

STATE OF HAWAII—DEPARTMENT OF TAXATION
**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

THIS SPACE FOR DATE RECEIVED STAMP

For calendar year **2023**

Place
QR Code
Here

or other taxable year beginning 12-12, 2023
and ending 12-12, 2012

Human Readable text here Final Return Amended Return (Attach Sch AMD) IRS Adjustment NOL Carryback

PRINT OR TYPE	Name of organization NAME OF ORGANIZATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A Federal Employer I.D. No. 99-9999999
	Dba or C/O DBA OR CARE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	B Unrelated business activity code(s) 999999
	Mailing Address (number and street) MAILING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	C Hawaii Tax I.D. No. GE-999-999-9999-99
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions. CITY OR TOWN STATE POSTAL ZIP CODE XXXXXXXXXXXXXXXXXXXX	D This organization is a (check one): <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Charitable Trust

Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. <i>Note: The sum of lines 1 - 5 DO NOT equal line 6.</i>	
	1 Gross receipts or sales	1 99999999999
	2 Returns and allowances	2 99999999999
	3 Cost of goods sold and/or operations.	3 99999999999
	4 Capital gain net income (see Instructions)	4 99999999999
	5 Other income	5 99999999999
	6 Total unrelated trade or business income.	6 99999999999
	7 Total deductions	7 99999999999

Tax Computation	9 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	9 99999999999
	10 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	10 99999999999
	11 Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11 99999999999
	12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12 99999999999
	13 Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	13 99999999999
	14 Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	14 99999999999
	15 Recapture of Capital Infrastructure Tax Credit (attach Form N-348)	15 99999999999

Total Income Tax	16 Total tax (add lines 9 or 10 and 11, 12, 13, 14, and 15)	16 99999999999
	17 Total refundable tax credits from Schedule CR, line 10	17 99999999999
	18 ADJUSTED TAX LIABILITY — Line 16 minus line 17. If line 18 is zero or less, see Instructions.	18 99999999999
	19 Total nonrefundable credits from Schedule CR, line 32	19 99999999999
	20 Line 18 minus line 19	20 99999999999
	21 Credits and payments:	

	(a) 2022 overpayment credited to 2023	21(a) 99999999999	ATTACH COPY OF FEDERAL FORM 990-T
	(b) Estimated tax payments.	21(b) 99999999999	
	(c) Tax paid with automatic extension of time to file	21(c) 99999999999	
	(d) Total credits and payments (add lines 21(a) through 21(c)).	21(d) 99999999999	

Total Income Tax	22 Estimated tax penalty (see Instructions). Check if Form N-220 is attached	22 99999999999
	23 TAX DUE — If line 21(d) is smaller than the total of lines 20 and 22, enter amount owed (see Instructions)	23 99999999999
	24 OVERPAYMENT — If line 21(d) is larger than the total of lines 20 and 22, enter amount overpaid (see Instructions)	24 99999999999
	25 (a) Enter the amount of line 24 you want Credited to 2024 estimated tax	25(a) 99999999999
	(b) Enter the amount of line 24 you want Refunded to you (line 24 minus line 25(a))	25(b) 99999999999
	26 Enter AMOUNT PAID with this return	26 99999999999

Amended Return	27 Amount paid (overpaid) on original return — AMENDED RETURN ONLY (see Instructions)	27 99999999999
	28 BALANCE DUE (REFUND) with amended return (see Instructions)	28 99999999999

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: 12-12-12 Name and title of officer: NAME AND TITLE XXX

★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Instructions) Yes No
This designation does not replace Form N-848, Power of Attorney.

Please Sign Here	Preparer's signature Print Preparer's Name	Preparer's Name XXXXXXXXXXXX	Date	12-12-12	Check if self-employed <input checked="" type="checkbox"/>	PTIN	PREP ID NOX
	Firm's name (or yours, if self-employed) Address and ZIP Code	FIRMS NAME ADDRESS XXXXXXXXXXXX FIRMS NAME ADDRESS XXXXXXXXXXXX	Federal E.I. No.	99-9999999	Phone no.	(123) 456-7890	

Place QR Code Here	Name as shown on return	Federal Employer Identification Number
	NAME OF ORGANIZATION XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999

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TAX COMPUTATION SCHEDULE

PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	9999999999
2	Enter the total of other deductions (see Instructions, attach schedule).	2	9999999999
3	Difference — line 1 minus line 2	3	9999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	9999999999
5	Sum of lines 3 and 4	5	9999999999
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	9999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	9999999999
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	9999999999
	(b) Tax on all other taxable income — If the amount on line 7 is:		
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)	9999999999
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$ 9999999999. Subtract \$250 and enter the difference.	8(b)(ii)	9999999999
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$ 9999999999. Subtract \$1,250 and enter the difference.	8(b)(iii)	9999999999
	(c) Total of lines 8(a) and 8(b).	8(c)	9999999999
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	9999999999
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9.	9	9999999999

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	9999999999
2	Enter the total of other deductions (see Instructions, attach schedule).	2	9999999999
3	Difference — line 1 minus line 2	3	9999999999
4	Hawaii additions to income (see Instructions, attach schedule)	4	9999999999
5	Sum of lines 3 and 4	5	9999999999
6	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40)	6	9999999999
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	9999999999
8	Enter the greater of line 7 or \$20,000.	8	9999999999
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128.	9	9999999999
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	9999999999
11	Multiply the amount on line 10 by 7.25%	11	9999999999
12	Total of lines 9 and 11.	12	9999999999
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	9999999999
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10	14	9999999999

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000.	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000.	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000.	\$2,678.00 plus 8.25% of excess over \$40,000