

FORM N-350 (2016)	CESSPOOL UPGRADE, CONVERSION OR CONNECTION INCOME TAX CREDIT Or fiscal year beginning _____, 2016, and ending _____, 20____	TAX YEAR 2016
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ATTACH TO FORM N-11, N-15, N-20, N-30, N-35, N-40, OR N-70NP, WHICHEVER IS APPLICABLE.

Name(s) as shown on Form N-11, N-15, N-20, N-30, N-35, N-40, or N-70NP	SSN or FEIN
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Part I CREDIT CERTIFICATE

DEPARTMENT OF HEALTH CERTIFICATE (Completed by the Department of Health only)	
1. Name of taxpayer	2. SSN/FEIN
3. Address (Number and street, including apartment number or rural route, city, state, and postal/zip code)	
4. Description of cesspool upgrade, conversion or connection (Include Tax Map Key and Island where the cesspool is located)	
5. Total qualified expenses allowed:	\$
6. Amount of tax credit allowed for the taxable year	\$
This is to certify that the amounts noted above have been verified in accordance with section 235-16.5, Hawaii Revised Statutes. _____ Signature of Certifying Officer _____ (Type or Print Name and Title) _____ Date of Certification	

Part II COMPUTATION OF TAX CREDIT

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 line 1 and begin on line 2.

1 Total amount of certified tax credit allowed for the taxable year from Part I, line 6	1	
2 Flow through of cesspool upgrade, conversion, and connection income 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 29		
b ☐ S corporation shareholder — enter amount from Schedule K-1 (Form N-35), line 16n		
c ☐ Beneficiary — enter amount from Schedule K-1 (Form N-40), line 9		
d ☐ Patron — enter the amount from federal Form 1099-PATR	2	
3 Total credit — Add lines 1 and 2 and enter the result here, rounded to the nearest dollar, and on the appropriate line for the credit on Schedule CR (for Form N-11, N-15, N-30, and N-70NP filers); Form N-20, Schedule K; Form N-35, Schedule K; or Form N-40, Schedule F (for the estate's or trust's share) and/or Schedule K-1 (for the beneficiaries' share); whichever is applicable.....	3	

Part III FLOW-THROUGH ENTITIES ALLOCATING THE CREDIT TO ITS PARTNERS, SHAREHOLDERS, OR BENEFICIARIES

1. Tax credit allocated to partners, shareholders, or beneficiaries. Enter the amount from Part II, line 3..... \$ _____
2. Allocation of the tax credit to its partners, shareholders, or beneficiaries as follows (if more space is needed, attach additional sheet(s)):

(a) No.	(b) Name and Address of Partner, Shareholder, or Beneficiary	(c) Identifying No. of Partner, Shareholder, or Beneficiary	(d) Amount of Tax Credit Allocated
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3.	Total from additional sheet(s).....		3
4.	Total amounts allocated (Must equal Part III, line 1 above.)		4