Form FP-1

(REV. 2022)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR

PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

2023

DO NOT WRITE OR STAPLE IN THIS SPACE

	nsed on income for calendar tax ginning on, 20	-			
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 2	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
TYPE	Name		2. Amount of this installment	\$	
S R	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS:		
QI	Place R Code Here P. O. BOX HONOLULU, HI	NT OF TAXATION < 1530	Payment due on or before February 10, 2023, and on or before the 10th day of the second r fiscal year for fiscal year taxpayers.		
	ID NO	XX See Instructions of	n the reverse side.	Form FP-1	
*	:	CUT	HERE — — — — — —	×	
(RE	EV. 2022)		OR PANY TAX VOUCHER 0022	R STAPLE IN THIS SPACE	
De		_			
	Check one:	Public Service Company Tax Federal Employer I.D. No.		ayment Number 1	
Ä	 Name		Estimated tax liability for the year	\$	
TYPE	DBA (if any)		Amount of this installment Amount of any unused overpayment	\$	
AT OR			credit to be applied	\$	
PRINT			4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:		
Payment due on or before January 10, 2023, for calendar year taxpay and on or before the 10th day of the first month after the close of the fis year for fiscal year taxpayers. Place OR Code HAWAII DEPARTMENT OF TAXATION					

P.O. BOX 1530

HONOLULU, HI 96806-1530

Here

Human Readable text here

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2022 or fiscal tax year 2022 beginning on <u>month 1</u>, 2022 and ending on <u>month dd</u>, 20<u>yy</u>).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2022 Hawaii tax return to your tax for 2023, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

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(REV. 2022)

2022

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX**

	ginning on _	, 20	022 and ending on	, 20		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	F	Payment Number 4	
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
rype	Name			Amount of this installment	\$	
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$	
PRIN	Mailing Addres	ss (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, an	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS:		
P	lace	-MAILING A	DDRESS-	Payment due on or before April 10, 2022, for on or before the 10th day of the fourth montl year for fiscal year taxpayers.		
-	Code	P. O. BOX		DUE DATES FOR QUARTERLY PAYMENTS	3	
	an Readable text he	_ HONOLULU, HI		Payment due on or before April 20, 2023, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers.		
		ID NO	XX See Instructions o	n the reverse side.	Form FP-1	
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(RE	orm FP-1 EV. 2022)	Р	FRANCHISE TAX FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	OR PANY TAX	OR STAPLE IN THIS SPACE	
			year 2022, or fiscal tax year 2 022 and ending on			
_			·			
	Check one:	☐ Franchise Tax	Dublic Carries Company Tay		Day was a not Nily wash a r 3	
	Hawaii	Tax I.D. No.	☐ Public Service Company Tax Federal Employer I.D. No.	F	Payment Number 3	
		Tax I.D. No.		Estimated tax liability for the year		
TYPE					\$	
OR TYP				Estimated tax liability for the year	\$	
	Name DBA (if any)			Estimated tax liability for the year	\$	
PRINT	DBA (if any) Mailing Address			Estimated tax liability for the year	\$ \$ ONEY ORDER PAYABLE	

See Instructions on the reverse side.

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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

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(REV. 2022)

2023

FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

Based on income for ca	ılendar tax year 2022, or fiscal tax yea	r 2022
heginning on	2022 and ending on	20

be	ginning on,	2022 and ending on	, 20		
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 6	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.			
l			Estimated tax liability for the year	\$	
TYPE	Name		Amount of this installment	\$	
OR O	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT	Mailing Address (number and street	()	4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MOTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check the DUE DATES FOR MONTHLY PAYMENTS:	ONEY ORDER PAYABLE	
	Place -MAILING		Payment due on or before June 10, 2023, for on or before the 10th day of the sixth month year for fiscal year taxpayers.		
-	R Code Here P. O. BO		DUE DATES FOR QUARTERLY PAYMENTS		
_	Here P. O. BC HONOLULU, H		Payment due on or before June 20, 2023, for and on or before the 20th day of the sixth mon fiscal year for fiscal year taxpayers.		
	ID NO	See Instructions o	n the reverse side.		
	ID INC			Form FP-1	
><		CUT	HERE — — — — — —	×	
Form FP-1 (REV. 2022) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2022, or fiscal tax year 2022					
be	ginning on,	2022 and ending on	, 20		
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 5	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
TYPE	Name		Amount of this installment	\$	
OR O	DBA (If any)		Amount of any unused overpayment credit to be applied	\$	
PRINT	Mailing Address (number and street	c)	4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:		
	Place -MAILING	ADDRESS-	Payment due on or before May 10, 2023, for con or before the 10th day of the fifth month after for fiscal year taxpayers.		

Place QR Code Here

-MAILING ADDRESSHAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

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Form FP-1

(REV. 2022)

STATE OF HAWAII — DEPARTMENT OF TAXATION **FRANCHISE TAX OR**

PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

Check	one:	☐ Franchise Tax	x	Public	c Service Company 1	Гах	Payment Number 8
		Tax I.D. No.			I Employer I.D. No.		
						Estimated tax liability for the year	\$
Name						Amount of this installment	• \$
DBA (if Mailing	DBA (if any)				Amount of any unused overpayment credit to be applied	\$	
Mailing	Addres	s (number and stre	eet)			4. Amount of this payment. (Line 2 minus line 3.)	\$
	ate, and	d Postal/ZIP Code				MAIL THIS VOUCHER WITH CHECK OR M TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your of DUE DATES FOR MONTHLY PAYMENTS:	ONEY ORDER PAYABLE
Place R Code Here man Readab	ole text he	HONOLULU	MENT BOX 1	T OF TAX 1530	ATION	Payment due on or before August 10, 2023, and on or before the 10th day of the eighth fiscal year for fiscal year taxpayers.	
: —		ID 1 	NO 2	_{XX} s 		on the reverse side.	Form FP-
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2023 ased on eginning Check	incom y on cone: Hawaii 	ne for calendar	STA' PU INS' tax ye _, 202	ATE OF HAFFIELD STALLM ear 2022 22 and er	AWAII — DEPARTMI RANCHISE TA SERVICE CO MENT PAYMEN PAYMEN OF THE SECOND TO THE SECOND	ENT OF TAXATION DO NOT WRITE	Payment Number 7
2022) 2023 ased on eginning Check Name DBA (if	incom j on cone: Hawaii any)	ne for calendar	STA' PUINS tax ye_, 202	ATE OF HAFFIELD STALLM ear 2022 22 and er	AWAII — DEPARTMI RANCHISE TA SERVICE CO MENT PAYMEN PAYMEN OF THE SECOND TO THE SECOND	ENT OF TAXATION DO NOT WRITE OF TAXATION AX OR IMPANY TAX NT VOUCHER IT 2022, 20 1. Estimated tax liability for the year	Payment Number 7
Check Check DBA (if	incom j on cone: Hawaii	Franchise Tax	STA' PUINS tax ye_, 202	ATE OF HAFFIELD STALLM ear 2022 22 and er	AWAII — DEPARTMI RANCHISE TA SERVICE CO MENT PAYMEN PAYMEN OF THE SECOND TO THE SECOND	ENT OF TAXATION DO NOT WRITE OF TAXATION DO NOT WRITE OF TAXATION DO NOT WRITE OF TAX OR DEPART OF TAX OF T	Payment Number 7 \$ \$ \$ \$ ONEY ORDER PAYABLE

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Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2022 or fiscal tax year 2022 beginning on <u>month 1</u>, 2022 and ending on <u>month dd</u>, 20<u>yy</u>).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2022 Hawaii tax return to your tax for 2023, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

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Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2022, or fiscal tax year 2022 beginning on *month 1*, 2022 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2022 Hawaii tax return to your tax for 2023, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

DO NOT WRITE OR STAPLE IN THIS SPACE

(REV. 2022)

2023

FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOUCHER

Ва	sed on income for calendar tax ginning on, 20	-	022	
	Check one: Franchise Tax	☐ Public Service Company Tax		ayment Number 1 0
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE	Name	1	Amount of this installment	\$
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
RINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS:	
	Place -MAILING AI		Payment due on or before October 10, 2023, for calendar year taxpayer and on or before the 10th day of the tenth month after the close of th fiscal year for fiscal year taxpayers.	
	Here P. O. BOX HONOLULU, HI			
	ID NO	XX See Instructions o	n the reverse side.	Form FP-
%		CUT	HERE — — — — — —	×
			· -	-
		TATE OF HAWAII — DEPARTMEN		OR STAPLE IN THIS SPACE
`_	EV. 2022)	FRANCHISE TAX UBLIC SERVICE COM		
2	0 23 ins	STALLMENT PAYMENT	「 VOUCHER	
	sed on income for calendar tax ginning on, 20	-		
	Check one: Franchise Tax	☐ Public Service Company Tax	F	Payment Number \$
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
TYPE	Name		Amount of this installment	
OR O	DBA (if any)		Amount of any unused overpayment credit to be applied	▶ \$
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR M TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your of DUE DATES FOR MONTHLY PAYMENTS:	ONEY ORDER PAYABLE
1	Place -MAILING AI	DDRESS-	Payment due on or before September 10 taxpayers and on or before the 10th day of the of the fiscal year for fiscal year taxpayers.	

Place QR Code Here

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530

P. O. BOX 1530 HONOLULU, HI 96806-1530 DUE DATES FOR QUARTERLY PAYMENTS

Payment due on or before September 20, 2023, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2022 or fiscal tax year 2022 beginning on <u>month 1</u>, 2022 and ending on <u>month dd</u>, 20<u>yy</u>).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2022 Hawaii tax return to your tax for 2023, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

(REV. 2022)

STATE OF HAWAII — DEPARTMENT OF TAXATION **FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX**

INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2022, or fiscal tax year 2022

be	ginning on,	2022 and ending on	, 20			
	Check one: Franchise Tax	☐ Public Service Company Tax	Pay	ment Number 12		
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$		
YPE	Name		Amount of this installment	\$		
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$		
PRIN	Mailing Address (number and stree	t)	4. Amount of this payment. (Line 2 minus line 3.)	\$		
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:			
	Place -MAILING	ADDRESS-	Payment due on or before December 10, taxpayers and on or before the 10th day of close of the fiscal year for fiscal year taxpayer	the twelfth month after the		
-	K Code	ENT OF TAXATION	DUE DATES FOR QUARTERLY PAYMENTS			
	Here P. O. Bo HONOLULU, I		Payment due on or before December 20, taxpayers and on or before the 20th day of the close of the fiscal year for fiscal year taxpayer	twelfth month following the		
	ID NO	See Instructions o	n the reverse side.			
	110 140	2121		Form FP-1		
> <		CUT	HERE — — — — — —	×		
RE 2 Ba	Form FP-1 REV. 2022) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2022, or fiscal tax year 2022 peginning on					
-						
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 11		
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$		
OR TYPE	Name		2. Amount of this installment	\$		
			Amount of any unused overpayment credit to be applied	\$		
PRINT	Mailing Address (number and stree	t)	4. Amount of this payment. (Line 2 minus line 3.)	\$		
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:			
QI	Place R Code Here P. O. BO HONOLULU, H	ENT OF TAXATION OX 1530	Payment due on or before November 10, taxpayers and on or before the 10th day of the close of the fiscal year for fiscal year taxpayer	e eleventh month after the		

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