STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-3 (Rev. 2018)

Contact Information for General Questions

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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-3 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-3. Form N-3 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-3 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.

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-3 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. Variable Data

- All variable data fields must utilize 12 pt Courier 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.
- 4. Fonts
 - The form was designed using the following font:
 - 1. Helvetica
 - The following fonts and sizes should be used for the form number and revision year located at the top left corner of the voucher:
 - 1. Form: 8 pt Helvetica

- 2. Rev. 2018: 6 pt Helvetica
- 3. N-3: 12 pt Helvetica bold

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 calendar or fiscal year ending must be printed with the dash (-) delimiter.

MM-DD-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the day, followed by a dash (-), followed by 2 digits for the tax year ending).

123456789

6. Dollar Amounts

• 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.
- Test samples must include only the voucher portion of the form, and must be cut where indicated.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.

Form N-3 (Rev. 2018) General Information and Scannable Specifications

• Approval of the facsimile must be obtained from the Department **prior** to filing.

SCANNABLE SPECIFICATIONS

1. Layout

- The vouchers were designed on a 6x10 grid. See exhibits. (For instructions and worksheets see Form N-3 (Rev. 2018).)
- Open space around variable data fields should be adhered to as much as possible. 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 1-4: The 2-digit Hawaii Vendor ID Number should begin at column 45, row 64.

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:
 - 1. Pages 1-4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 50.
- 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 N3_T 2018A 01 VIDXX

The required QR code for page 2 is N3_T 2018A 02 VIDXX

The required QR code for page 3 is N3_T 2018A 03 VIDXX

The required QR code for page 4 is N3_T 2018A 04 VIDXX

The QR code includes the form number (N3), an underscore, type of form (T), space, 4-digit form year (2018), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03) or (04), space, and 2-digit Hawaii Vendor I.D. Number. There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of each page at column 6, row 64, utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only 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. Acetate Overlays

- Acetate overlays will assist in the exact data field placement. Verify your test data filled facsimile 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 Form N-1. If you did not receive the acetate overlays, please contact the Forms Coordinator.

• Form N-3 (Rev. 2017) cannot be filed until 2018.

PART III. Amended Computation		PART IV. R	ecord of Es	timated Tax Pay	ments
sed if your estimated tax substantially changes					Total amount paid and
er you file your first payment voucher.)	Voucher Number	Date	Amount Paic	Prior year overpay- rnent credit applied	installment date shown
Amended estimated tax		(a)	(b)	to installment (c)	Add (b) and (c) (d)
Less:					
(a) Amount of last year's overpayment elected for credit to current year's estimated tax	1				
and applied to date	2				
(b) Estimated tax payments to date	£				
(c) Total of lines 2(a) and 2(b)	3				
Unpaid balance (line 1 minus line 2(c))					
Amount to be paid (line 3 divided by number	4				
of remaining installments). Enter here and					
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	Honolulu, Hawaii 96806 (830 Punchbowl Stre				
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N-3 CORPORATI	ION ESTIMATED INCOME	ТАХ			
	Voucher No. 1				
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	4th MONTH OF THE TAXABLE				
	BMIT A PHOTOCOPY OF THIS	FORM			
Name					
NAME OF TAXPAYER'S CORPORAT	TON ABC123456	7			
Dba or C/O			Federal Empl	over Identification Nu	Imber (FEIN)
DOING BUSINESS AS TAXPAYER'	S CORPORATION				
Mailing Address	Suite Number			12 - 3	456789
12-3456 ADDRESS STREET LANE	BLVDX A12345	6	Calendar	or Fiscal Year Ending	(MM DD YY)
City, town, or post office State Postal/ZIP Code Countr					
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Dba or C/O			Federal Employer Identification Number (FEIN)	55
DOING BUSINE	S AS TAXPAYER'S CORI	PORATION		56
Mailing Address		Suite Number	12 - 3456789	57
12-3456 ADDR	SS STREET LANE BLVD	X A123456	Calendar or Fiscal Year Ending (MM DD YY)	58
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CITY TOWN PL	HI 12345 USAXXXX		12 - 12 - 12	60
	MAIL THIS VOUCHER WITH CHECK OF MO	NEY ORDER PAYABLE	Amount of Payment	61
	TO "HAWAII STATE TAX COLLECTOR." Write	your FEIN, the year for		62
	which payment is made, and "Form N-3" on yo		123456789.00	63
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PART III. Amended Computation		PART IV.	Record of Es	timated Tax Pay	ments
(Used if your estimated tax substantially changes after you file your first payment voucher.)	Voucher Number	Date	Amount Paid	Prior year overpay- ment credit applied to installment	Total amount paid and credited from the 1st day of the taxable year through the installment date shown. Add (b) and (c)
1. Amended estimated tax		(a)	(b)	(c)	(d)
 Less: (a) Amount of last year's overpayment elected for credit to current year's estimated tax 	1				
(b) Estimated tax payments to date	2				
(c) Total of lines 2(a) and 2(b)	3				
 Amount to be paid (line 3 divided by number 	4				
of remaining installments). Enter here and on payment voucher	Total	►			

Hawaii Department of Taxation P.O. Box 1530 Honolulu, Hawaii 96806-1530 (830 Punchbowl Street)

Sector Code Here	CUT HERE STATE OF HAWAII - DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 4th MONTH OF THE TAXABLE YEAR. DO NOT SUBMIT A PHOTOCOPY OF THIS FORM	— — — — — — — → DO NOT WRITE OR STAPLE IN THIS SPACE
Name		
NAME OF TAXPA Dba or C/O	YER'S CORPORATION ABC1234567	Federal Employer Identification Number (FEIN)
DOING BUSINES Mailing Address	S AS TAXPAYER'S CORPORATION Suite Number	12 - 3456789
12-3456 ADDRE City, town, or post office	SS STREET LANE BLVDX A123456 State Postal/ZIP Code Country For office use only	Calendar or Fiscal Year Ending (MM DD YY)
CITY TOWN PL	HI 12345 USAXXXXX	12 - 12 - 12
	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your FEIN, the year for which payment is made, and "Form N-3" on your check or money order.	Amount of Payment
		123456789.00
Human Readable text here	ID NO XX	

Hawaii Department of Taxation P.O. Box 1530 Honolulu, Hawaii 96806-1530 (830 Punchbowl Street)

>>	h DAY
Name	
NAME OF TAXPAYER'S CORPORATION ABC1234567	
DOING BUSINESS AS TAXPAYER'S CORPORATION	Federal Employer Identification Number (FEIN)
Mailing Address Suite Number	12 - 3456789
12-3456 ADDRESS STREET LANE BLVDX A123456 City, town, or post office State Postal/ZIP Code Country For office use only	Calendar or Fiscal Year Ending (MM DD YY)
CITY TOWN PL HI 12345 USAXXXXX	12 - 12 - 12
MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your FEIN, the year for	Amount of Payment
which payment is made, and "Form N-3" on your check or money order.	123456789 00

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Hawaii Department of Taxation P.O. Box 1530 Honolulu, Hawaii 96806-1530 (830 Punchbowl Street)

Form (Rev. 2018) N-3 Place QR Code Here	CUT HERE STATE OF HAWAII - DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 9th MONTH OF THE TAXABLE YEAR. DO NOT SUBMIT A PHOTOCOPY OF THIS FORM	— — — — — — — — — — — — — — — — — — —
Name		
NAME OF TAXPAY Dba or C/O	ER'S CORPORATION ABC1234567	Federal Employer Identification Number (FEIN)
DOING BUSINESS Mailing Address	AS TAXPAYER'S CORPORATION Suite Number	12 - 3456789
12-3456 ADDRES City, town, or post office s	S STREET LANE BLVDX A123456 ate Postal/ZIP Code Country For office use only	Calendar or Fiscal Year Ending (MM DD YY)
CITY TOWN PL H	I 12345 USAXXXXX	12 - 12 - 12
	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your FEIN, the year for	Amount of Payment
	which payment is made, and "Form N-3" on your check or money order.	122/56789 00

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Hawaii Department of Taxation P.O. Box 1530 Honolulu, Hawaii 96806-1530 (830 Punchbowl Street)

➤	STATE OF HAWAII — DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR. DO NOT SUBMIT A PHOTOCOPY OF THIS FORM	— — — — — — — — ≫ DO NOT WRITE OR STAPLE IN THIS SPACE
Name NAME OF TAXPAYE Dba or C/O	R'S CORPORATION ABC1234567	
	AS TAXPAYER'S CORPORATION Suite Number	Federal Employer Identification Number (FEIN)
12-3456 ADDRESS City, town, or post office Stat		Calendar or Fiscal Year Ending (MM DD YY)
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