

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**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **2**

PRINT OR TYPE	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	W _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	City, State, and Postal/ZIP Code	<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before February 10, 2016, for calendar year taxpayers and on or before the 10th day of the second month after the close of the fiscal year for fiscal year taxpayers.		

☐ Check box if address changed and make corrections above.**-MAILING ADDRESS-**  
HAWAII DEPARTMENT OF TAXATION  
P. O. BOX 1530  
HONOLULU, HI 96806-1530*See Instructions on the reverse side.*

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**FRANCHISE TAX OR  
PUBLIC SERVICE COMPANY TAX  
INSTALLMENT PAYMENT VOUCHER**

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**2016**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **1**

PRINT OR TYPE	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	W _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	City, State, and Postal/ZIP Code	<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before January 10, 2016, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.		

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Form FP-1

## 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, 20yy).
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:

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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.
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**FRANCHISE TAX OR  
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INSTALLMENT PAYMENT VOUCHER**

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**2016**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **4**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____		2. Amount of this installment.....>	\$
	Name		3. Amount of any unused overpayment credit to be applied.....>	\$
	DBA (if any)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	Address (number and street)			
	City, State, and Postal/ZIP Code	<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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. <b>DUE DATES FOR QUARTERLY PAYMENTS</b> 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.		

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**2016**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **3**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____		2. Amount of this installment.....>	\$
	Name		3. Amount of any unused overpayment credit to be applied.....>	\$
	DBA (if any)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	Address (number and street)			
	City, State, and Postal/ZIP Code	<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before March 10, 2016, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal year for fiscal year taxpayers.		

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3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name and address.
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**FRANCHISE TAX OR  
PUBLIC SERVICE COMPANY TAX  
INSTALLMENT PAYMENT VOUCHER**

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**2016**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **6**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____		2. Amount of this installment.....>	\$
	Name		3. Amount of any unused overpayment credit to be applied.....>	\$
	DBA (if any)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	Address (number and street)		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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. <b>DUE DATES FOR QUARTERLY PAYMENTS</b> 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.	
City, State, and Postal/ZIP Code				



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Form FP-1

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**FRANCHISE TAX OR  
PUBLIC SERVICE COMPANY TAX  
INSTALLMENT PAYMENT VOUCHER**

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**2016**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **5**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____		2. Amount of this installment.....>	\$
	Name		3. Amount of any unused overpayment credit to be applied.....>	\$
	DBA (if any)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	Address (number and street)		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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.	
City, State, and Postal/ZIP Code				



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beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **8**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	City, State, and Postal/ZIP Code		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before August 10, 2016, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of the fiscal year for fiscal year taxpayers.	

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Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **7**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	City, State, and Postal/ZIP Code		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before July 10, 2016, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.	

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 HONOLULU, HI 96806-1530

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Form FP-1

## 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.

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**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.

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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, 20yy).
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

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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**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **10**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No. <b>W</b> _____ - _____	Federal Employer I.D. No.	1. Estimated tax liability for the year.....➤	\$
	Name		2. Amount of this installment.....➤	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....➤	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....➤	\$
	City, State, and Postal/ZIP Code		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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.	

☐ Check box if address changed and make corrections above.

**-MAILING ADDRESS-**  
**HAWAII DEPARTMENT OF TAXATION**  
 P. O. BOX 1530  
 HONOLULU, HI 96806-1530

*See Instructions on the reverse side.*

Form FP-1

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**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **9**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No. <b>W</b> _____ - _____	Federal Employer I.D. No.	1. Estimated tax liability for the year.....➤	\$
	Name		2. Amount of this installment.....➤	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....➤	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....➤	\$
	City, State, and Postal/ZIP Code		<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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.	

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**-MAILING ADDRESS-**  
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 P. O. BOX 1530  
 HONOLULU, HI 96806-1530

**DUE DATES FOR QUARTERLY PAYMENTS**

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 close of the fiscal year for fiscal year taxpayers.

*See Instructions on the reverse side.*

Form FP-1

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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**

Based on income for calendar tax year 2015, or fiscal tax year 2015

beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **12**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
	City, State, and Postal/ZIP Code	<b>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."</b> Write your Federal Employer I.D. Number on your check or money order. <b>DUE DATES FOR MONTHLY PAYMENTS:</b> 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. <b>DUE DATES FOR QUARTERLY PAYMENTS</b> 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.		

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 P. O. BOX 1530  
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STATE OF HAWAII — DEPARTMENT OF TAXATION  
**FRANCHISE TAX OR  
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**2016**

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beginning on \_\_\_\_\_, 2015 and ending on \_\_\_\_\_, 20 \_\_\_\_\_

Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **11**

<b>PRINT OR TYPE</b>	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year.....>	\$
	<b>W</b> _____ - _____			
	Name		2. Amount of this installment.....>	\$
	DBA (if any)		3. Amount of any unused overpayment credit to be applied.....>	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.).....>	\$
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