

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form N-30 (Rev. 2018)**

Contact Information for General Questions

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FORM N-30 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-30. Form N-30 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-30 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-30 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 form must not be submitted to the Department for processing.
- Substitute 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. Helvetica
- 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:
 1. Form: 8 pt Helvetica bold
 2. N-30: 18 pt Helvetica bold
 3. Rev. 2018: 8 pt Helvetica
- 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-30 (Rev. 2018): 8 pt Helvetica 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-30: 8 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 10 pt Courier font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox indicator. 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 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

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.
- Form N-30 (Rev. 2018) cannot be filed until 2019.

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 1-2: The 2-digit Hawaii Vendor I.D. 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 (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 10.
 2. Page 2: 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 N30_T 2018A 01 VIDXX:

The required QR code for page 2 is
N30_T 2018A 02 VIDXX:

The QR code includes the form number (N30), an underscore, type of form (T), space, 4-digit form year (2018), 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 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 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 Form N-30. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM STATE OF HAWAII -- DEPARTMENT OF TAXATION N-30 CORPORATION INCOME TAX RETURN CALENDAR YEAR 2018

Place QR Code Here or other tax year beginning 12-12, 2018 and ending 12-12, 2018

Change of Address AMENDED Return (Attach Sch AMD) IRS Adjustment NOL Carryback

Name, DBA or C/O, Mailing Address, City or town, State, and Postal/ZIP Code, Federal Employer I.D. No., Business Activity Code No., Date business began in Hawaii, Hawaii Business Activity, Hawaii Tax I.D. No.

THIS RETURN IS (CHECK BOX, IF APPLICABLE): For a multi-state corporation using separate accounting, For a real estate investment trust (REIT), A combined return of a unitary group of corporations, A consolidated return, A separate return of a member corporation of a unitary group.

FOR LINES 1 - 5 and 7 - 10, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL RETURN.

Table with columns for line number, description, and amount. Includes lines 1-10 for Taxable Income and lines 11-16 for Tax and Tax Payments.

Table with columns for line number, description, and amount. Includes lines 17-23 for Tax and Tax Payments, Amended Return, and Balance Due (Refund).

Signature section including officer signature, preparer information, and declaration of accuracy.

Place QR Code Here

Name as shown on return

Federal Employer Identification Number

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99-9999999

Schedule C Income From Dividends (Classified for Hawaii Purposes)

Table with 5 columns: 1 Name of declaring corporation, 2 National Bank Associations or certain high technology businesses, 3 Received from an affiliate (including foreign) as IRC section 243(b) qualifying dividend, 4 Received by a Small Business Investment Co. operating under Small Business Investment Act, 5 Columns 2 through 4 and all other dividends. Rows include 6-11 for dividend calculations.

Schedule J Adjustments to Income for Hawaii Purposes and Tax Computation

Table with 12 columns for adjustments and tax computation. Rows include 1-4 (Additions), 5-12 (Subtractions), and 13-24 (Tax Computation). Includes sub-rows for detailed tax calculations like 15(b)(i)-(iii).

STATE OF HAWAII — DEPARTMENT OF TAXATION CORPORATION INCOME TAX RETURN CALENDAR YEAR 2018

THIS SPACE FOR DATE RECEIVED STAMP

Place QR Code Here

or other tax year beginning 12-12, 2018 and ending 12-12, 2012

Change of Address AMENDED Return (Attach Sch AMD) IRS Adjustment NOL Carryback

Name, Dba or C/O, Mailing Address, City or town, State, and Postal/ZIP Code, Federal Employer I.D. No., Business Activity Code No., Date business began in Hawaii, Hawaii Business Activity, Hawaii Tax I.D. No.

FOR LINES 1 - 5 and 7 - 10, ENTER AMOUNTS FROM COMPARABLE LINES ON FEDERAL RETURN.

Table with columns for Line, Description, and Amount. Includes sections for Taxable Income (lines 1-10) and Tax and Tax Payments (lines 11-21).

Signature section including Signature of officer, Preparer's signature and date, Preparer's identification no., and Firm's name (or yours, if self-employed).

