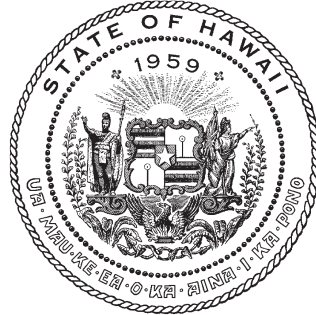


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Schedule NP (2024)**

**Contact Information for General Questions**

Hawaii Department of Taxation  
Technical Section  
Attn: Sharlene Tagami, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: [Tax.Technical.Section@hawaii.gov](mailto:Tax.Technical.Section@hawaii.gov)

**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](mailto:tax.dp.qa@hawaii.gov)

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

## Schedule NP (2024)

### General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule NP. Schedule NP is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule NP 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 Schedule NP 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 of the form:
  1. Schedule NP: 10 pt Arial bold
  2. 2024: 10 pt Arial
- The following font and size should be used for the form number located at the bottom right corner of the form:
  1. Schedule NP (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

- 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 Social Security Number must be printed with the dash (-) delimiters. For example:  
123-45-6789  
(3 digits, followed by a dash (-), followed by 2 digits, followed by a dash (-), followed by 4 digits)

### 6. Dollar Amounts

999999999

- 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 trailing 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.
- Schedule NP (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 - 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):
  1. 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. Page 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
- 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:  
SCHNP\_T 2024A 01 VIDXX

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

The QR code includes the form number (SCHNP), an underscore, type of form (T), space, 4-digit form year (2024), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), 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. Page 2: Column 6, row 9

- 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:  
SNP1K1W3

The required form serial number for page 2 is:  
SNP2K1W3

### 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 Schedule NP. If you did not receive the acetate overlays, please contact the Forms Coordinator.

ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS

Place QR Code Here

Attach to Form N-20

Human Readable text here

Table with 2 columns: Name as shown on tax return, Federal Employer I.D. No. (FEIN). Row 1: NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX, 99-9999999

1. Total number of nonresident partners ..... 1 999999999999

2. Total amount distributed to all nonresident partners. Report this amount on Form N-20, line 18 ..... 2 999999999999

Table for Partner A: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner B: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner C: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner D: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner E: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner F: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner G: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner H: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner I: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

Table for Partner J: Nonresident Partner's Name, FEIN, SSN, Amount of payment withheld to nonresident partner.

SCHEDULE NP (2024)

Place QR Code Here

Human Readable text here

Table with 2 columns: Name as shown on tax return, Federal Employer I.D. No. (FEIN). Values: NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXX, 99-9999999

ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS - continued

Table with 10 rows of partner information (K-U). Each row includes: Partner Name, FEIN, SSN, and Amount of payment withheld to nonresident partner.

ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS

20

Place QR Code Here Human Readable text here

Attach to Form N-20

Table with 2 columns: Name as shown on tax return, Federal Employer I.D. No. (FEIN). Row 1: NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX, 99-9999999

Summary rows 1 and 2. Row 1: Total number of nonresident partners, 1, 999999999999. Row 2: Total amount distributed to all nonresident partners, 2, 999999999999.

Partner A details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner B details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner C details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner D details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner E details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner F details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner G details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner H details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner I details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

Partner J details. Includes name, FEIN/SSN checkboxes, and amount of payment withheld to nonresident partner.

**SCHEDULE NP**  
**(2024)**

Place  
QR Code  
Here

Human Readable text here

Name as shown on tax return NAME AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer I.D. No. (FEIN) 99-9999999
--	--

**ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS - continued**

<b>K</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME K XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>K</b>	99999999999
<b>L</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME L XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>L</b>	99999999999
<b>M</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME M XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>M</b>	99999999999
<b>N</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME N XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>N</b>	99999999999
<b>O</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME O XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>O</b>	99999999999
<b>P</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME P XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>P</b>	99999999999
<b>Q</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME Q XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>Q</b>	99999999999
<b>R</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME R XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>R</b>	99999999999
<b>S</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME S XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>S</b>	99999999999
<b>T</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME T XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>T</b>	99999999999
<b>U</b>	Nonresident Partner's Name NONRESIDENT PARTNERS NAME U XXXXXXXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> FEIN	
		<input checked="" type="checkbox"/> SSN	9999999999
	Amount of payment withheld to nonresident partner.....	<b>U</b>	99999999999