STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-311 (Rev. 2018)

Contact Information for General Questions

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Hawaii Department of Taxation Attn: Document Processing — Quality Assurance Test Team 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

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

FORM N-311 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-311. Form N-311 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-311 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 Form N-311 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. 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: 9 pt Helvetica bold
 - 2. N-311: 14 pt Helvetica bold
 - 3. Rev. 2018: 9 pt Helvetica bold
- The following font and size should be used for the form number located at the bottom right corner of the form:
 - 1. Form N-311: 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.

5. Variable Data Delimiters

- Taxpayer's Social Security Number must be printed with spaces between the dash (-) delimiters. For example:
 - 123 45 6789

(3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)

9999999999

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.
- 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-311 (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 position:
 - 1. Page 1: The 2-digit Hawaii Vendor I.D. Number should begin at column 28, row 65.

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.
- 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: N311_T 2018A 01 VIDXX

The QR code includes the form number (N311), an underscore, type of form (T), space, 4-digit form year (2018), 1-letter revision indicator (A), space, 2-digit page number (01), 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 page 1 at column 6, row 64, utilizing 6pt 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-311. If you did not receive the acetate overlays, please contact the Forms Coordinator.

	1 018)		UUU/E/	KCISE TAX CF			2018
		>> Se	ee Instruction	s on back			
Place		> Attach	to Form N-11	or Form N-15			
QR Code	e	(NOTE: References to "	'married" and "s	oouse" are also references	to		
Here		"in a civil union"	and "civil union	partner," respectively.)			
× *	as shown on Form N-11 or N					Your social sec	
	AS SHOWN ON TAX R					999-99-99	
	our federal adjusted gross inc						
	2. If "No," STOP . You cannot cl			e credit for a minor child re	ceiving suppo	ort from the Depar	tment
	uman Services, etc. In this sit			f the fellowing of a Durage et in	I laura: dan mara		- in 0010
	YOURSELF, YOUR SPOUSE,						s in 2018,
	ot in prison, jail, or a youth corre						n en line O
Don	not list minor children receiving mor	re trian haif of their support from		en though you may claim them a	s a dependent. L	st these minor childre	
2	Nam		Relationship		Name		Relationshi
	NAME XXXXXXXXXXXXXXXX		Self	NAME XXXXXXXXXX			RSHIP
	NAME XXXXXXXXXXXXXXXX		Spouse	NAME XXXXXXXXXX			RSHIP
	NAME XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	RSHIP 1	NAME XXXXXXXXXX	XXXXXXX	XXXXXXXXXX	RSHIP
Ente	er the number of qualified pers	sons listed above					2 99
3 List f	MINOR CHILDREN RECEIVI	NG MORE THAN HALF C	OF THEIR SUPP	ORT FROM PUBLIC AGE	VCIES, such a	s the Department	of Human
Serv	rices, who meet all the followir	ng requirements and are n	listed above	on line 2: a) Present in Hawaii	for more than nin	e months in 2018, b) I	Not in prison,
jail, or	r a youth correctional facility for entire	e taxable year, c) More than half c	of support from publ	c agency, and d) Cannot be claim	ed as a depende	nt by another taxpayer	•
3		Caution: Do not	list any childre	n already listed on line 2	above.		
3	Name	Social Security Number		Name		ial Security Number	Relationshi
1	NAME XXXXXXXXXXXXXX		RSHIP 1	NAME XXXXXXXXX		99-99-9999	RSHIP
1	NAME XXXXXXXXXXXXXX	XX 999-99-9999	RSHIP 2	NAME XXXXXXXXX	XXXXX 9	99-99-9999	RSHIP ·
	er the number of minor childre						
	er the amount of your federal a u are married filing separately				·····		9999.00 9999.00
6 Add	lines 4 and 5. Enter the total I	here					9999.00
7 Ente	er on line 7 the amount of the t	tax credit shown below the	at applies to the	amount on line 6.			
If vo	ur filing status is Single and						
	ou <mark>r filing status is Single an</mark> 6 is:	d	a	Tax credit per ualified exemption is:			
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STATE OF HAWAII — DEPARTMENT OF TAXATION

REFUNDABLE FOOD/EXCISE TAX CREDIT

Place	
QR Code	
Here	

➤ See Instructions on back

Attach to Form N-11 or Form N-15

(NOTE: References to "married" and "spouse" are also references to

"in a civil union" and "civil union partner," respectively.)

Name(s) as shown on Form N-11 or N-15

Your social security number 999-99-9999

1 Is your federal adjusted gross income less than \$50,000 (less than \$30,000 if your filing status is Single)? (See the Instructions) If "Yes," go to line 2. If "No," STOP. You cannot claim this credit. However, you may claim the credit for a minor child receiving support from the Department of Human Services, etc. In this situation, only complete lines 3, 9, and 10.

2 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS that meet all of the following: a) Present in Hawaii for more than nine months in 2018, b) Not in prison, jail, or a youth correctional facility for entire taxable year, and c) Cannot be claimed as a dependent by another taxpayer.

Do not list minor children receiving more than half of their support from public agencies even though you may claim them as a dependent. List these minor children on line 3.

2	Name	Relationship		Name	Relat	tionshi	ρ
	NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Self		NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RSH	IIP	2
	NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Spouse		NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RSH	IIP	3
	NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RSHIP 1		NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RSH	IIP	4
En	Enter the number of qualified persons listed above						

3 List MINOR CHILDREN RECEIVING MORE THAN HALF OF THEIR SUPPORT FROM PUBLIC AGENCIES, such as the Department of Human Services, who meet all the following requirements and are not listed above on line 2: a) Present in Hawaii for more than nine months in 2018, b) Not in prison, jail, or a youth correctional facility for entire taxable year, c) More than half of support from public agency, and d) Cannot be claimed as a dependent by another taxpayer.

3	3	Caution: Do not list any children already listed on line 2 above.								
		Name	Social Security Number	Relationship		Name	Social Se	curity Number	Relationship	
		NAME XXXXXXXXXXXXXXX	999-99-9999	RSHIP 1		NAME XXXXXXXXXXXXXXX	999-9	99-9999	RSHIP 3	
		NAME XXXXXXXXXXXXXXX	999-99-9999	RSHIP 2		NAME XXXXXXXXXXXXXXX	999-	99-9999	RSHIP 4	
Enter the number of minor children receiving more than half of their support from public agencies. Also enter this num						number	nber in the			
	space provided on Form N-11, line 28; or Form N-15, line 45									99
4	 4 Enter the amount of your federal adjusted gross income (See the Instructions) 							999999	9999	.00
			•			ss income				
	-									
7	En	ter on line 7 the amount of the tax	credit shown below that	applies to the	e a	amount on line 6.				
		our filing status is Single and e 6 is:				Tax credit per alified exemption is:				
		e o is: der \$5.000								
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							7	999999	9999	.00
8	Mu	Itiply line 2 by the amount of the ta	ax credit on line 7. Enter	the total here			8	999999	9999	.00
9	Mu	Itiply line 3 by \$110. Enter the tota	I here				9	999999	9999	.00
10		d lines 8 and 9. Enter the result he	,	,		·				
	Thi	s is your refundable food/excise ta	ax credit. (Whole dollars	only)			10	99999	9999	00