(REV. 2023)

FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

20**24**

Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ______ Public Service Company Tax Payment Number 2 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2 Amount of this installment DBA (if any) 8 3. Amount of any unused overpayment credit to be applied PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before February 10, 2024, for calendar year taxpayers and on or before the 10th day of the second month after the close of the -MAILING ADDRESSfiscal year for fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530 Human Readable text here See Instructions on the reverse side. ID NO XX Form FP-1 — CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2023) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on ______, 2023 and ending on ______, 20 _____ Check one: Franchise Tax ☐ Public Service Company Tax Payment Number 1 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment DBA (if any) 8 3. Amount of any unused overpayment credit to be applied PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Payment due on or before January 10, 2024, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

Place
QR Code
Here

Human Readable text here

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

See Instructions on the reverse side.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2023 or fiscal tax year 2023 beginning on *month 1*, 2023 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2023 Hawaii tax return to your tax for 2024, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

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- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
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STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ____ Check one: Franchise Tax ☐ Public Service Company Tax Payment Number 4 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) OR R 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. \$ (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before April 10, 2024, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal -MAILING ADDRESS-Place year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Here Payment due on or before April 20, 2024, for calendar year taxpavers and HONOLULU, HI 96806-1530 Human Readable text here on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. ID NO XX Form FP-1 CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2023) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 _____ Check one: Franchise Tax ☐ Public Service Company Tax Payment Number 3 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) OR R 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Payment due on or before March 10, 2024, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal -MAILING ADDRESSyear for fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530

HONOLULU, HI 96806-1530

Here

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

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Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2023 or fiscal tax year 2023 beginning on *month 1*, 2023 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2023 Hawaii tax return to your tax for 2024, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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P.O. Box 1530 Honolulu, HI 96806-1530

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STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ____ Check one: Franchise Tax ☐ Public Service Company Tax Payment Number 6 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) OR R 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. \$ (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before June 10, 2024, for calendar year taxpayers and on or before the 10th day of the sixth month after the close of the fiscal -MAILING ADDRESS-Place year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Here Payment due on or before June 20, 2024, for calendar year taxpayers HONOLULU, HI 96806-1530 Human Readable text here and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. ID NO XX Form FP-1 CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2023) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 _____ Check one: Franchise Tax ☐ Public Service Company Tax Payment Number 5 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) 8 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Payment due on or before May 10, 2024, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year -MAILING ADDRESSfor fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ______ Public Service Company Tax Payment Number 8 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2 Amount of this installment DBA (if any) 8 3. Amount of any unused overpayment credit to be applied PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before August 10, 2024, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of the -MAILING ADDRESSfiscal year for fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530 Human Readable text here See Instructions on the reverse side. ID NO XX Form FP-1 — CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2023) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on ______, 2023 and ending on ______, 20 _____ ☐ Public Service Company Tax Payment Number 7 Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment DBA (if any) 8 3. Amount of any unused overpayment credit to be applied PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Payment due on or before July 10, 2024, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal -MAILING ADDRESSyear for fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION

See Instructions on the reverse side.

P.O. BOX 1530

HONOLULU, HI 96806-1530

QR Code

Here

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Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2023, or fiscal tax year 2023 beginning on *month 1*, 2023 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2023 Hawaii tax return to your tax for 2024, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

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STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

20 24	INSTALLMENT PAYME	Ν
Pagad on income for calendar	toy year 2022 or final toy yea	

е	ginning on	_, 2023 and ending on	, 20		
	Check one: Franchise Ta	x Public Service Company Tax	Pa	yment Number 1 (
	Hawaii Tax I.D. No.	Federal Employer I.D. No.			
			Estimated tax liability for the year	\$	
'YPE	Name		2. Amount of this installment	\$	
PRINT OR TYPE	DBA (if any) Mailing Address (number and street)		Amount of any unused overpayment credit to be applied	\$	
			4. Amount of this payment. (Line 2 minus line 3.)		
City, State, and Postal/ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.		
QF]	R Code Here HAWAII DEPART	G ADDRESS- FMENT OF TAXATION BOX 1530 J, HI 96806-1530	and on or before the 10th day of the tenth in fiscal year for fiscal year taxpayers. In the reverse side.	nonth after the close of the	
	ID	NO XX See ilisu dedions o	in the reverse side.	Form FP-1	
RE	orm FP-1 EV. 2023)	STATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE COM INSTALLMENT PAYMEN	COR IPANY TAX	R STAPLE IN THIS SPACE	
		tax year 2023, or fiscal tax year 2 _, 2023 and ending on			
Je	-gilling on	_, 2023 and ending on	, 20		
	Check one: Franchise Ta	- 1 3		ayment Number 9	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$	
'PΕ	Name		, ,		
7	DBA (if any)		Amount of this installment Amount of any unused overpayment	\$	
Ö			credit to be applied	\$	
PRINT OR TYPE	Mailing Address (number and str	eet)	4. Amount of this payment. (Line 2 minus line 3.)	\$	
_	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:		
			Payment due on or before September 10 taxpayers and on or before the 10th day of the		

Place QR Code Here

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530

P. O. BOX 1530 HONOLULU, HI 96806-1530 DUE DATES FOR QUARTERLY PAYMENTS

of the fiscal year for fiscal year taxpayers.

Payment due on or before September 20, 2024, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2023 or fiscal tax year 2023 beginning on *month 1*, 2023 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2023 Hawaii tax return to your tax for 2024, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

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Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ______ Check one: Franchise Tax Payment Number 12 ☐ Public Service Company Tax Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) OR R 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. \$ (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before December 10, 2024, for calendar year taxpayers and on or before the 10th day of the twelfth month after the -MAILING ADDRESS-Place close of the fiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION QR Code **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Here Payment due on or before December 20, 2024, for calendar year HONOLULU, HI 96806-1530 Human Readable text here taxpayers and on or before the 20th day of the twelfth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. ID NO XX Form FP-1 — CUT HERE — >< Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE (REV. 2023) FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER Based on income for calendar tax year 2023, or fiscal tax year 2023 beginning on _______, 2023 and ending on ______, 20 ______ Check one: Franchise Tax Payment Number 11 ☐ Public Service Company Tax Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... Name 2. Amount of this installment \$ DBA (if any) 8 3. Amount of any unused overpayment credit to be applied \$ PRINT Mailing Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)..... City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before November 10, 2024, for calendar year taxpayers and on or before the 10th day of the eleventh month after the -MAILING ADDRESSclose of the fiscal year for fiscal year taxpayers. Place HAWAII DEPARTMENT OF TAXATION QR Code P.O. BOX 1530 Here HONOLULU, HI 96806-1530

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P.O. Box 1530 Honolulu, HI 96806-1530

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- 4. Enter on line 1, your total estimated tax liability for the year.
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