## FORM N-30 (REV. 2018)

## STATE OF HAWAII — DEPARTMENT OF TAXATION CORPORATION INCOME TAX RETURN

## CALENDAR YEAR 2018

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	Her	e						[X]	IRS Adj	iustmont			
			☑ Change of Act	ddress X	AMENDED Ret	urn (Attac	h Sch A		NOL C				
• DRINT OR TYPE •	N	lame							• Fede	ral Employ	er I.D.	No.	
		AMEXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXX	XXXXX		999999			
		Dba or C/O					Business form 112	s Activity Code N 20 or 1120A)	o. (Use co	de shown on fed	ieral		
		DBA OR CARE OFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						XXXXX	999				
								siness beg		Hawaii			
		AILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							12-121				
	٠ ا د	City or town, State, and Postal/ZIP Code. If foreign address, see Instructions.							Business A				
	C.	CITY OR TOWN STATE ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								INESS .		VITYXX	XXXXX
		THIS RETURN IS (CHECK BOX, IF APPLICABLE):						CE.	aii Tax I.D. 999-99		000-00		
			state corporation using separate			_	ent trust	: (REIT). <b>l</b>	<u>GE-</u>	999-99	J - J 3	799-99	
		A combined return of a unitary group of corporations. (See instructions)						•	,	•			
$\vdash$	A separate return of a member corporation of a unitary group. (See instructions) (Attach a copy of Hawaii Forms N-303												
F	-OI	R LINES 1	I - 5 and 7 - 10, E	NTER AM	<u>OUNTS FRO</u>	M CON	<u>IPAR</u>	ABLE	<u>LINES</u>	ON FE	DEF	RAL RE	<u>:TURN</u>
	1	` '	receipts or sales				,		999999				
			s and allowances										
- I		• • • • • •	(a) minus line 1(b)							` ,		999999	
	2	-	ods sold								_	999999	
5	3 3										_	999999	
.   =	<b>≦</b>   4		ts								_	999999	
삤	5		alties								_	999999	
ER HERE •	6		gain net income (attach l								-	999999 999999	
2 2	<u>ا</u> ا	. ,	in (loss) from Hawaii Scho ome		•		,			<u> </u>	_	999999 999999	
	-  ′   8		. INCOME								_	999999	
ORDER HERE	9										_	999999	
	10									999999			
MONEY	11		X (Schedule J, line 24)									999999	
Ĭ	12		ndable credits from Sched										
NO N	13	Line 11 mi	inus line 12. If line 13 is ze								9	999999	999999
치	14	Total nonre	efundable credits from Sc	hedule CR, line	9 19		14●	99999	999999	999			
쀠	15	Line 13 mi	inus line 14			;				.▶ 15€	9	999999	999999
	16	(a) 2017 o	verpayment allowed as a										
의 X		<b>(b)</b> 2018 est	timated tax payments (including										
ATTACH CHECK OR	13 14 15 16	(c) Payme	ents with extension (attach										
×   5	17	(d) Total (A	Add lines 16(a), 16(b), and										
• ×	[ ] 17 {   1 ^		tax penalty (see Instruction								$\neg$	999999	
ΤΔX	18 19		(If the total of lines 15 and i) is larger than the total o	_							_	999999 00000	
	20		n) is larger than the total on nt of line 19 you want <b>Credit</b> e									999999 999999	
	21		DUNT PAID with this retur		, ,					· —	<del>/   -</del>	999999 999999	
pep	<u> </u>		aid (overpaid) on original								-	999999	
/men	型 23	BALANCE	E DUE (REFUND) with ar			,				· ·	-	999999	
		I declare, under	r the penalties set forth in section	231-36, HRS, that th	nis return (including any	accompanying	g schedules	s or stateme	nts) has beer	n examined by	me and		
	ere	knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has  NAME AND TITLEXXXXXXXXXXX  Signature of officer  Frint or type name and title of officer							nas any knov	any knowledge.  12-12-12			
	Ŧ									Date			
,	ig	★ May the Hav	waii Department of Taxation discuss	s this return with the	preparer shown below?	See page 2 of	the Instruct	ions) This de	signation doe	s not replace I	orm N-8	48 X Ye	s X No
'	a S	Paid	Preparer's signature and date	· ———				Pre	parer's ident			Check if	
	as	Paid Preparer's	Print Preparer's Name	PREPARER	S NAMEXXXXX	$XXX\overline{XX}$	XXXXX	XX •	PREE	P ID NC		self-emple	oyed ➤ 🏻
	Please	Information	Firm's name (or yours, if self-employed)	FIRMS NA	ME ADDRESS	AND Z	IP CO	DEXXXX	XXXX	Federal ➤ 9			
			Address and ZIP Code	FIRMS NA	ME ADDRESS	AND Z	IP CO	DEXXXX	XXXXX	Phone no. )	<b>►</b> (99		9-9999

Name as shown on return

Place QR Code Here

Federal Employer Identification Number

99-999999

(	Sche	dule C Income From Dividends (Classified	for Hawaii Purpo	ses)					
	Name of declaring corporation (Attach a separate sheet if more space is needed.)		2 National Bank Associations or certain high technology businesses	3 Received from an affiliate (including foreign) as IRC section 243(b) qualifying dividend		4 Received by a Small Business Investment Co. operating under Small Business Investment Act		<b>5</b> Columns 2 through 4 and all other dividends	
	COR	PORATION NAMEXXXXXXXXXXXXXXXXXXXXXXX	9999999999	9999999999		99999999999		99999999999	
	CORPORATION NAMEXXXXXXXXXXXXXXXXXXXX 9999999999 99999999							99999999999	
	6	Total dividends. (Subtotal of column 5)		99999999999					
	7	Sum of columns 2 through 4		99999999999					
	8							99999999999	
	9							99999999999	
Ш	10 Taxable mutual funds dividends							99999999999	
Ш	11 Total taxable dividends. Line 9 plus line 10							99999999999	
;	Sche	edule J Adjustments to Income for Hawaii F	Purposes and Ta	k Comp	outation				
	1	Taxable income (loss) before Hawaii adjustments from page 1, line 10	1	99999999999					
Ш	2	(a) Taxable dividends from Schedule C, line 11		2(a)	99999	9999999			
Ш		(b) Deductions allowable for federal tax purposes but not allowable or							
ဖြ		allowable only in part for Hawaii tax purposes (attach schedule) 2(b) 9				9999999			
ADDITIONS		(c) The portion of the Hawaii jobs credit claimed applicable to current year							
اڃا		new employees from Schedule CR, line 5 (see Instruc	tions)	2(c)	99999	9999999			
		(d) Other adjustments (attach schedule)							
_	3	Total additions (Add lines 2(a), 2(b), 2(c) and 2(d))					3	99999999999	
	4	Total of lines 1 and 3					4	99999999999	
	5	Entire dividends as reported on federal return and included o			99999	9999999			
	6	Interest on obligations of the United States included on pa	•	6	99999	9999999			
,	7	Net income from sources outside Hawaii received by a foreign or do	•						
SUBTRACTIONS		except for unitary business taxpayers using Form N-30, Schedul		7	99999	9999999			
	8	8 Amortization of casualty losses where election is made to amortize for Hawaii tax							
AC A	purposes under section 235-7(f), HRS (attach explanation)								
띰	9	(4),							
	10	Other deductions or adjustments (attach schedule)					11		
S	11							99999999999	
Ш	12	Taxable income (loss) for Hawaii tax purposes (line 4 minus line 11)						99999999999	
Н	13	Note: If the corporation has a farming NOL for the tax year, to elect to forego the carryback period, attach a statement to that effect.  Briter the amount of net capital gains as shown on Schedule D, line 18 (Schedules O & P taxpayers, see Instructions)						00000000000	
Ш	14							99999999999	
Ш	15							99999999999	
Ш	13	(a) Tax on capital gain, line 13 — Enter 4% of amount on line 13						99999999999	
Ш		(i) Not over \$25,000 — Enter 4.4% of line 14	15(b)(i)	99999999999					
Ш		(ii) Over \$25,000 but not over \$100,000 — Enter 5.4		13(3)(1)					
		Subtract \$250.00 and enter difference		15(b)(ii)	99999999999				
6		(iii) Over \$100,000 — Enter 6.4% of line 14 \$ 9999					10(5)(11)		
ΙĘ		Subtract \$1,250.00 and enter difference					15(b)(iii)	99999999999	
15		(c) Total of lines 15(a) and 15(b)					15(c)	999999999999	
틸		(d) Using the rates listed on line 15(b), compute tax on all						999999999999	
COMPUTATION	16	Total tax (enter the lesser of line 15(c) or 15(d)) (Combine		-			16 <b>•</b>	999999999999	
	17	Recapture of Capital Goods Excise Tax Credit from Form							
TAX	18	Recapture of Low-Income Housing Tax Credit from Form							
	19	Recapture of Tax Credit for Flood Victims from Form N-33							
	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit from Form N-344 20 99999999999999999999999999999999								
	21	Recapture of Capital Infrastructure Tax Credit from Form I				9999999			
	22	Total recapture of tax credits (Add lines 17, 18, 19, 20, an					22●	99999999999	
	23	Interest due under the look-back method — completed long-term contra	racts (See Instruction	s. Attach	federal For	m 8697)	23●	99999999999	
	24	Total tax (Add lines 16, 22, and 23). Enter here and on pa	24	99999999999					
=								FORM N-30	