FORM
F-1
(REV. 2019)

STATE OF HAWAII — DEPARTMENT OF TAXATION

FRANCHISE TAX RETURN

BANKS, OTHER FINANCIAL CORPORATIONS, AND SMALL BUSINESS INVESTMENT COMPANIES

THIS SPACE FOR DATE RECEIVED STAMP

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CALENDAR YEAR 2020 OR FISCAL YEAR BEGINNING IN 2020

(Based on income for calendar year 2019 or fiscal year beginning on 12-12, 2019 and ending 12-12, 20 99) (First year, Second year, & Final return filers, see Instructions)

☒ **AMENDED Return** (Attach Sch. AMD) ☒ **IRS Adjustment** ☒ **NOL Carryback**

Hawaii Tax I.D. Number	Federal Employer I.D. No.
GE-999-999-9999-99	99-9999999

PRINT OR TYPE

Name: NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Main Business Activity: ACTIVITY XXXXXXXXXXXXXX
DBA (if any): DBA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date Business Began in Hawaii: 12-12-1212
Mailing Address (number and street): MAILING ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Date of Incorporation: 12-12-1212
City, State, and Postal/ZIP Code: CITY STATE ZIP CODE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State or Foreign Country of Incorporation: STATE OF INC XXXXXXXXXX

CHECK BOX, IF APPLICABLE:

☒ First year return ☒ Second year return ☒ Final return (Business end date 12-12, 20 12)

☒ Election to pay via the installment payment method

A COPY OF ALL PAGES OF YOUR FEDERAL RETURN MUST ACCOMPANY THIS RETURN.

If this is a consolidated return, attach copy of Hawaii Forms N-304 and N-303 for each subsidiary.

GROSS INCOME

1.	Gross Receipts 99999999999.00 Less: Returns and allowances 99999999999.00			1	99999999999.00
2.	Less: Cost of goods sold and/or operations (Attach schedule)			2	99999999999.00
3.	Gross Profit (line 1 minus line 2)			3	99999999999.00
4.	Dividends (Schedule C)			4	99999999999.00
		Gross Amount of Interest	**Less: Amortizable Bond Premium**		
5.	Interest on government obligations	99999999999.00	99999999999.00	5	99999999999.00
6.	Other interest	99999999999.00	99999999999.00	6	99999999999.00
7.	**(a)** Rents 99999999999.00 Plus **7(b)** Royalties 99999999999.00 , Sum ➤			7(c)	99999999999.00
8.	**(a)** Net capital gains (from federal Schedule D) (See Instructions)			8(a)	99999999999.00
	(b) Ordinary gain or loss (from federal Schedule 4797)			8(b)	99999999999.00
9.	Other income (Attach schedule)			9	99999999999.00
10.	TOTAL INCOME — Add lines 3 through 9. Enter here and on page 2, line 10(a)			10●	99999999999.00

TAX

69.	TOTAL TAX from page 3, line 68			69●	99999999999.00
70.	Total Refundable Credits. Enter the result from page 4, Schedule I, line 3			70●	99999999999.00
71.	Line 69 minus line 70. If line 71 is zero or less, see Instruction XV			71	99999999999.00
72.	Total Nonrefundable Credits from Schedule H, line 6			72●	99999999999.00
73.	Capital Infrastructure Tax Credit (Attach Form N-348)			73●	99999999999.00
74.	Line 71 minus the sum of lines 72 and 73 (See Instruction XVI)			74	99999999999.00
75.	Payment with extension (Attach Form N-755)	75●	99999999999.00		
76.	Tax installment payments (See Instruction XIV)	76●	99999999999.00		
77.	Add lines 75 and 76 and enter result			77	99999999999.00
78.	TAX DUE (Line 74 minus line 77. If line 77 is greater than line 74, skip line 79 and go to line 80)			78●	99999999999.00
79.	Enter amount paid with this return			79●	99999999999.00
80.	OVERPAYMENT (If line 77 is larger than line 74) (See Instruction XVIII) . . enter **AMOUNT OVERPAID** ➤			80●	99999999999.00
81.	Enter amount of line 80 you want **Credited to 2021 installment payments** ➤	81●	99999999999.00		
82.	Amount to be **REFUNDED TO YOU** (line 80 minus line 81) . . . . . **REFUND** ➤			82	99999999999.00

Amended Return

83.	Amount paid (overpaid) on original return — **AMENDED RETURN ONLY** (See Instructions. Attach Sch. AMD)	83	99999999999.00
84.	**BALANCE DUE (REFUND) with amended return** (See Instructions. Attach Sch. AMD)	84	99999999999.00

Please Sign Here

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 Taxation of Banks and Other Financial Corporations, Chapter 241, HRS.

➤ ● Signature of officer — Date: 12-12-1212 — ➤ Title: TITLE XXXXXXXXXXXXXXX

Paid Preparer's Information

Preparer's Signature, and Print Preparer's Name ➤ PREPARER NAME XXXXXXXXXXXX	Date 12/12/12	Check if self-employed ☒	● Preparer's identification number PREP ID NUMBER X
Firm's name (or yours if self-employed), address, and Postal/ZIP Code ➤ FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Federal E.I. No. ➤ 99-9999999 Phone No. ➤ (999) 999-9999	

Human Readable text here

ID NO XX

Place QR Code Here

Name as shown on return	Federal Employer Identification Number
NAME XXXX

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