STATE OF HAWAII DEPARTMENT OF TAXATION



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

Contact Information for General Questions

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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 tailing 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.

Page 3

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.

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7	(2) If you have a foreign address, enter the complete	country name in the space provided.		7
8	(3) If you are an alien and were issued an individual ta		Senter your ITIN in the space provided for the social	
	security number. If you applied for an ITIN but the IRS			
10	your name.			10
11	(4) If you are making a tax payment for a composite			
1.2	provided for the first name. Enter the partnership's or corporation's federal employer identification number in			5-
1.5	6789).			13
15	(5) Enter the amount of your payment in the space pr	ovided (Whole dollars only).		15
16	(6) Make your check or money order payable in U.S.	dollars to "Hawaii State Tax Collector" and attac	ch it to the front of the payment voucher. Make sur	re 16
- /	your name and address appear on your check or mone		1 2	re ₁₇
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58	TAXPAYER'S ADDRESS XXXXXXX		Spouse's Social Security Number	58
59	City, town, or post office State Postal/ZIP Code	Country For office use only	100 100	59
60	CITY OR TOWN HI 12345	COUNTRYX	123 - 12 - 1234	60
62		HER WITH CHECK OR MONEY ORDER WAII STATE TAX COLLECTOR." Write your	Amount of Payment	62
63	SZZZ social security nur	mber, daytime phone number, and '2019 r check or money order.	123456789	63
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5	social security number in the space provided		H
7	(2) If you have a foreign address, enter th	complete country name in the space provided.	\Box
8	(3) If you are an alien and were issued an	ndividual taxpayer identification number (ITIN) by the IRS, enter your ITIN in the space provided for the social	
9	security number. If you applied for an ITIN b	ut the IRS has not yet issued the ITIN, write "ITIN Applied For" in the space above the box where you enter 9	Ш
10	your name.	10	
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15	(5) Enter the amount of your payment in t		
16	(6) Make your check or money order paya	ole in U.S. dollars to "Hawaii State Tax Collector" and attach it to the front of the payment voucher. Make sure 16	Ш
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	provided for the first name. Enter the part							12	T
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63		orm N-1" on your check or mo			56 58 60 62	123456789		63 82 8	84
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6	social security number in the space provided.	(6	4
7	(2) If you have a foreign address, enter the complete country name in the space provided.		7	4
8	(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 so	-	8	4
	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 en	nter	9	+
10	your name.		10	+
11	(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 sp		11	+
12	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 corporation's federal employer identification number in the space provided for the social security number in social security number format (i.e., 123-	45-	12	+
13	6789).		13	+
14	(5) Enter the amount of your payment in the space provided (Whole dollars only).		14	+
15	(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 youcher. Make s		15	+
	your name and address appear on your check or money order. Please write your social security number (federal employer identification number if you		17	\dagger
- /	a composite taxpayer), daytime phone number, and "2019 Form N-1" or your check or money order. Do not send cash.		18	Ť
19	(7) The payment voucher should be filed with the: Hawaii Department of Taxation		19	
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22	Honolulu, Hawaii 96806-1530		22	
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	Form (Rev. 2018) Tax Year STATE OF HAWAII DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE		44	+
46	N-1 2019 INDIVIDUAL ESTIMATED INCOME TAX		45 46	+
47	Voucher No. 4		47	T
48	Place Calendar Year — Due January 20, 2020		48	
49	QRCode		49	
50	Here DO NOT SUBMIT A PHOTOCOPY OF THIS FORM		50	
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52	X Composite Taxpayer		52	4
53	Your first name M.I. Last name Suffix		53	4
54	TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXXX JR		54	+
55	If joint return, spouse's first name M.I. Last name Suffix Your Social Security Number		55	+
56	SPOUSE'S 1ST NAMEXX MI SPOUSE'S LAST NAMXXX JR Present meilling or horne address (Number and street, including rural route) Apartment Number 123 - 12 - 1234		56	+
57			57	+
58	TAXPAYER'S ADDRESS XXXXXXXXXXXXX APT NO. Spouse's Social Security Number City, town, or post office State Postal/ZIP Coce Country For office use only		58 59	+
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63	TID NO XX social security number daytime phone number, and '2019 12 3 4 5 6 78 9 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78		63	Ţ
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- (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

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

STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 1

— CUT HERE —

DO NOT WRITE OR STAPLE IN THIS SPACE

Place QR Code Here

Calendar Year — Due April 20, 2019

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

X 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

Postal/ZIP Code

CITY OR TOWN HI 12345 COUNTRYX 123 - 12 - 1234

For office use only

Country

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER

Amount of Payment

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.

123456789

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

Human Readable text here

ID NO XX

City, town, or post office

- (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

Form (Rev. 2018) Tax Year

N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 2

Calendar Year — Due June 20, 2019

— CUT HERE —

Place QR Code Here

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

X 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

City, town, or post office State Postal/ZIP Code Country For office use only CITY OR TOWN HI 12345 COUNTRYX

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER

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

DO NOT WRITE OR STAPLE IN THIS SPACE

100 10 1004

123 - 12 - 1234

Amount of Payment

123456789

ID NO XX

Human Readable text here

- (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

Form (Rev. 2018) Tax Year

N-1 2019

STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL ESTIMATED INCOME TAX

Voucher No. 3

— CUT HERE —

oucner No. 3

Place QR Code Here

Calendar Year — Due September 20, 2019

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

X 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

TAMPAIER S ADDRESS AMAMAMAMA AFT INO.

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 VOLICHED WITH CHECK OR MONEY OPDER

Amount of Payment

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.

123456789

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

DO NOT WRITE OR STAPLE IN THIS SPACE

Human Readable text here

ID NO XX

- (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-
 - (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

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

STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL ESTIMATED INCOME TAX Voucher No. 4

— CUT HERE —

Suffix

JR

Suffix

Calendar Year — Due January 20, 2020

Place QR Code Here

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Composite Taxpayer

Your first name МΙ Last name TAXPAYER'S 1ST NAME MI TP'S LAST NAMEXXXXXX If joint return, spouse's first name M.I.

MI SPOUSE'S LAST NAMXXX JR SPOUSE'S 1ST NAMEXX Present mailing or home address (Number and street, including rural route) Apartment Number

TAXPAYER'S ADDRESS XXXXXXXXXXXX APT NO. City, town, or post office Postal/ZIP Code Country For office use only

CITY OR TOWN ΗI 12345 COUNTRYX 123 - 12 - 1234

> PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, daytime phone number, and "2019

Amount of Payment

Your Social Security Number

123 - 12 - 1234

Spouse's Social Security Number

DO NOT WRITE OR STAPLE IN THIS SPACE

123456789

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER Form N-1" on your check or money order.

ID NO XX