STATE OF HAWAII
DEPARTMENT OF TAXATION

General Information and Scannable Specifications for Form N-35 (Rev. 2020)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
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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-35 (Rev. 2020)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-35. Form N-35 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-35 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-35 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 on page 1 of the form:
  1. Form: 8 pt Helvetica bold
  2. N-35: 18 pt Helvetica bold
  3. Rev. 2020: 8 pt Helvetica
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on pages 2 through 4 of the form:
  1. Form N-35 (Rev. 2020): 8 pt Helvetica bold
- The following font and size should be used for the form number located at the bottom right corner on pages 1 through 4 of the form:
  1. Form N-35 (Rev. 2020): 10 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 10 pt Courier 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 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 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.
- 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-35 (Rev. 2020) cannot be filed until 2021.

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 1-4: The 2-digit Hawaii Vendor I.D. Number should begin at column 45, row 64.

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 6 and at the bottom of row 10.
  2. Pages 2-4: 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:
  N35_T 2020A 01 VIDXX

  The required QR code for page 2 is:
  N35_T 2020A 02 VIDXX

  The required QR code for page 3 is:
  N35_T 2020A 03 VIDXX

  The required QR code for page 4 is:
  N35_T 2020A 04 VIDXX

  The QR code includes the form number (N35), an underscore, type of form (T), space, 4-digit form year (2020), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03), or (04), 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 at the bottom of each page at column 6, row 64, utilizing 6pt 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-35. If you did not receive the acetate overlays, please contact the Forms Coordinator.

STATE OF HAWAII—DEPARTMENT OF TAXATION

THIS SPACE FOR DATE RECEIVED STAMP

FORM **N-35** (REV. 2020)

S CORPORATION INCOME TAX RETURN

For calendar year 2020

Place QR Code Here

or other tax year beginning ● 12-12 , **2020**

and ending ● 12-12 , **20** 12

☒ **AMENDED Return (Attach Sch AMD)**

PRINT OR TYPE

Name
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

● Federal Employer I.D. No.
99-9999999

Dba or C/O
DBA OR CARE OFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

● Business Activity Code (Use code shown on federal Form 1120S)
999999

Mailing Address (number and street)
MAILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

● Hawaii Tax I.D. No.
GE-999-999-9999-99

City or town, State, and Postal/ZIP Code. If foreign address, see Instructions.
CITY OR TOWN STATE ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Enter the number of Schedules NS attached to this return ● 99999999999

Is the corporation electing to be an S corporation beginning with this tax year? ☒ Yes ☒ No

Check if: **(1)** ☒ Initial Return **(2)** ☒ Final Return **(3)** ☒ S Election Termination or Revocation **(4)** ☒ Name Change **(5)** ☒ IRS Adjustment

How many months in 2020 was this corporation in operation? 99 Was this corporation in operation at the end of 2020? ☒ Yes ☒ No

CAUTION: Include only trade or business income and expenses on lines 1a through 20. See Instructions for more information.

Attach Forms N-4 and Payment Here

INCOME

1	a	Gross receipts or sales (see Instructions)	1a● 999999999999	
	b	Returns and allowances.	1b● 999999999999	
	c	Line 1a minus line 1b ➤		1c● 999999999999
2		Cost of goods sold (Schedule A, line 8)		2● 999999999999
3		Gross profit (line 1c minus line 2)		3● 999999999999
4		Net gain or (loss) from Schedule D-1, Part II, line 19 (attach Schedule D-1)		4● 999999999999
5		Other income (see Instructions) (attach schedule)		5● 999999999999
6		TOTAL income (loss) — Add lines 3 through 5 and enter here. ➤		6● 999999999999

DEDUCTIONS

7	Compensation of officers	7 999999999999
8	Salaries and wages (less employment credit)	8 999999999999
9	Repairs and maintenance	9 999999999999
10	Bad debts (see Instructions)	10 999999999999
11	Rents	11 999999999999
12	Taxes and licenses (attach schedule)	12 999999999999
13	Interest	13 999999999999
14	Depreciation from federal Form 4562 not claimed elsewhere on return (see Instructions)	14 999999999999
15	Depletion (Do not deduct oil and gas depletion. See Instructions.)	15 999999999999
16	Advertising	16 999999999999
17	Pension, profit-sharing, etc. plans	17 999999999999
18	Employee benefit programs.	18 999999999999
19	Other deductions (attach schedule)	19 999999999999
20	TOTAL deductions — Add lines 7 through 19 and enter here. ➤	20● 999999999999
21	Ordinary income (loss) from trade or business activities — line 6 minus line 20 (To Sch. K, line 1)	21● 999999999999

Please Sign Here

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 true, correct, and complete, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

➤● _____ 12-12-12

Signature of officer — Date

NAME AND TITLEXXXXXXXXX

Type or print name and title of officer

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

(See page 3 of the Instructions) ***This designation does not replace Form N-848, Power of Attorney.***

Paid Preparer's Information

Preparer's Signature ➤ _____ Date 12-12-12

Print Preparer's Name PREPARERS NAMEXXXXXXXXXXXXXXX

Check if self-employed ☒

● Preparer's identification no. PREP ID NOXX

Firm's name (or yours if self-employed) ➤ FIRMS NAME AND ADDRESSXXXXXXXXXXXXXXXXXX

Address and Postal/ZIP Code FIRMS NAME AND ADDRESSXXXXXXXXXXXXXXXXXX

Federal E.I. No. ➤ 99-9999999

Phone no. ➤ (123) 456-7890

FORM N-35 (REV. 2020)

Human Readable text here

ID NO XX

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

TAX & PAYMENTS

22 a	Excess net passive income tax (attach schedule(s))	22a● 999999999999		
b	Tax from Schedule D (Form N-35), line 21	22b● 999999999999		
c	Number of N-4's attached ● 999999 Taxes withheld on attached N-4's	22c● 999999999999		
d	LIFO recapture tax	22d● 999999999999		
e	Interest due under look-back method	22e● 999999999999		
f	Add lines 22a, 22b, 22c, 22d, and 22e		22f●	999999999999
23 a	2019 overpayment allowed as a credit	23a● 999999999999		
b	2020 estimated tax payments from N-201Vs 99999999 and N-288As 99999999	23b● 999999999999		
c	Payments with extension	23c● 999999999999		
d	Add lines 23a, 23b, and 23c.		23d●	999999999999
24	Estimated tax penalty. (see Instructions) Check if Form N-220 is attached ➤ ● [X]		24●	999999999999
25	OVERPAYMENT (If line 23d is larger than the total of lines 22f and 24), enter AMOUNT OVERPAID		25●	999999999999
26	Enter amount of line 25 you want **Credited to 2021 estimated tax ➤ 26a** $● 999999999999 **Refunded➤**		26b●	999999999999
27	TAX DUE (If the total of lines 22f and 24 is larger than line 23d) enter the amount due		27●	999999999999
28	**AMOUNT OF PAYMENT** (see Instructions)		28●	999999999999

AMENDED RETURN

29	Amount paid (overpaid) on original return –– **AMENDED RETURN ONLY**.	29	999999999999
30	**BALANCE DUE (REFUND) with amended return** (See Instructions)	30	999999999999

Schedule A Cost of Goods Sold (See instructions for Schedule A)

1	Inventory at beginning of year	1	999999999999
2	Purchases	2	999999999999
3	Cost of labor	3	999999999999
4	Additional IRC section 263A costs (see federal Instructions and attach a schedule)	4	999999999999
5	Other costs (attach schedule)	5	999999999999
6	Total—Add lines 1 through 5 ➤	6	999999999999
7	Inventory at end of year.	7	999999999999
8	Cost of goods sold—Line 6 minus line 7. (Enter here and on page 1, line 2) ➤	8	999999999999

9 a Check all methods used for valuing closing inventory:

(i) [X] Cost as described in Treasury Regulations section 1.471-3.

(ii) [X] Lower of cost or market as described in Treasury Regulations section 1.471-4 (see Instructions)

(iii) [X] Other (specify method used and attach explanation) ➤ METHOD USEDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

b Check if there was a writedown of subnormal goods as described in Treasury Regulations section 1.471-2(c) [X]

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach federal Form 970) [X]

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO — 9d 999999999

e Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the corporation? [X] Yes [X] No

f Was there any change in determining quantities, cost or valuations between opening and closing inventory? [X] Yes [X] No
If "Yes," attach explanation.

Schedule B Other information

1 Check method of accounting: a [X] Cash b [X] Accrual c [X] Other (specify) ➤ OTHERXXXXXXXXXXXXXX

2 a Date of incorporation 12-12-1212 b Date business began in Hawaii 12-12-1212

c Under laws of LAWS OFXXXXXXXXXXXX d Date of federal election as an S corporation 12-12-1212

3 Refer to the listing of Business Activity Codes at the end of the federal Instructions for Form 1120S and state your principal:
Business Activity ➤ BUSINESS ACTIVITYXXXXXXX ; Product or service ➤ PRODUCT OR SERVICEXXX

4 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see IRC section 267(c).) If "Yes" attach a schedule showing: (a) name, address and employer identification number (b) percentage owned, and (c) if 100% owned, was QSSS election made? [X] Yes [X] No

5 Enter the number of shareholders in the corporation at the end of the tax year who are:
residents of Hawaii 999999999999999 nonresidents of Hawaii 9999999999999.

6 Did the corporation derive income from sources outside Hawaii which is not includable in the Hawaii return? [X] Yes [X] No

7 If the corporation: (1) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (2) has net unrealized built-in gain (defined by IRC section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. $ 999999999999999.

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Schedule K — Shareholders' Pro Rata Share Items

Section	Line	Item	b. Attributable to Hawaii	Line	c. Attributable Elsewhere
Income (Losses)	1	Ordinary income (loss) from trade or business activities (page 1, line 21)	99999999999999	1	999999999999999
	2	Net income (loss) from rental real estate activities (attach federal Form 8825)	99999999999999	2	999999999999999
	3 a	Gross income from other rental activities	99999999999999	3a	999999999999999
	b	Expenses from other rental activities (attach schedule)	99999999999999	3b	999999999999999
	c	Net income (loss) from other rental activities. Line 3a minus line 3b	99999999999999	3c	999999999999999
	4	Interest income	99999999999999	4	999999999999999
	5	Ordinary dividends	99999999999999	5	999999999999999
	6	Royalty income	99999999999999	6	999999999999999
	7	Net short-term capital gain (loss) (Schedule D (Form N-35))	99999999999999	7	999999999999999
	8	Net long-term capital gain (loss) (Schedule D (Form N-35))	99999999999999	8	999999999999999
	9	Net gain (loss) under IRC section 1231 (attach Schedule D-1)	99999999999999	9	999999999999999
	10	Other income (loss) (attach schedule)	99999999999999	10	999999999999999
Deductions	11	Charitable contributions (attach schedule)	99999999999999	11	999999999999999
	12	IRC section 179 expense deduction (attach federal Form 4562)	99999999999999	12	999999999999999
	13	Deductions related to portfolio income (loss) (attach schedule)	99999999999999	13	999999999999999
	14	Other deductions (attach schedule)	99999999999999	14	999999999999999
Investment Interest	15 a	Interest expense on investment debts paid or accrued in 2020	99999999999999	15a	999999999999999
	b (1)	Investment income included on lines 4, 5, and 6, above	99999999999999	15b(1)	999999999999999
	(2)	Investment expenses included on line 13, above	99999999999999	15b(2)	999999999999999
Credits	16 a	Fuel Tax Credit for Commercial Fishers (attach Form N-163)	99999999999999	16a	
	b	Total cost of property qualifying for the Capital Goods Excise Tax Credit (See Instructions)	99999999999999	16b	
	c	Amounts needed to claim the Enterprise Zone Tax Credit (attach Form N-756)	See Instructions	16c	
	d	Hawaii Low-Income Housing Tax Credit (attach Form N-586)	99999999999999	16d	
	e	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	99999999999999	16e	
	f	Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340)	99999999999999	16f	
	g	Credit for School Repair and Maintenance (attach Form N-330)	99999999999999	16g	
	h	Renewable Energy Technologies Income Tax Credit (attach Form N-342)	99999999999999	16h	
	i	Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	99999999999999	16i	
	j	Tax Credit for Research Activities (attach Form N-346)	99999999999999	16j	
	k	Capital Infrastructure Tax Credit (attach Form N-348)	99999999999999	16k●	
	l	Cesspool Upgrade, Conversion or Connection Income Tax Credit (attach Form N-350)	99999999999999	16l	
	m	Renewable Fuels Production Tax Credit (attach Form N-352)	99999999999999	16m	
	n	Organic Foods Production Tax Credit (attach Form N-354)	99999999999999	16n	
	o	Historic Preservation Income Tax Credit (attach Form N-325)	99999999999999	16o	
	p	Hawaii income tax withheld on Forms N-288A (See Instructions)	99999999999999	16p	
	q	Total Hawaii income tax withheld on Forms N-4	99999999999999	16q	
	r	Net income tax paid by the S corporation to states which do not recognize the corporation's "S" status. Identify state(s).		16r	999999999999999
Other Items		(Attach a separate schedule if more space is needed for any item.)			
	17	Total property distributions (including cash) other than dividend distributions reported on line 22, below. Date of Distribution 12-12-1212	99999999999999	17	99999999999999
	18	Tax exempt interest income	99999999999999	18	99999999999999
	19	Other tax exempt income	99999999999999	19	99999999999999
	20	Non-deductible expenses	99999999999999	20	99999999999999
	21	Other items and amounts not included on lines 1 through 20, above, that are required to be reported separately to shareholders (attach schedule)	99999999999999	21	99999999999999
	22	Total dividend distributions paid from accumulated earnings and profits	99999999999999	22	99999999999999
	23	Income (loss) — Combine lines 1 through 10. From the result, subtract the sum of lines 11 through 15a	99999999999999	23	999999999999999
	24	Corporate adjustments to income attributable to Hawaii (attach schedule)	99999999999999	24	
	25	Interest penalty on early withdrawal of savings		25	999999999999999

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Schedules L, M-1, and M-2 **Attach a copy of page 4 of federal Form 1120S to this return.** Attach Sch. M-3, if applicable.

Schedule N — List of Shareholders (Attach a separate sheet if more space is needed)

	Name and Address	SSN or FEIN	No. of shares owned at all times during the year	State of Residence	Year Sch. NS filed, if any (Indicate if revoked)	Amount of Payment on Form N-4 attached
1	NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	9999999999 9999999999	9999999999	STATEXXXXX	9999	9999999999
2	NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	9999999999 9999999999	9999999999	STATEXXXXX	9999	9999999999
3	NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	9999999999 9999999999	9999999999	STATEXXXXX	9999	9999999999

Schedule O — Apportionment of Income (See Attributable to Hawaii in the Instructions.)

1	Ordinary income (loss) from trade or business activities (From page 1, line 21)	999999999999999
2	Apportionment factor (from Schedule P, line 8)	9999999 %
3	Business income apportioned to Hawaii (line 1 multiplied by line 2) (To Schedule K, line 1, col. b)	999999999999999
4	Business income apportioned elsewhere (line 1 minus line 3). (To Schedule K, line 1, col. c)	999999999999999

5 Are the totals of columns b and c, Schedule K, lines 2 through 6, and the amounts shown on Schedule P, column B, the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? [X] Yes [X] No

If "No," please explain EXPLANATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule P — Computation of Apportionment Factors (See Attributable to Hawaii in the Instructions.)

	In Hawaii		Total Everywhere	
Property — (use original cost)	Beginning of taxable year	End of taxable year	Beginning of taxable year	End of taxable year
Land	999999999999999	999999999999999	999999999999999	999999999999999
Buildings	999999999999999	999999999999999	999999999999999	999999999999999
Inventories	999999999999999	999999999999999	999999999999999	999999999999999
Leasehold interests*		999999999999999		999999999999999
Rented Property*		999999999999999		999999999999999
Other Property	999999999999999	999999999999999	999999999999999	999999999999999
Total	999999999999999	999999999999999	999999999999999	999999999999999

* Enter net annual rent X 8.

Compute all percentages to 5 decimal places (0.00000%)

		A. In Hawaii	B. Everywhere
1	Property values (average value of property above)	999999999999999	999999999999999
2	Property factor (line 1, col. A divided by line 1, col. B)		999.99999%
3	Total compensation	999999999999999	999999999999999
4	Payroll factor (line 3, col. A divided by line 3, col. B)		999.99999%
5	Total sales	999999999999999	999999999999999
6	Sales factor (line 5, col. A divided by line 5, col. B)		999.99999%
7	Total of factors (add lines 2, 4, and 6)		999.99999%
8	Average of factors (see instructions) (To Schedule O, line 2)		999.99999%

Designation of Tax Matters Person (See Instructions.)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return, if one has been designated:

Name of designated TMP: NAME OF DESIGNATED TMPXXXXXXXXXXXXXXXXXXXXXXXXXX Identifying number of TMP: 999999999999999999

Address of designated TMP: ADDRESS OF TMPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS OF TMPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

STATE OF HAWAII—DEPARTMENT OF TAXATION

THIS SPACE FOR DATE RECEIVED STAMP

FORM **N-35** (REV. 2020)

S CORPORATION INCOME TAX RETURN

For calendar year 2020

Place QR Code Here

or other tax year beginning ● 12-12 **, 2020**

and ending ● 12-12 **, 20** 12

☒ **AMENDED Return (Attach Sch AMD)**

• PRINT OR TYPE •

Name NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	● Federal Employer I.D. No. 99-9999999
Dba or C/O DBA OR CARE OFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	● Business Activity Code (Use code shown on federal Form 1120S) 999999
Mailing Address (number and street) MAILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	● Hawaii Tax I.D. No. GE-999-999-9999-99
City or town, State, and Postal/ZIP Code. If foreign address, see Instructions. CITY OR TOWN STATE ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Enter the number of Schedules NS attached to this return ● 99999999999

Is the corporation electing to be an S corporation beginning with this tax year? . . . . . ☒ Yes ☒ No

Check if: **(1)** ☒ Initial Return **(2)** ☒ Final Return **(3)** ☒ S Election Termination or Revocation **(4)** ☒ Name Change **(5)** ☒ IRS Adjustment

How many months in 2020 was this corporation in operation? 99 Was this corporation in operation at the end of 2020? . . ☒ Yes ☒ No

CAUTION: Include only trade or business income and expenses on lines 1a through 20. See Instructions for more information.

Attach Forms N-4 and Payment Here •

INCOME

1	a	Gross receipts or sales (see Instructions)	1a● 999999999999		
	b	Returns and allowances	1b● 999999999999		
	c	Line 1a minus line 1b ➤		1c●	999999999999
2		Cost of goods sold (Schedule A, line 8)		2●	999999999999
3		Gross profit (line 1c minus line 2)		3●	999999999999
4		Net gain or (loss) from Schedule D-1, Part II, line 19 (attach Schedule D-1)		4●	999999999999
5		Other income (see Instructions) (attach schedule)		5●	999999999999
6		TOTAL income (loss) — Add lines 3 through 5 and enter here. ➤		6●	999999999999

DEDUCTIONS

7	Compensation of officers	7	999999999999
8	Salaries and wages (less employment credit)	8	999999999999
9	Repairs and maintenance	9	999999999999
10	Bad debts (see Instructions)	10	999999999999
11	Rents	11	999999999999
12	Taxes and licenses (attach schedule)	12	999999999999
13	Interest	13	999999999999
14	Depreciation from federal Form 4562 not claimed elsewhere on return (see Instructions)	14	999999999999
15	Depletion (Do not deduct oil and gas depletion. See Instructions.)	15	999999999999
16	Advertising	16	999999999999
17	Pension, profit-sharing, etc. plans	17	999999999999
18	Employee benefit programs	18	999999999999
19	Other deductions (attach schedule)	19	999999999999
20	TOTAL deductions — Add lines 7 through 19 and enter here. ➤	20●	999999999999
21	Ordinary income (loss) from trade or business activities — line 6 minus line 20 (To Sch. K, line 1)	21●	999999999999

Please Sign Here

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 true, correct, and complete, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

➤● 12-12-12

Signature of officer — Date

NAME AND TITLEXXXXXXXXX

Type or print name and title of officer

★ **May the Hawaii Department of Taxation discuss this return with the preparer shown below?** . . . . . ☒ Yes ☒ No

(See page 3 of the Instructions) ***This designation does not replace Form N-848, Power of Attorney.***

Paid Preparer's Information

Preparer's Signature ➤ Print Preparer's Name PREPARERS NAMEXXXXXXXXXXXXXXX	Date 12-12-12	Check if self-employed ☒	Preparer's identification no. ● PREP ID NOXX
Firm's name (or yours if self-employed) ➤ FIRMS NAME AND ADDRESSXXXXXXXXXXXXXXXXXX Address and Postal/ZIP Code FIRMS NAME AND ADDRESSXXXXXXXXXXXXXXXXXX		Federal E.I. No. ➤ 99-9999999	
		Phone no. ➤ (123) 456-7890	

FORM N-35 (REV. 2020)

Human Readable text here

ID NO XX

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

TAX & PAYMENTS

22	a	Excess net passive income tax (attach schedule(s))	22a●	999999999999		
	b	Tax from Schedule D (Form N-35), line 21	22b●	999999999999		
	c	Number of N-4's attached ● 999999 Taxes withheld on attached N-4's	22c●	999999999999		
	d	LIFO recapture tax	22d●	999999999999		
	e	Interest due under look-back method	22e●	999999999999		
	f	Add lines 22a, 22b, 22c, 22d, and 22e			22f●	999999999999
23	a	2019 overpayment allowed as a credit	23a●	999999999999		
	b	2020 estimated tax payments from N-201Vs 99999999 and N-288As 99999999	23b●	999999999999		
	c	Payments with extension	23c●	999999999999		
	d	Add lines 23a, 23b, and 23c.			23d●	999999999999
24		Estimated tax penalty. (see Instructions) Check if Form N-220 is attached ➤ ● ☒			24●	999999999999
25		OVERPAYMENT (If line 23d is larger than the total of lines 22f and 24), enter AMOUNT OVERPAID			25●	999999999999
26		Enter amount of line 25 you want **Credited to 2021 estimated tax ➤ 26a** $● 999999999999 **Refunded➤**			26b●	999999999999
27		TAX DUE (If the total of lines 22f and 24 is larger than line 23d) enter the amount due			27●	999999999999
28		**AMOUNT OF PAYMENT** (see Instructions)			28●	999999999999
29		AMENDED RETURN: Amount paid (overpaid) on original return — **AMENDED RETURN ONLY**.			29	999999999999
30		**BALANCE DUE (REFUND) with amended return** (See Instructions)			30	999999999999

Schedule A Cost of Goods Sold (See Instructions for Schedule A)

1	Inventory at beginning of year	1	999999999999
2	Purchases	2	999999999999
3	Cost of labor	3	999999999999
4	Additional IRC section 263A costs (see federal Instructions and attach a schedule)	4	999999999999
5	Other costs (attach schedule)	5	999999999999
6	Total—Add lines 1 through 5 ➤	6	999999999999
7	Inventory at end of year.	7	999999999999
8	Cost of goods sold—Line 6 minus line 7. (Enter here and on page 1, line 2) ➤	8	999999999999

9 a Check all methods used for valuing closing inventory:
- *(i)* ☒ Cost as described in Treasury Regulations section 1.471-3.
- *(ii)* ☒ Lower of cost or market as described in Treasury Regulations section 1.471-4 (see Instructions)
- *(iii)* ☒ Other (specify method used and attach explanation) ➤ METHOD USEDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

b Check if there was a writedown of subnormal goods as described in Treasury Regulations section 1.471-2(c) ☒

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach federal Form 970) ☒

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO — 9d 999999999

e Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☒ Yes ☒ No

f Was there any change in determining quantities, cost or valuations between opening and closing inventory? ☒ Yes ☒ No
If "Yes," attach explanation.

Schedule B Other Information

1 Check method of accounting: **a** ☒ Cash **b** ☒ Accrual **c** ☒ Other (specify) ➤ OTHERXXXXXXXXXXXXXXX

2 **a** Date of incorporation 12-12-1212 **b** Date business began in Hawaii 12-12-1212
c Under laws of LAWS OFXXXXXXXXXXXX **d** Date of federal election as an S corporation 12-12-1212

3 Refer to the listing of Business Activity Codes at the end of the federal Instructions for Form 1120S and state your principal:
Business Activity ➤ BUSINESS ACTIVITYXXXXXXX ; Product or service ➤ PRODUCT OR SERVICEXXX

4 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see IRC section 267(c).) If "Yes" attach a schedule showing: (a) name, address and employer identification number (b) percentage owned, and (c) if 100% owned, was QSSS election made? ☒ Yes ☒ No

5 Enter the number of shareholders in the corporation at the end of the tax year who are:
residents of Hawaii 999999999999999 nonresidents of Hawaii 99999999999999.

6 Did the corporation derive income from sources outside Hawaii which is not includable in the Hawaii return? ☒ Yes ☒ No

7 If the corporation: (1) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (2) has net unrealized built-in gain (defined by IRC section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. $ 999999999999999.

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Schedule K	Shareholders' Pro Rata Share Items	b. Attributable to Hawaii		c. Attributable Elsewhere
Income (Losses)	1 Ordinary income (loss) from trade or business activities (page 1, line 21)	99999999999999	1	999999999999999
	2 Net income (loss) from rental real estate activities (attach federal Form 8825)	99999999999999	2	999999999999999
	3 a Gross income from other rental activities	99999999999999	3a	999999999999999
	b Expenses from other rental activities (attach schedule)	99999999999999	3b	999999999999999
	c Net income (loss) from other rental activities. Line 3a minus line 3b	99999999999999	3c	999999999999999
	4 Interest income	99999999999999	4	999999999999999
	5 Ordinary dividends	99999999999999	5	999999999999999
	6 Royalty income	99999999999999	6	999999999999999
	7 Net short-term capital gain (loss) (Schedule D (Form N-35))	99999999999999	7	999999999999999
	8 Net long-term capital gain (loss) (Schedule D (Form N-35))	99999999999999	8	999999999999999
	9 Net gain (loss) under IRC section 1231 (attach Schedule D-1)	99999999999999	9	999999999999999
	10 Other income (loss) (attach schedule)	99999999999999	10	999999999999999
Deductions	11 Charitable contributions (attach schedule)	99999999999999	11	999999999999999
	12 IRC section 179 expense deduction (attach federal Form 4562)	99999999999999	12	999999999999999
	13 Deductions related to portfolio income (loss) (attach schedule)	99999999999999	13	999999999999999
	14 Other deductions (attach schedule)	99999999999999	14	999999999999999
Investment Interest	15 a Interest expense on investment debts paid or accrued in 2020	99999999999999	15a	999999999999999
	b **(1)** Investment income included on lines 4, 5, and 6, above	99999999999999	15b(1)	999999999999999
	(2) Investment expenses included on line 13, above	99999999999999	15b(2)	999999999999999
Credits	16 a Fuel Tax Credit for Commercial Fishers (attach Form N-163)	99999999999999	16a	
	b Total cost of property qualifying for the Capital Goods Excise Tax Credit (See Instructions)	99999999999999	16b	
	c Amounts needed to claim the Enterprise Zone Tax Credit (attach Form N-756)	See Instructions	16c	
	d Hawaii Low-Income Housing Tax Credit (attach Form N-586)	99999999999999	16d	
	e Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	99999999999999	16e	
	f Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340)	99999999999999	16f	
	g Credit for School Repair and Maintenance (attach Form N-330)	99999999999999	16g	
	h Renewable Energy Technologies Income Tax Credit (attach Form N-342)	99999999999999	16h	
	i Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	99999999999999	16i	
	j Tax Credit for Research Activities (attach Form N-346)	99999999999999	16j	
	k Capital Infrastructure Tax Credit (attach Form N-348)	99999999999999	16k●	
	l Cesspool Upgrade, Conversion or Connection Income Tax Credit (attach Form N-350)	99999999999999	16l	
	m Renewable Fuels Production Tax Credit (attach Form N-352)	99999999999999	16m	
	n Organic Foods Production Tax Credit (attach Form N-354)	99999999999999	16n	
	o Historic Preservation Income Tax Credit (attach Form N-325)	99999999999999	16o	
	p Hawaii income tax withheld on Forms N-288A (See Instructions)	99999999999999	16p	
	q Total Hawaii income tax withheld on Forms N-4	99999999999999	16q	
	r Net income tax paid by the S corporation to states which do not recognize the corporation's "S" status. Identify state(s)		16r	999999999999999
Other Items	**(Attach a separate schedule if more space is needed for any item.)**			
	17 Total property distributions (including cash) other than dividend distributions reported on line 22, below. Date of Distribution 12-12-1212	99999999999999	17	99999999999999
	18 Tax exempt interest income	99999999999999	18	99999999999999
	19 Other tax exempt income	99999999999999	19	99999999999999
	20 Non-deductible expenses	99999999999999	20	99999999999999
	21 Other items and amounts not included on lines 1 through 20, above, that are required to be reported separately to shareholders (attach schedule)	99999999999999	21	99999999999999
	22 Total dividend distributions paid from accumulated earnings and profits	99999999999999	22	99999999999999
	23 Income (loss) — Combine lines 1 through 10. From the result, subtract the sum of lines 11 through 15a	99999999999999	23	999999999999999
	24 Corporate adjustments to income attributable to Hawaii (attach schedule)	99999999999999	24	
	25 Interest penalty on early withdrawal of savings		25	999999999999999

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

Schedules L, M-1, and M-2 **Attach a copy of page 4 of federal Form 1120S to this return.** Attach Sch. M-3, if applicable.

Schedule N **List of Shareholders** (Attach a separate sheet if more space is needed)

Name and Address	SSN or FEIN	No. of shares owned at all times during the year	State of Residence	Year Sch. NS filed, if any (Indicate if revoked)	Amount of Payment on Form N-4 attached
1 NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	99999999999 99999999999	9999999999	STATEXXXXX	9999	9999999999
2 NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	99999999999 99999999999	9999999999	STATEXXXXX	9999	9999999999
3 NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX NAME AND ADDRESSXXXXXXXXXXX	99999999999 99999999999	9999999999	STATEXXXXX	9999	9999999999

Schedule O **Apportionment of Income (See Attributable to Hawaii in the Instructions.)**

1	Ordinary income (loss) from trade or business activities (From page 1, line 21)	999999999999999
2	Apportionment factor (from Schedule P, line 8)	9999999 %
3	Business income apportioned to Hawaii (line 1 multiplied by line 2) (To Schedule K, line 1, col. b)	999999999999999
4	Business income apportioned elsewhere (line 1 minus line 3). (To Schedule K, line 1, col. c)	999999999999999

5 Are the totals of columns b and c, Schedule K, lines 2 through 6, and the amounts shown on Schedule P, column B, the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? ☒ Yes ☒ No

If "No," please explain EXPLANATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule P **Computation of Apportionment Factors (See Attributable to Hawaii in the Instructions.)**

Property — (use original cost)	In Hawaii: Beginning of taxable year	In Hawaii: End of taxable year	Total Everywhere: Beginning of taxable year	Total Everywhere: End of taxable year
Land	999999999999999	999999999999999	999999999999999	999999999999999
Buildings	999999999999999	999999999999999	999999999999999	999999999999999
Inventories	999999999999999	999999999999999	999999999999999	999999999999999
Leasehold interests*		999999999999999		999999999999999
Rented Property*		999999999999999		999999999999999
Other Property	999999999999999	999999999999999	999999999999999	999999999999999
Total	999999999999999	999999999999999	999999999999999	999999999999999

* Enter net annual rent X 8.

Compute all percentages to 5 decimal places (0.00000%)

		A. In Hawaii	B. Everywhere
1	Property values (average value of property above)	999999999999999	999999999999999
2	Property factor (line 1, col. A divided by line 1, col. B)		999.99999%
3	Total compensation	999999999999999	999999999999999
4	Payroll factor (line 3, col. A divided by line 3, col. B)		999.99999%
5	Total sales	999999999999999	999999999999999
6	Sales factor (line 5, col. A divided by line 5, col. B)		999.99999%
7	Total of factors (add lines 2, 4, and 6)		999.99999%
8	Average of factors (see instructions) (To Schedule O, line 2)		999.99999%

Designation of Tax Matters Person (See Instructions.)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return, if one has been designated:

Name of designated TMP: NAME OF DESIGNATED TMPXXXXXXXXXXXXXXXXXXXXXXXXXX Identifying number of TMP: 999999999999999999

Address of designated TMP: ADDRESS OF TMPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS OF TMPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX