2	016		STALLMENT PAYMENT			
			year 2015, or fiscal tax year 2 015 and ending on			
	Check one:	Franchise Tax	Public Service Company Tax	P	ayment Number 2	
		Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year	\$	
TYPE	Name		2. Amount of this installment	\$		
0R	DBA (if any)			 Amount of any unused overpayment credit to be applied	\$	
PRINT				 Amount of this payment. (Line 2 minus line 3.) 	\$	
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:		
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530			DDRESS- NT OF TAXATION	Payment due on or before February 10, 2016, and on or before the 10th day of the second fiscal year for fiscal year taxpayers.		
	See Instructions on the reverse side. Form FP-					
(R	orm FP-1 EV. 2015) 0 16	Р	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	(OR IPANY TAX	R STAPLE IN THIS SPACE	
			year 2015, or fiscal tax year 2 015 and ending on			
		Franchise Tax	Public Service Company Tax	Р	ayment Number 1	
	w	Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$	
T OR TYPE	Name			2. Amount of this installment>	\$	
	DBA (if any)		 Amount of any unused overpayment credit to be applied 	\$		
PRINT	Address (numb	ber and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$	
		d Postal/ZIP Code	nake corrections above.	MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	-	
_		-MAILING A HAWAII DEPARTMEI P. O. BOX	DDRESS- NT OF TAXATION	Payment due on or before January 10, 2016, and on or before the 10th day of the first month year for fiscal year taxpayers.		

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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:

	016	PUBLIC SERVICE CO INSTALLMENT PAYMEN	NT VOUCHER		
		lar tax year 2015, or fiscal tax year , 2015 and ending on			
	Check one:	Tax Dublic Service Company Ta	ax Pi	ayment Number 4	
	Hawaii Tax I.D. No.		1. Estimated tax liability for the year>	\$	
OR TYPE			2. Amount of this installment>	\$	
	DBA (if any)		 Amount of any unused overpayment credit to be applied 	\$	
PRINT	City, State, and Postal/ZIP Code		4. Amount of this payment.	\$	
			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:		
	-MAIL	ed and make corrections above. ING ADDRESS- ARTMENT OF TAXATION	Payment due on or before April 10, 2016, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal year for fiscal year taxpayers.		
P. O. BOX 1530 HONOLULU, HI 96806-1530			DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before April 20, 2016, for calendar year taxpayers and 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.	Form FP-1	
Form FP-1 (REV. 2015) STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER DO NOT WRITE OR STAPLE IN THIS SPACE 2016 INSTALLMENT PAYMENT VOUCHER Do not write or staple in this space Based on income for calendar tax year 2015, or fiscal tax year 2015 Do not write or staple in this space					
	Check one:	1 3	ax Pi	ayment Number 3	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$	
OR TYPE	Name		2. Amount of this installment>	\$	
			 Amount of any unused overpayment credit to be applied 	\$	
PRINT	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)►	\$	
City, State, and Postal/ZIP Code Check box if address changed and make corrections above.			MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your che DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before March 10, 2016, for and on or before the 10th day of the third month	eck or money order. or calendar year taxpayers	
	-MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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:

	016	INS	UBLIC SERVICE COM STALLMENT PAYMENT	VOUCHER	
			year 2015, or fiscal tax year 2 15 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax	Р	ayment Number 6
		ax I.D. No. --	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
OR TYPE			2. Amount of this installment	\$	
				 Amount of any unused overpayment credit to be applied	\$
PRINT				 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:		
Check box if address changed and make corrections aboveMAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530		Payment due on or before June 10, 2016, for calendar year taxpayers and on or before the 10th day of the sixth month after the close of the fiscal year for fiscal year taxpayers. DUE DATES FOR QUARTERLY PAYMENTS			
HONOLULU, HI 96806-1530		Payment due on or before June 20, 2016, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers.			
			See Instructions o	n the reverse side.	Form FP-1
(RE 2 Ba		P INS for calendar tax	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT year 2015, or fiscal tax year 2 115 and ending on	OR PANY TAX VOUCHER 015	R STAPLE IN THIS SPACE
	Check one:	Franchise Tax	Public Service Company Tax	Р	ayment Number 5
	Hawaii Ta W	ax I.D. No. --	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
TYPE				2. Amount of this installment	\$
N	DBA (if any)		 Amount of any unused overpayment credit to be applied	\$	
PRINT	Address (number and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$	
City, State, and Postal/ZIP Code Check box if address changed and make corrections aboveMAILING ADDRESS-			DDRESS-	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, 2016, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.	
	ŀ	Hawaii Departmen P. O. Box			

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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:

2	016		STALLMENT PAYMENT		
			year 2015, or fiscal tax year 2 115 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax	P	ayment Number 8
		Tax I.D. No.	Federal Employer I.D. No.	 Estimated tax liability for the year 	\$
TYPE	Name			2. Amount of this installment	\$
OR				 Amount of any unused overpayment credit to be applied	
PRINT	Address (numb	per and street)		 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:	
Check box if address changed and make corrections above. -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530			DDRESS- NT OF TAXATION	Payment due on or before August 10, 2016, and on or before the 10th day of the eighth r fiscal year for fiscal year taxpayers.	
			See Instructions o	n the reverse side.	Form FP-1
(RI 2 Ba		P IN: ne for calendar tax	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT year 2015, or fiscal tax year 2	COR I PANY TAX TVOUCHER 1015	R STAPLE IN THIS SPACE
be			15 and ending on		
		Franchise Tax Tax I.D. No.	Public Service Company Tax Federal Employer I.D. No.	P 1. Estimated tax liability for the year►	ayment Number 7 \$
ТҮРЕ				2. Amount of this installment>	\$
0 B	DBA (if any)		 Amount of any unused overpayment credit to be applied	\$	
PRINT	Address (numb	per and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$
City, State, and Postal/ZIP Code Check box if address changed and make corrections above.		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	-		
		-MAILING AI HAWAII DEPARTMEI P.O. BOX	DDRESS- NT OF TAXATION	Payment due on or before July 10, 2016, for c on or before the 10th day of the seventh month year for fiscal year taxpayers.	

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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:

2	0 16 "	NSTALLMENT PAYMENT		
		x year 2015, or fiscal tax year 2 2015 and ending on		
	 			(N) 1 10
	Check one: Franchise Tax Hawaii Tax I.D. No.	Public Service Company Tax Federal Employer I.D. No.	Pa	yment Number 10
			 Estimated tax liability for the year 	\$
μ	W	_		•
ТҮРЕ			2. Amount of this installment>	\$
OR	DBA (if any)		 Amount of any unused overpayment credit to be applied	\$
PRINT	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 MO	NEY ORDER PAYABLE
	<u> </u>		TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	eck or money order.
	Check box if address changed and	I make corrections above.	DUE DATES FOR MONTHLY PAYMENTS:	
	HAWAII DEPARTM P. O. B	ADDRESS- IENT OF TAXATION OX 1530 HI 96806-1530	Payment due on or before October 10, 2016, for calendar year taxpayers and on or before the 10th day of the tenth month after the close of the fiscal year for fiscal year taxpayers.	
		See Instructions o	n the reverse side.	Form FP-1
(R	EV. 2015)	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM NSTALLMENT PAYMENT	COR IPANY TAX	R STAPLE IN THIS SPACE
		x year 2015, or fiscal tax year 2		
be	ginning on,	2015 and ending on	, 20	
	Check one: Franchise Tax	Public Service Company Tax	P	ayment Number 9
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	•	
	w	_	1. Estimated tax liability for the year>	\$
TYPE	Name		2. Amount of this installment	\$
OR	DBA (if any)		 Amount of any unused overpayment credit to be applied 	\$
PRINT	Address (number and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$
City, State, and Postal/ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
L		ADDRESS-	Payment due on or before September 10, 2016, for calendar year taxpayers and on or before the 10th day of the ninth month after the close of the fiscal year for fiscal year taxpayers.	
		IENT OF TAXATION OX 1530	DUE DATES FOR QUARTERLY PAYMENTS	
HONOLULU, HI 96806-1530			Payment due on or before September 20, 2016, for calendar year taxpayers and on or before the 20th day of the ninth month following the	

See Instructions on the reverse side.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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:

	016	IN	STALLMENT PAYMENT	VOUCHER	
	Based on income for calendar tax year 2015, or fiscal tax year beginning on, 2015 and ending on				
	Check one:	Franchise Tax	Public Service Company Tax	Р	ayment Number 12
	Hawai	i Tax I.D. No.	Federal Employer I.D. No.		
				1. Estimated tax liability for the year	► \$
OR TYPE	Name			2. Amount of this installment	► \$
L L	DBA (if any)			3. Amount of any unused overpayment	
				credit to be applied	► \$
PRINT	Address (num	ber and street)		4. Amount of this payment. (Line 2 minus line 3.)	► \$
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR M	
	Check box i	eck box if address changed and make corrections above.		TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS:	
		-MAILING A		Payment due on or before December 10, 2016, for calendar year taxpayers and on or before the 10th day of the twelfth month after the close of the fiscal year for fiscal year taxpayers.	
		P. O. BOX		DUE DATES FOR QUARTERLY PAYMENTS	
	P. O. BOX 1530 HONOLULU, HI 96806-1530			Payment due on or before December 20, 2016, for calendar year 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 o	n the reverse side.	
					Form FP-1
(RI 2 Ba		P IN ne for calendar tax	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT year 2015, or fiscal tax year 2	OR I PANY TAX VOUCHER 015	OR STAPLE IN THIS SPACE
be	ginning on _	, 20	015 and ending on	, 20	
	Check one:	Franchise Tax	Public Service Company Tax	F	Payment Number 11
	Hawaii w	i Tax I.D. No. -	Federal Employer I.D. No.	1. Estimated tax liability for the year	\$
OR TYPE	Name		2. Amount of this installment	► \$	
	DBA (if any)		 Amount of any unused overpayment credit to be applied 	▶ \$	
PRINT	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	▶ \$	
City, State, and Postal/ZIP Code			nake corrections above	MAIL THIS VOUCHER WITH CHECK OR M TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your DUE DATES FOR MONTHLY PAYMENTS:	
Check box if address changed and make corrections aboveMAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION			DDRESS-	Payment due on or before November 10, 20 ⁻ and on or before the 10th day of the eleven fiscal year for fiscal year taxpayers.	

See Instructions on the reverse side.

P. O. BOX 1530 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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.

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 to how those taxes are imposed, there are no provisions in either tax law that requires or allows 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 2015, or fiscal tax year 2015 beginning on *month 1*, 2015 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 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 2015 Hawaii tax return to your tax for 2016, 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: