

STATE OF HAWAII – DEPARTMENT OF TAXATION COMPOSITE SCHEDULE FOR FORM N-342

20



TAX YEAR **2019**

(ATTACH THIS FORM TO FORM N-342)

Or fiscal year beginning _____, 2019, and ending _____

NOTE: This form is used to calculate the allowable Renewable Energy Technologies Income Tax Credit (RETITC) for each eligible system when 10 or more eligible systems have been installed and placed in service during a single taxable year. This form is a detailed schedule of the information reported on a composite Form N-342. See separate instructions for more information.

Name						SSN or FEIN		Hawaii Tax ID No. (if any)		
				1	1			1		
Property No.										
Type of System										
Date Installed &										
Placed in Service										
Total Output										
Capacity (if credit										
is for an "other										
solar energy										
system")										
PART I. COMPUT	ATION OF TAX O	CREDIT (Note: T	he lines in Part I	correspond to	the lines on For	m N-342.)				
SOLAR ENERGY	SYSTEM									
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
No. of Units										
11										
12										
13										
14										

Name							SSN or FEIN			
Property No.										
15										
16										
17										
18										
19										
20										
21										
22										
No. of Units										
23										
24										
25										
26										
WIND-POWERED ENERG	Y SYSTEM									
27										
28										
29										
30										
31										
32										
33										
34										
35										
No. of Units										
36										
37										
38										

FORM N-342C

Name							SSN or FEIN			
Property No.										
39										
ISTRIBUTIVE S	SHARE OF TAX C	REDIT								
40										
41										
EFUNDABLE T	AX CREDIT									
42										
43										
44										
45										
46										
ONREFUNDAB	LE TAX CREDIT									
47										
48										
49										
50										
51										
52										
53										
54										
			EACH SYSTEM	INSTALLED AN	D PLACED IN SI	RVICE				
Property No.	Address (Number and Street)					City or Town Postal/ZIP Co				

Name			SSN or FEIN
Property No.	Address (Number and Street)	City or Town	Postal/ZIP Code