## STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Form N-20 (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

Email: tax.dp.qa@hawaii.gov

#### Form N-20 (Rev. 2024)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-20. Form N-20 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-20 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 N-20 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:
  - 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:

FORM: 8 pt Arial bold
 N-20: 18 pt Arial bold

3. REV. 2024: 8 pt Arial

- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 2 of the form:
  - 1. FORM N-20 (REV. 2024): 8 pt Arial bold
- The following font and size should be used for the form number located at the bottom right corner on pages 1 and 2 of the form:
  - 1. FORM N-20 (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).

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

12-1234567

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

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

#### **General Information and Scannable Specifications**

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."

#### 6. Dollar Amounts

99999999

- · Do not use commas as thousand separators.
- · Do not use leading dollar signs.
- · Amounts are right justified.
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

#### 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 N-20 (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 positions:
  - 1. Pages 1-3: 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 9.
  - 2. Pages 2-3: 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: N20\_T 2024A 01 VIDXX

The required QR code for page 2 is: N20\_T 2024A 02 VIDXX

The required QR code for page 3 is: N20\_T 2024A 03 VIDXX

The QR code includes the form number (N20), an underscore, type of form (T), space, 4-digit form year (2024), 1-letter revision indicator (A), space, 2-digit page number (01), (02), or (03), 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 10
  - 2. Pages 2-3: 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: PRT1K1W3

The required form serial number for page 2 is: PRT2K1W3

The required form serial number for page 2 is: PRT3K1W3

#### 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 producing Form N-20. If you did not receive the acetate overlays, please contact the Forms Coordinator

6 8 10 12 14 FORM	16 18 20 22 24 26 28 30 32 3	4 36 38 40 42 44 DEPARTMENT OF TA	46 48 50 52	54 56 58 60 62 64	66 68 70 72 74 76 78 FOR DATE RECEIVED STAM
N-20				_ _	TORDAIL NEGLIVED STAW
(REV. 2024)	PARTNERSHIP	KEIUKNU	)F INGC	JIVIE:	
	For calend	dar year <b>2024</b>			
Place   QR Code					
Here	or other tax year beginning	12-12		, 2024	
uman Readable text he	and ending	12-12	, 20		
Partnership Name	re 9			A Federal Emp	lover D No
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4-4.1	SHIP NAME XXXXXXXXX	XXXXXXXXXX	XXXXXXX		9 9 9 9 9 9 de No. (from federal Form 1065)
	C/O XXXXXXXXXXXXXXXX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mailing Address (i		\^\^\^\		C Principal bus	
	ADDRESS XXXXXXXXXXX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ITY XXXXXXXXXXX
	and Postal/ZIP Code. If foreign address, see Instru			D Hawaii Tax I.	
CTTY OR	TOWN XXXXXXXXXXXXX	xxxxxxxxxxx	XXXXXXX		3-456-7890-01
	able boxes: (1) X Initial Return			(3) X Amended Retu	
L Glieck applic	(4) X IRS Adjustment				III (Attacii Scii Alvis)
F	OR LINES 1 - 9, ENTER AMOU	NTS FROM COMP	ARABLE LII	NES ON FEDERAL	. FORM 1065
	ceipts or sales		1a		
<b>b</b> Returns	and allowances		1b	9999999999	9
c Line 1a	ninus line 1b				1c   99999999999
<i></i>	oods sold				<b>2</b> 9999999999
3 Gross p	ofit (line 1c minus line 2)				3 9999999999
4 Ordinary	income (loss) from other partnerships,	estates, and trusts .			4 9999999999
1 5 Net farm	profit (loss) (attach federal Schedule F				<b>5</b> 9999999999
	(loss) from federal Form 4797, Part II, I				6 9999999999
, i ound in	come (loss)				7 9999999999
)   8   101/	L income (loss)				8 9999999999
1 9 TOTA	L deductions				9 999999999
č. i	income (loss) from trade or business a	ctivities before Hawaii a	adjustments (lin	e 8 minus line 9)	10   9999999999
<i>7</i> 1	ns allowable for federal tax purposes b		vable	19999999999	
h Notacio	art for Hawaii tax purposes (attach sche or (loss) from Schedule D-1, Part II, line			<del>-                                      </del>	·
71	or (loss) from Scriedule D-1, Fait II, lillo or of the Hawaii jobs credit claimed applical				·
)	ditions (attach schedule)			9999999999	
	nes 11a, 11b, 11c, and 11d			113333333333	12   9999999999
	nes 10 and 12				13 9999999999
DEDUC					
	or (loss) from federal Form 4797, Part	II. line 17 (line 6 above)	14a	9999999999	9
			140	<del></del>	·
<b>c</b> Other de	ductions (attach schedule)		140	<del></del>	·
15 Total of	nes 14a, 14b, and 14c				15 9999999999
16 Ordinary	income (loss) from trade or business a	ctivities for Hawaii tax p	ourposes (line 1	3 minus 15)	<b>16</b>   9999999999
	ON I declare, under the penalties set forth in section				
	edge and belief, is a true, correct, and complete ret than general pariner or limited liability company ma				
bi pieparei (oure	that general partner of infinied liability company the	erricer manager) is based our c	all illioittiauott of will	or proparer rias arry knowledge	
<b>&gt;</b>				12-	12-12
	Signature of general partner or limited liability	company member		Date	
8 ■ May the	Hawaii Department of Taxation discu	iss this return with the	preparer sho	wn below?	X Yes X N
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	, , , , , , , , , , , , , , , , , , ,			Date	TPTIN
	arer's Signature Preparer's Name			Check if	
aid i	PREPARERS 1	NAME XXXXXX	XX   12-	21-12 self-employe	d <b>x</b> Prep tax id
reparer's   nformation   Firm	's name (or yours			Federal	
	f-employed) FIRMS NAMI	E XXXXXXXXX	XXXXXXX	XXXXX E.I. No.	99-9999999
	ess and Postal/ZiP Code XXXXXXXXXXX		XXXXXXX	XXXXX Phone no. >	(123) 456-7890
_ 8 _ 10 _ 12 _ 14	16 18 20 22 24 26 28 30 32 3	4 36 38 40 42 44	46 48 50 52	54 56 58 60 62 64	FORM N-20 (REV. 2024
RT1K1W3 <sup>14</sup>		$^{4}$ $^{36}$ $^{38}$ $^{40}$ $^{42}$ $^{44}$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Place		Partnership Name		Federal Empl	oyer I.D. No.
R Code		PARTNERSHIP N	AME		
Here		XXXXXXXXXXXXX		XXXX 99-9	999999
man Read	able text here	x 7 x 7 x 7 x 7			
17 a	Pass-Through entity tax (attacl	Schedule PTE) (see Instructions).	17a	199999999999	
	Interest due under look-back m		17b	99999999999	
	Add lines 17a and 17b				17c   999999999999
18	Nonresident withholding distrib	uted to nonresident partners (attach	Schedule NP) (see I	nstructions)	18   99999999999
19	Add lines 17c and 18				19   999999999999
18 19 20 a	2024 estimated tax payments from N-	$201 \mathrm{Vs} = 654566$ and N-288As $=6$	54564 <b>20a</b>	199999999999	
b	Payments with extension		<u>20</u> b	199999999999	
21	Add lines 20a and 20b				20c   99999999999999999999999999999999999
21	OVERPAYMENT (If line 20c is	arger than line 19), enter AMOUNT	OVERPAID		21   999999999999
22		nt Credited to 2025 estimated tax	>22a \$ 99999	9999_ <b>Refunded</b> >	22b   999999999999
		an line 20c) enter the amount due .			23   999999999999
	AMOUNT OF PAYMENT (see				24   99999999999
=1		inal return — AMENDED RETURN			<b>25</b>   999999999999
26	BALANCE DUE (REFUND) wi	th amended return (See Instruction	ıs)	<del> </del>	<b>26</b>   999999999999

6	8	10	12	14	16	5 18	3 2	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80
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	Sch	edule K	PARTNERS' Pro	Rata Share Item	15	b. Attribut			c. Attributable Everywhere
i	1	Ordinary income (I	oss) from trade or bus	iness activities (page	1, line 16)	99999999	99999	1	99999999999
İ	2	Net income (loss)	from rental real estate	activities (attach fede	eral Form 8825)	99999999	99999	2	9999999999
İ	3 a	Gross income (los	s) from other rental act	ivities		99999999		3a	9999999999
اٰۃ	b	Expenses from oth	er rental activities (atta	ach schedule)		99999999		3b	9999999999
(1.03363)	С	Net income (loss)	from other rental activi	ties (line 3a minus lin	∈ 3b)	99999999	99999	3с	9999999999
3	4	Guaranteed Paym	ents to Partners			99999999	99999	4	9999999999
흰	5	Interest income				99999999		5	9999999999
	6					99999999	99999	6	9999999999
3	7	Royalty income				99999999		7	9999999999
ŦÌ	8	Net short-term cap	ital gain (loss) (Sched	ule D (Form N-20)) .		99999999		8	9999999999
İ	9		tal gain (loss) (Schedu			99999999		9	99999999999
İ	10		ler IRC section 1231 (a			99999999		10	99999999999
İ	11		s) (attach schedule)			99999999		11	9999999999
2	12		itions (attach schedule			99999999		12	9999999999
= !	13		pense deduction (atta			99999999			99999999999
ξĺ	14		to portfolio income (lo		1	99999999			99999999999
3	15		attach schedule)	111		99999999		15	9999999999
┪	16		ying property for the C						
1			Form N-312)			99999999	99999	16	
1	17		Commercial Fishers (			99999999		17	
1	18		o claim the Enterprise			See N-756		18	
!	19		e Housing Tax Credit (			99999999		19	
!	20		nent of Vocational Reh			99999999	99999	20	
!	21		gital Media, and Film P	<del></del>					
1			(attach Form N-340) .			99999999	99999	21	
realts	22		Repair and Maintenanc			99999999		22	
	23		/ Technologies Income		1	99999999		23	
5	24		ral Land Qualified Agr						
1			tach Form N-344)..			99999999	9999	24	
1	25	Tax Credit for Res	earch Activities (attach	Form N-346)		99999999		25	
!	26		on Income Tax Credit (			99999999		26	
!	27		Production Tax Credit t					27	
	28		ity Tax Credit (attach S			999999999		28	
	29		ax withheld on Form N			99999999		29	
	30		e tax withheld on Sch		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	99999999		30	
-	_		n investment debts			999999999		31a	99999999999
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te I	<b>J</b> _		) See Instructions. C			99999999	99999	32	
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2	+		(a) Corporate		ii. Passive	(c) Partnership	(d) Ex organi	xempt ization	(e) Nominee/Other
Anaiysis	+			i. Active	II. Fassive		3,941		<del>                                     </del>
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65

### N-20

## PARTNERSHIP RETURN OF INCOME For calendar year 2024

	For calendar year	71	
Place	For calendar year		JZ
R Code	or other tax year beginning	1	L2 <b>-</b>
TT			

Q] 12-12 and ending \_\_\_\_\_ Human Readable text here

	Partnership Name	A Federal Employer I.D. No.
٦	PARTNERSHIP NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-999999
9	Dba or C/O	<b>B</b> Business Code No. (from federal Form 1065)
٥	DBA OR C/O XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999
15	Mailing Address (number and street)	C Principal business activity
N	MAILING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ACTIVITY XXXXXXXXXXX
ľ	City or town, State, and Postal/ZIP Code. If foreign address, see Instructions.	D Hawaii Tax I.D. No.
	CITY OR TOWN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	GE-123-456-7890-01

E Check applicable boxes: (1) X Initial Return

- (1) X Initial Return
  (2) X Final Return
  (3) X Amended Return (Attach Sch AMD)
  (4) X IRS Adjustment
  (5) X Electing PTE (Attach Sch PTE)

#### FOR LINES 1 - 9, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL FORM 1065

S	1 a	Gross receipts or sales	1a	9999	999999	9	
<b>BUSINESS ACTIVITIES</b>	b	Returns and allowances	1b	9999	999999	9	
I	С	Line 1a minus line 1b				10	
CT	2	Cost of goods sold				_ 2	
A	3	Gross profit (line 1c minus line 2)				3	
SS	4	Ordinary income (loss) from other partnerships, estates, and trusts				4	
Z	5	Net farm profit (loss) (attach federal Schedule F (Form 1040))				5	
NS	6	Net gain (loss) from federal Form 4797, Part II, line 17				6	
<u>a</u>	7	Other income (loss)				7	
OR	8	TOTAL income (loss)				8	
삗	9	TOTAL deductions				9	
I₹	10	Ordinary income (loss) from trade or business activities before Hawaii adjustment	s (line 8	3 minus li	ne 9)	10	0 99999999999
=		ADD:					
S	11 a	Deductions allowable for federal tax purposes but not allowable or allowable					
FR.		only in part for Hawaii tax purposes (attach schedule)	11a		999999		
S	b	Net gain or (loss) from Schedule D-1, Part II, line 19	11b		999999		
SC	l .	The portion of the Hawaii jobs credit claimed applicable to current year new employees	11c		999999	_	
1	d	Other additions (attach schedule)			999999	_	
闄	12	Total of lines 11a, 11b, 11c, and 11d				1:	
Ö	13	Total of lines 10 and 12				1:	3 99999999999
ORDINARY INCOME (LOSS) FROM TRADE		DEDUCT:				_	
l≿		Net gain or (loss) from federal Form 4797, Part II, line 17 (line 6 above)			999999	_	
ΙŞ		Federal employment credits			999999		
	С	Other deductions (attach schedule)	14c	9999	999999		
R	15	Total of lines 14a, 14b, and 14c				15	
	16	Ordinary income (loss) from trade or business activities for Hawaii tax purposes (li					6 99999999999
١.	DE	CLARATION I declare, under the penalties set forth in section 231-36, HRS, that this return (including any of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year	y accomp	panying sche	dules or stateme	ents) ha	is been examined by me and, to the
ere	of pr	reparer (other than general partner or limited liability company member manager) is based on all information	of which	preparer has	any knowledge	. Iax L	aw, Onapier 200, Filto. Deciaration
Please Sign Here	· ,						
Sign	,	<b>/</b>			12- Date	12-	12
ase		Signature of general partner or limited liability company member			Date		
Pe	*	May the Hawaii Department of Taxation discuss this return with the preparer	showi	n below?			X Yes X No
		(See page 2 of the Instructions) This designation does not replace Form N-8					
		Preparer's Signature	Dat	te	Observation of		PTIN
		Driet Proporario Namo			Check if		>
Pa	iid eparei	PREPARERS NAME XXXXXXXX   1	2-21	1-12	self-employe	' <b>X</b>	PREP TAX ID
	eparer	ion   Firm's name (or yours			Federal		000000
		if self-employed) FIRMS NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					9999999
		Address and Postal/ZIP Code XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXX	Phone no.	(1	23) 456-7890

FORM N-20 (REV. 2024)

ATTACH CHECK OR MONEY ORDER HERE

FORM N-20 (REV. 2024) Page 2

Place		Partnership Name	Federal Employer I.D. No.
QR Code		PARTNERSHIP NAME	
Here		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-999999
Human Read	able text here	T7T7T7T	

	17 a	Pass-Through entity tax (attach Schedule PTE) (see Instructions)	17a	99999999999		
	b	Interest due under look-back method	17b	99999999999		
1,0		Add lines 17a and 17b	17c	99999999999		
	18	Nonresident withholding distributed to nonresident partners (attach Schedule NP) (	18	99999999999		
宣	19	Add lines 17c and 18			19	99999999999
K	20 a	2024 estimated tax payments from N-201Vs <u>654566</u> and N-288As <u>654564</u>	20a			
<b>P</b>	b	Payments with extension	20b			
8		Add lines 20a and 20b	20c	9999999999		
3	21	OVERPAYMENT (If line 20c is larger than line 19), enter AMOUNT OVERPAID .			21	99999999999
ľ	22	Enter amount of line 21 you want <b>Credited to 2025 estimated tax</b> ➤ <b>22a</b> \$ 999	999	9999 <b>Refunded</b> ➤	22b	99999999999
	23	TAX DUE (If line 19 is larger than line 20c) enter the amount due			23	9999999999
	24	AMOUNT OF PAYMENT (see Instructions)		24	9999999999	
NDED	25	Amount paid (overpaid) on original return — <b>AMENDED RETURN ONLY</b>		25	9999999999	
AME	26	BALANCE DUE (REFUND) with amended return (See Instructions)			26	99999999999

FORM N-20 (REV. 2024) Page 3

Place QR Code Here 99-9999999

Federal Employer I.D. No.

	Sch	nedule K	PARTNERS' Pro	Rata Share Iten	ns	b. Attribut			c. Attributable Everywhere
	1	Ordinary income	(loss) from trade or bus	siness activities (page	e 1, line 16)	99999999	99999	1	999999999999
	2	Net income (loss	s) from rental real estate	activities (attach fede	eral Form 8825)	99999999	99999	2	999999999999
	3 a	Gross income (le	oss) from other rental ac	tivities		99999999	99999	3a	999999999999
1,,	. k	Expenses from o	other rental activities (att	ach schedule)		99999999	99999	3b	999999999999
Income (Losses)	0	Net income (loss	s) from other rental activ	ities (line 3a minus lir	ne 3b)	99999999	99999	3c	999999999999
So	4	Guaranteed Pay	ments to Partners			99999999	99999	4	999999999999
	5	Interest income.				99999999	99999	5	999999999999
١	6	Ordinary dividen	ds			99999999	99999	6	999999999999
၂ဗ	7	Royalty income.				99999999	99999	7	999999999999
=	8	Net short-term c	apital gain (loss) (Sched	ule D (Form N-20))		99999999	99999	8	999999999999
	9	Net long-term ca	pital gain (loss) (Schedu	ule D (Form N-20)).		99999999	99999	9	999999999999
	10	Net gain (loss) u	nder IRC section 1231 (	attach Schedule D-1	)	99999999	99999	10	999999999999
	11	Other income (lo	oss) (attach schedule).			99999999	99999	11	999999999999
S	12	Charitable contri	butions (attach schedule	e)		999999999	99999	12	999999999999
<u>;</u>	13	IRC section 179	expense deduction (atta	ach federal Form 456	2)	99999999		13	999999999999
Deductions	14	Deductions relat	ed to portfolio income (le	oss) (attach schedule	)	99999999	99999	14	999999999999
ြီ	15	Other deduction	s (attach schedule)			99999999	99999	15	999999999999
Г	16	Total cost of qua	lifying property for the C	apital Goods Excise					
		Tax Credit (attac	h Form N-312)			99999999	99999	16	
	17	Fuel Tax Credit f	or Commercial Fishers (	(attach Form N-163)		99999999	99999	17	
	18	Amounts needed	d to claim the Enterprise	Zone Tax Credit (atta	ach Form N-756)	See N-756	A	18	
	19	Hawaii Low-Inco	me Housing Tax Credit	(attach Form N-586)		99999999	99999	19	
	20	Credit for Emplo	yment of Vocational Reh	nabilitation Referrals	(attach Form N-884)	99999999	99999	20	
	21	Motion Picture, I	Digital Media, and Film F	Production					
۱.,	,	Income Tax Cred	dit (attach Form N-340)			99999999	99999	21	
Crodite	22	Credit for Schoo	Repair and Maintenand	ce (attach Form N-33	0)	99999999	99999	22	
١	23	Renewable Ene	rgy Technologies Income	e Tax Credit (attach F	orm N-342)	99999999	99999	23	
1	24	Important Agricu	Itural Land Qualified Agı	ricultural					
		Cost Tax Credit	(attach Form N-344) .			99999999	99999	24	
	25	Tax Credit for Re	esearch Activities (attach	Form N-346)		99999999		25	
	26		ation Income Tax Credit			99999999		26	
	27	Renewable Fuel	s Production Tax Credit	for Years After 12/31	21 (attach Form N-360	·		27	
	28	Pass-Through E	ntity Tax Credit (attach S	Schedule PTE)		99999999	99999	28	
	29	Credit for income	e tax withheld on Form N	N-288A (net of refund	s)	99999999		29	
L	30		ome tax withheld on Sch			999999999		30	
nent	31 a		on investment debts .			99999999			999999999999
Investment			income included on line			99999999		_	999999999999
=	_	• •	expenses included on li			999999999	<u>99999</u>	31b(2)	999999999999
Other	32		for other items and amo						
0,			nts) See Instructions. C			99999999	99999	32	
	33 a		Combine lines 1 through					_	000000000000000000000000000000000000000
	Ι.		of lines 12 through 15 an	d 31a in column c				33a	999999999999
١,		Analysis by type	of partner:						
2			(a) Corporate	` ′	lividual	(c) Partnership	(d) E	xempt ization	(e) Nominee/Other
Analycic			. , .	i. Active	ii. Passive		organ	ızauori	(-,
۹	`	Conord Down				00000000	0000	00000	
	1 1	I. General Partner	999999999	999999999	999999999	999999999	9999	99999	999999999
	,	2. Limited Partners	99999999	99999999	99999999	00000000	9999	00000	00000000
		Lillingu i altileis	<u>פרררררר</u>	ענננננננננ	999999999	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	>>>>	シンググン	<u>                                      </u>