form, and must be cut where indicated.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

- Form N-1 (Rev. 2018) cannot be filed until 2019.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibits. (For instructions and worksheets see Form N-1 (Rev. 2018).)
- 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 1-4: The 2-digit Hawaii Vendor ID Number should begin at column 21, row 63.

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. Pages 1-4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 50.
- 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 N1_T 2018A 01 VIDXX

The required QR code for page 2 is
N1_T 2018A 02 VIDXX

The required QR code for page 3 is
N1_T 2018A 03 VIDXX

The required QR code for page 4 is
N1_T 2018A 04 VIDXX

The QR code includes the form number (N1), an underscore, type of form (T), space, 4-digit form year (2018), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03), or (04), space, and 2-digit Hawaii Vendor I.D. Number. 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-1. If you did not receive the acetate overlays, please contact the Forms Coordinator.

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

CUT HERE

Form (Rev. 2018) Tax Year
N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE OR STAPLE IN THIS SPACE

INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 1

Calendar Year — Due April 20, 2019

Place QR Code Here

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX 123 - 12 - 1234

Your Social Security Number

Spouse's Social Security Number

Amount of Payment

123456789

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, daytime phone number, and "2019 Form N-1" on your check or money order.

ID NO XX

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

CUT HERE

Form (Rev. 2018) Tax Year
N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE OR STAPLE IN THIS SPACE

INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 2

Calendar Year — Due June 20, 2019

Place QR Code Here

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

123 - 12 - 1234

Amount of Payment

123456789

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, daytime phone number, and "2019 Form N-1" on your check or money order.

ID NO XX

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

CUT HERE

Form (Rev. 2018) Tax Year
N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE OR STAPLE IN THIS SPACE

INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 3

Calendar Year — Due September 20, 2019

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Place QR Code Here

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

123 - 12 - 1234

Amount of Payment

123456789

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, daytime phone number, and "2019 Form N-1" on your check or money order.

ID NO XX

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

CUT HERE

Form (Rev. 2018) Tax Year
N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE OR STAPLE IN THIS SPACE

INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 4

Calendar Year — Due January 20, 2020

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Place QR Code Here

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

123 - 12 - 1234

Amount of Payment

123456789

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, daytime phone number, and "2019 Form N-1" on your check or money order.

ID NO XX

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

✂ — — — — — CUT HERE — — — — — ✂

Form (Rev. 2018) Tax Year
N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION
INDIVIDUAL ESTIMATED INCOME TAX
Voucher No. 1
Calendar Year — Due April 20, 2019

DO NOT WRITE OR STAPLE IN THIS SPACE

Place
QR Code
Here

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

123 - 12 - 1234

Amount of Payment

123456789

ID NO XX

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER
 PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your
 social security number, daytime phone number, and "2019
 Form N-1" on your check or money order.

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

✂ — — — — — CUT HERE — — — — — ✂

Form (Rev. 2018) Tax Year **STATE OF HAWAII — DEPARTMENT OF TAXATION** DO NOT WRITE OR STAPLE IN THIS SPACE
N-1 2019 **INDIVIDUAL ESTIMATED INCOME TAX**

Voucher No. 2

Calendar Year — Due June 20, 2019

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Place
QR Code
Here

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

123 - 12 - 1234

Amount of Payment

123456789

ID NO XX

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your
social security number, daytime phone number, and "2019
Form N-1" on your check or money order.

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

✂ — — — — — CUT HERE — — — — — ✂

Form (Rev. 2018) Tax Year **STATE OF HAWAII — DEPARTMENT OF TAXATION** DO NOT WRITE OR STAPLE IN THIS SPACE
N-1 2019

INDIVIDUAL ESTIMATED INCOME TAX Voucher No. 3

Calendar Year — Due September 20, 2019

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Place
QR Code
Here

Composite Taxpayer

Your first name M.I. Last name Suffix

TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX JR

If joint return, spouse's first name M.I. Last name Suffix

SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR

Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXXXXXX APT NO.

City, town, or post office State Postal/ZIP Code Country For office use only

CITY OR TOWN HI 12345 COUNTRYX 123 - 12 - 1234

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your
social security number, daytime phone number, and "2019
Form N-1" on your check or money order.

Your Social Security Number
123 - 12 - 1234
Spouse's Social Security Number
123 - 12 - 1234
Amount of Payment
123456789

ID NO XX

Human Readable text here

How to Use the Payment Voucher

(1) Enter your name, address, and social security number in the space provided. If you are filing a joint payment voucher, enter your spouse's name and social security number in the space provided.

(2) If you have a foreign address, enter the complete country name in the space provided.

(3) If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social security number. If you applied for an ITIN but the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter your name.

(4) If you are making a tax payment for a composite Form N-15, check the box for Composite Taxpayer. Enter "Partners" or "Shareholders" in the space provided for the first name. Enter the partnership's or the S corporation's name in the space provided for the last name. Enter the partnership's or S corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-45-6789).

(5) Enter the amount of your payment in the space provided (Whole dollars only).

(6) Make your check or money order payable in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you are a composite taxpayer), daytime phone number, and "2019 Form N-1" on your check or money order. Do not send cash.

(7) The payment voucher should be filed with the: **Hawaii Department of Taxation**
P.O. Box 1530
Honolulu, Hawaii 96806-1530

✂ — — — — — CUT HERE — — — — — ✂

Form (Rev. 2018) Tax Year **STATE OF HAWAII — DEPARTMENT OF TAXATION** DO NOT WRITE OR STAPLE IN THIS SPACE
N-1 2019

INDIVIDUAL ESTIMATED INCOME TAX
Voucher No. 4

Calendar Year — Due January 20, 2020

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Place
QR Code
Here

Composite Taxpayer

<small>Your first name</small>	<small>M.I. Last name</small>	<small>Suffix</small>	
TAXPAYER'S 1ST NAME	MI TP'S LAST NAMEXXXXXX	JR	
<small>If joint return, spouse's first name</small>	<small>M.I. Last name</small>	<small>Suffix</small>	Your Social Security Number
SPOUSE'S 1ST NAMEXX	MI SPOUSE'S LAST NAMXXX	JR	123 - 12 - 1234
<small>Present mailing or home address (Number and street, including rural route)</small>	<small>Apartment Number</small>		
TAXPAYER'S ADDRESS XXXXXXXXXXXXXXX	APT NO.		Spouse's Social Security Number
<small>City, town, or post office</small>	<small>State</small>	<small>Postal/ZIP Code</small>	<small>Country</small>
CITY OR TOWN HI	12345	COUNTRYX	123 - 12 - 1234
			Amount of Payment
			123456789

ID NO XX

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER
 PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your
 social security number, daytime phone number, and "2019
 Form N-1" on your check or money order.

Human Readable text here