## STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Form U-6 (Rev. 2024)

#### **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

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**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

#### FORM U-6 (Rev. 2024)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form U-6. Form U-6 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form U-6 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 U-6 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. Arial
- 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 Arial bold
  - 2. U-6: 18 pt Arial bold
  - 3. REV. 2024: 8 pt Arial
- The following font and size should be used for the form number and revision year located at the top left corner on page 2 of the form:
  - 1. FORM U-6 (REV. 2024): 8 pt Arial bold

- The following font and size should be used for the form number located at the bottom right corner of the form:
  - 1. FORM U-6 (REV. 2024): 10 pt Arial bold

#### 4. Variable Data

- All variable data fields must utilize 12 pt Courier new 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).

Dates must be printed with dash (-) delimiters. For example:

MM-DD-YYYY

(2 digits for month, followed by a dash (-), followed by 2 digits for day, followed by a dash (-), followed by 4 digits for year).

• 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."

 Taxpayer's Federal Employer Identification Number must be printed with a dash (-) delimiter. For example:

### Form U-6 (Rev. 2024) General Information and Scannable Specifications

12-1234567

(2 digits, followed by a dash (-), followed by 7 digits).

#### 6. Dollar Amounts

99999999

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- · Amounts are right justified.

#### 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 U-6 (Rev. 2024) cannot be filed until 2025.

#### 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 position:
  - 1. Pages 1 and 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

#### 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):
  - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.
  - Page 2: 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: U6\_T 2024A 01 VIDXX

The required QR code for page 2 is: U6\_T 2024A 02 VIDXX

The QR code includes the form number (U6), an underscore, type of form (T), space, 4-digit form year (2024), 1-letter revision indicator (A), space, 2-digit page number (01), 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 below the QR code, utilizing 6 pt Arial font.
   Placement of the human readable text is as follows (see exhibits for exact placement):
  - 1. Page 1: Column 6, row 11
  - 2. Page 2: Column 6, row 8
- Please do not print the outline around the human readable text and QR code. The outline is 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. Form Serial Number

- The form serial number MUST be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is: UTL1E3T4

The required form serial number for page 2 is: UTL2E3T4

#### 5. 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 U-6. If you did not receive the acetate overlays, please contact the Forms Coordinator.
- Although the form was revised for 2024, the placement of the variable data has not changed from revision 2022. To help minimize costs, please use the acetate overlays from revision 2022. If you do not have the overlays from revision 2022, please contact the Forms Coordinator.

#### **FORM** U-6 (REV. 2024)

#### STATE OF HAWAII — DEPARTMENT OF TAXATION PUBLIC SERVICE COMPANY TAX RETURN

CALENDAR YEAR 2025

Place QR Code Here	
Urana and Danad	

Based on income for calendar year 2024 or fiscal year beginning on 12-12 12-12 , 2024 and ending

(First year, Second year, and Final year return filers, see Instructions)

(NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public service company tax.) Date Business Began in Hawaii 12-12-1212 Hawaii Tax I.D. No. DBA (if any) GE-999-999-9999-99 Federal Employer I.D. No 99-9999999 City, State, and Postal/ZIP Code Amount paid with this return CITY STATE ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999.00 CHECK BOX IF APPLICABLE: X Final year X Amended return X Paying tax in installments X First year Second year SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME **GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2024** 1 Gross Income from Public Utility Business (describe fully from what sources received) a (1) Passenger Fares for Transportation Between Points on a 999999999.00 Scheduled Route By Land . . . . . . . . . . . . . 1a(1) Worthless Accounts Charged Off for Net Income Tax (2) 9999999991.00 Purposes (see Instructions). . . . . . . . . . . . 999999999 00 (3) Adjusted Gross Income (line 1a(1) minus line 1a(2)). 1a(3) (1) Sales of Products or Services to Another Public Utility for 999999999.00 1b(1 Worthless Accounts Charged Off for Net Income Tax 9999999991.00 Purposes (see Instructions). . . . . . . . . . . 1b(2) 999999999. 00 1b(3) (3) Adjusted Gross Income (line 1b(1) minus line 1b(2)). c (1) Sales of Telecommunication Services to a Person Defined in 999999999.00 Section 237-13(6)(D), HRS, for Resale to the Consumer. . 1c(1) (2) Worthless Accounts Charged Off for Net Income Tax 00 999999999 Purposes (see Instructions). . . . . . . . 1c(2 999999999 00 (3) Adjusted Gross Income (line 1c(1) minus line 1c(2)) 1c(3) 999999999.00 (1) LINE D 1 XXXXXXXXXXXXXXXXXXXXXXXXX 1d(1) Worthless Accounts Charged Off for Net Income Tax 999999999 Purposes (see Instructions). . . . . . . . . . 1d(2) 999999999. 00 Adjusted Gross Income (line 1d(1) minus line 1d(2)) . . 1d(3 99999999 002 Equipment Rentals Received (attach schedule and describe fully) . 999999999 00 3 Joint Facility Rentals Received 99999999 00 4 Non-Operating Income from Public Utility Business (attach schedule and describe fully). 9999999999. 0.0 5 TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4) . . . . . . 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 a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Please Sign Here TITLE XXXXXXXXXXXXX 12-12-1212 Date Signature of officer Title Date Check if PTIN Preparer's Signature and Paid self-em-12-12-12 > PREP ID NUMB Print Preparer's Name PREPARER NAME XXXXXXX Preparer's Federal P.I. No. > 99-9999999 Information Firm's name (or yours FIRM NAME if self-employed), Phone No. > (999) 999-9999

Address, and Postal/Zip Code

Place QR Code Here	
Human Read	able text here

Name as snown on return
NAME
$\times \times $

Federal Employer Identification Number 99-999999

SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) Note: Enter TOTAL	ГАХ а	amount on page 1.		
PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.  Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheer analysis of retained earnings for the utility and non-utility portions of the business.		· · ·		
A. Line 5 less lines 1a(3), 1b(3)				
and 1c(3)	Α	999999999.00		
B Line 1a(3)	В	999999999.00		
C Line 1b(3)	С	999999999.00		
D Line 1c(3)	D	999999999.00		
E TOTAL TAX (add lines A, B, C, and D)	Е	999999999.00		
F Nonrefundable Tax Credit - Credit for Lifeline Telephone Service		000000000000		
Subsidy (see Instructions)	F	999999999,00		
G Balance (line E minus line F, but not less than zero)	G	999999999,00		
H Payment with Extension (attach Form N-755) (see Instructions)				
J Total Payments (add lines H and I)	J	999999999.00		
K TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000,				
see Instructions, When Is the Tax Payable)	K	999999999.00		
L OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID	L	999999999.00		
PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.				
999999999.00		999999999.00		
<b>A TOTAL TAX</b> (line 1a(3)         x 5.35% (fixed rate)) ▶	Α	1999999999		
C Tax Installment Payments (see Instructions)	D	999999999.00		
E TAX DUE (if line A is larger than line D), enter AMOUNT OWED.		000000000000000000000000000000000000000		
(if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)	Е	999999999.00		
F OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID	F	999999999.00		
PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.				
A Line 1b(3)	Α	999999999.00		
B Line 1c(3)	В	999999999.00		
C TOTAL TAX (add lines A and B)	С	999999999.00		
D Payment with Extension (attach Form N-755) (see Instructions)				
E Tax Installment Payments (see Instructions)				
F Total Payments (add lines D and E)	F	999999999.00		
G TAX DUE (if line C is larger than line F), enter AMOUNT OWED.  (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)		999999999.00		
H OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID		999999999.00		
11 OVEN ATMIERT (ITTILE I IS INIGE ITTILE O), CITICI AMIOUNT OVEN AND	Н	122222222400		