SCHEDULE PTE (2023)

STATE OF HAWAII -	DEPARTMENT	OF	TAXATION

PASS-THROUGH ENTITY TAX CALCULATION



> Attach to Form N-20 or Form N-35

QR Code Here	
Human Read	able text here

Place

Place an X if: X Supplement to Part II Only

Name	Name as shown on tax return Federal E			Employer I.D. No. (FEIN)	
NAM	NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			999	
Par	t I ELECTIVE TAX INFORMATION				
1.	Fotal number of all qualified members		1	9999999999999	
2.	Fotal qualified net income for all qualified members		2	99999999999999	
	Elective Tax Rate		3	11.00%	
	Multiply line 2 by line 3 (if less than zero, enter zero). This is the total amount of elective tax.			99999999999999	
Par	Enter the result here and on Form N-20, line 17a or Form N-35, line 22f	4			
Fai	SCHEDOLE OF QUALIFIED MEMBERS				
1. 1	Fotal number of qualified members reported on this form		1	99999999999999	
2.	Total qualified net income for all qualified members reported on this form				
	combine all box a amounts from below and page 2)		2	99999999999999	
	Total elective tax credit amount for all qualified members reported on this form			99999999999999	
(combine all box b amounts from below and page 2)	X FEIN	3		
	QUALIFIED MEMBER NAME A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			9999999999999	
Α	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income		a	99999999999999	
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	zero)	b	99999999999999	
В	Qualified Member Name QUALIFIED MEMBER NAME B XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X FEIN X _{SSN}		999999999999	
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		а	99999999999999	
				999999999999999	
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter		b		
	Qualified Member Name	X FEIN		999999999999	
с	QUALIFIED MEMBER NAME C XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN	1		
C	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		а	99999999999999	
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	zero)	b	99999999999999	
D	QUALIFIED MEMBER NAME D XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X FEIN X _{SSN}		999999999999	
				9999999999999	
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		а	9999999999999	
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	,	b		
E	Qualified Member Name	X FEIN		00000000000	
	QUALIFIED MEMBER NAME E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN		999999999999	
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		a	99999999999999	
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	zero)	b	99999999999999	
F	Qualified Member Name QUALIFIED MEMBER NAME F XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X FEIN X SSN		999999999999	
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		а	99999999999999	
_	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	<u>zero)</u>	b	99999999999999	

SCHEDULE PTE (2023)

(2023)

Place QR Code

Here

Human Readable text here

Name as shown on tax return

 Federal Employer I.D. No. (FEIN)

 XX
 99-9999999

Part	I SCHEDULE OF QUALIFIED MEMBERS - continued			
G	Qualified Member Name	X FEIN		
	QUALIFIED MEMBER NAME G XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN	1	999999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income		99999999999999
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter		b	99999999999999
	Qualified Member Name	X FEIN		
н	QUALIFIED MEMBER NAME H XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN	1	9999999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income.		a	99999999999999
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter		b	99999999999999
1	Qualified Member Name	X FEIN		
	QUALIFIED MEMBER NAME I XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$\mathbf{X}_{\mathrm{SSN}}$	1	999999999999
•	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income		a	99999999999999
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	zero)	b	99999999999999
	Qualified Member Name	X FEIN	-	
	QUALFIED MEMBER NAME J XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN		999999999999
J	 a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net income. 		a	99999999999999
	 b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter 		b	99999999999999
	Qualified Member Name	X FEIN	U	
к	QUALIFIED MEMBER NAME K XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$\mathbf{X}_{\mathrm{SSN}}$		999999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income		a	99999999999999
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter	zero)	b	99999999999999
	Qualified Member Name	X FEIN	N	L
	QUALIFIED MEMBER NAME L XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN		999999999999
L	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net income.		a	99999999999999
			b	99999999999999
	b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter Qualified Member Name	X FEIN	U	
М	OUALIFIED MEMBER NAME M XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN		999999999999
	 Sum of pro-rata or distributive share and guaranteed payments included in gualified net income. 		a	99999999999999
	 Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter 	zero)	b	99999999999999
	Qualified Member Name	X FEIN	Ň	
N	QUALIFIED MEMBER NAME N XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$\mathbf{X}_{\mathrm{SSN}}$		999999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net income.		a	9999999999999
	 b. Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter zero) 		b	99999999999999
0	Qualified Member Name	X FEIN	U	L
	QUALIFIED MEMBER NAME O XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X SSN		999999999999
	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net income.		a	99999999999999
	 Elective tax credit amount (Multiply box a by 11.00% and enter the result. If less than zero, enter 		b	99999999999999