FORM N-348 (2014)

## **CAPITAL INFRASTRUCTURE TAX CREDIT**

(Note: If you are claiming the Ethanol Facility Tax Credit, no other credit can be claimed for the same taxable year.) Or fiscal year beginning \_\_\_\_\_\_\_, 2014, and ending \_\_\_\_\_\_\_, 20\_

TAX YEAR 2014

AT IACH TO FORM F-1, N-11, N-15, N-20, N-30, N-35, N-40, OR N-70NP, WF	HICHEVER IS APPLICAB	LE.	
Name(s) as shown on Form F-1, N-11, N-15, N-20, N-30, N-35, N-40, or N-70NP	SS	SSN or FEIN	
Part I QUALIFIED INFRASTRUCTURE TENANT AND QUALIFYING COSTS			
Note: If you are only claiming your distributive share of a tax credit distributed from a partnership, an	S corporation, an estate,	or a trust,	
skip lines 1 through 5 and start on line 6.		,	
1 In order to claim the tax credit, you must meet the definition of a qualified infrastructure tenant.			
a Did you own capital or property or maintain an office, operations, or facilities at the former			
Kapalama military reservation site on July 1, 2014?	🗆 v	res 🗌 No	
<b>b</b> Is your principal business maritime, waterfront dependent, and included under the State's plan			
to relocate the business to piers 24 through 28 within Honolulu Harbor?		res 🗌 No	
c Have you been or will you be displaced and relocated by the State pursuant to the Kapalama			
container terminal project?	🗆 🗎	∕es □ No	
If you answered "No" to any of the 3 questions, you are not a qualified infrastructure tenant. You cannot	ot claim this credit. Do no	ot complete this form.	
2 Enter the amount of your capital infrastructure costs paid or incurred during the taxable year	2		
3 Maximum amount of capital infrastructure costs		2,500,000	
4 Enter the smaller of line 2 or line 3	4		
5 Multiply line 4 by 50%	5		
Part II TAX CREDIT RECEIVED FROM A FLOW-THROUGH ENTITY			
6 Flow through of capital infrastructure tax credit received from other entities, if any.			
Check the applicable box below. Enter the name and Federal Employer I.D. No. of Entity:			
a Partner — enter amount from Schedule K-1 (Form N-20), line 28			
□ <b>b</b> S corporation shareholder — enter amount from Schedule K-1 (Form N-35), line 16m			
☐ c Beneficiary — enter amount from Schedule K-1 (Form N-40), line 9			
d Patron — enter the amount from federal Form 1099-PATR	6		
Part III ALLOWABLE TAX CREDIT FOR 2014 AND CARRYOVER COMPUTATION			
7 Reserved			
8 Tentative current year capital infrastructure tax credit (Add lines 5 and 6)			
Note: Form N-20 and Form N-35 filers, enter the amount on line 8 on the appropriate lines of Form N	I-20, Schedule K or		
Form N-35, Schedule K; skip lines 9 through 13; and continue to Part V. Form N-40 filers, see to	the Instructions.		
Adjusted tax liability (Not to be completed by Form N-20 and Form N-35 filers)			
9 a Individuals — Enter the amount from Form N-11, line 34; or Form N-15, line 51			
<b>b</b> Corporations — Enter the amount from Form N-30, line 13			
c Other filers — Enter the amount from Form F-1, line 71; Form N-40, Schedule G, line 3; or Form			
10 If you are claiming other nonrefundable credits, complete the credit worksheet in the instructions a	I		
the total here. If you are not claiming other nonrefundable credits, enter zero		)	
11 Line 9 minus line 10. This represents your tax liability, as adjusted. If the result is zero or less than	zero,		
enter zero		<u> </u>	
12 Total credit allowed — Enter the smaller of line 8 or line 11. This is your capital infrastructure tax	I		
for the year. Enter this amount, rounded to the nearest dollar, on the appropriate line on Schedule			
N-15, N-30, and N-70NP filers); Form N-40, Schedule E (for the estate's or trust's share); or Form	I		
whichever is applicable		2	
13 Line 8 minus line 12. This represents your carryover of unused credit. The amount of any unused t	· 1		
carried over and used as a credit against your income tax liability in subsequent years until exhaust	sted 13	3	
Part IV RESERVED FOR THE RECAPTURE OF THE TAX CREDIT			

## Part V FLOW-THROUGH ENTITIES ALLOCATING THE CREDIT TO ITS PARTNERS, SHAREHOLDERS, OR BENEFICIARIES 2. Allocation of the tax credit to its partners, shareholders, or beneficiaries as follows (if more space is needed, attach additional sheet(s)): (d) Amount of Tax Credit (c) Identifying No. of Partner, (a) Name and Address of Partner, Shareholder, or Beneficiary No. Shareholder, or Beneficiary Allocated 3. Total from additional sheet(s).....

4. Total amounts allocated (Must equal Part V, line 1 above.).....