

STATE OF HAWAII—DEPARTMENT OF TAXATION
FIDUCIARY INCOME TAX RETURN 2024

THIS SPACE FOR DATE RECEIVED STAMP

For calendar year 2024

Place QR Code Here

or other tax year beginning 12-12, 2024 and ending 12-12, 2012

Human Readable text here

X Schedule PTE-U attached

X Composite Qualified Funeral Trusts

Form sections A through E containing entity type, fiduciary name, address, and trust details.

Form section F: Check applicable boxes for Initial return, Final Return, Amended Return, NOL Carryback, IRS Adjustment, etc.

G Check here if the estate or filing trust made an IRC section 645(a) election and attach a copy of the federal form 8855. X

Table with 22 rows for INCOME and DEDUCTIONS, including Interest Income, Ordinary Dividends, and Total income.

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 Hawaii Income Tax Law, Chapter 235, HRS. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary: NAME OF FIDUCIARY XXXXXXXXXXXXXXXXXXXXXXXX, Date: 12-12-1212, Title: TITLE XXXXXXXXXXXX

May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 1 of the Instructions) X Yes X No

Paid Preparer's Information section including Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, and Address and ZIP Code.

Place QR Code Here	Name as shown on return	Federal Employer Identification Number
Human Readable text here	NAME OF ESTATE OR TRUST XXXXXXXXXXXXXXXXXXXX	9999999999999999

Schedule A — COMPUTATION OF CHARITABLE DEDUCTION (See Instructions for Schedule A)
(Submit statement giving name and address of charitable organizations)

1. Amounts paid or permanently set aside for charitable purposes from current year's gross income		1	9999999999
2. (a) Tax exempt interest and other income nontaxable irrespective of source, allocable to charitable distribution.	2(a)		9999999999
(b) Income of a nonresident estate or trust nontaxable because it is derived from property owned outside Hawaii or other source outside Hawaii, allocable to charitable distribution.	2(b)		9999999999
(c) Total (Add lines 2(a) and 2(b))		2(c)	9999999999
3. Balance (Line 1 minus line 2(c))		3	9999999999
4. Enter the net short-term capital gain and the net long-term capital gain of the current tax year allocable to corpus paid or permanently set aside for charitable purposes		4	9999999999
5. Amounts paid or permanently set aside for charitable purposes from gross income of a prior year (See Instructions).		5	9999999999
6. Total (Add lines 3, 4, and 5). Enter here and on page 1, line 13, IF TOTAL OF CHARITABLE DISTRIBUTIONS ARE TO BE USED EXCLUSIVELY IN HAWAII. In other cases, complete line 7		6	9999999999
7. (a) Portion of line 6 amount which is to be used exclusively in Hawaii	7(a)		9999999999
(b) Portion of excess of line 6 amount over amount on line 7(a) which is within percentage limitations (See Instructions)	7(b)		9999999999
(c) Enter here and on page 1, line 13, the sum of lines 7(a) and (b)		7(c)	9999999999

Schedule B — COMPUTATION OF INCOME DISTRIBUTION DEDUCTION (See Instructions for Schedule B)

1. Enter amount from page 1, line 18, computed by using Schedule A, line 6 for page 1, line 13 (If loss, see Instructions)		1	9999999999
2. (a) Tax-exempt interest and other income nontaxable irrespective of source (as adjusted)	2(a)		9999999999
(b) Nontaxable income of nonresident estate or trust from property owned outside Hawaii or other source outside Hawaii (as adjusted)	2(b)		9999999999
(c) Add lines 2(a) and 2(b)		2(c)	9999999999
3. Net gain shown on Schedule D (Form N-40), line 17, column (a) (If net loss, enter zero)		3	9999999999
4. Schedule A, line 4 plus line 5		4	9999999999
5. Long-term capital gain, included on Schedule A, line 1 (See Instructions)		5	9999999999
6. Short-term capital gain, included on Schedule A, line 1 (See Instructions)		6	9999999999
7. If the amount on page 1, line 6, is a capital loss, enter here as a positive figure.		7	9999999999
8. If the amount on page 1, line 6, is a capital gain, enter here as a negative figure		8	9999999999
9. Distributable net income (Combine lines 1 and 2c through 8)		9	9999999999
10. Amount of income for the tax year determined under the governing instrument (accounting income)	10		9999999999
11. Amount of income required to be distributed currently (See Instructions)		11	9999999999
12. Other amounts paid, credited, or otherwise required to be distributed (See Instructions)		12	9999999999
13. Total distributions (Add lines 11 and 12). (If greater than line 10, see Instructions)		13	9999999999
14. Enter the total amount of tax-exempt income included on line 13		14	9999999999
15. Tentative income distribution deduction (Line 13 minus line 14)		15	9999999999
16. Tentative income distribution (Line 9 minus line 2(c))		16	9999999999
17. Income distribution deduction. Enter the smaller of line 15 or line 16 here and on page 1, line 19		17	9999999999

