2	018	INSTALLMENT PAYMEN		
		tax year 2017, or fiscal tax year 2 _, 2017 and ending on		
	Check one: Franchise Tax	Public Service Company Tax	¢ P	ayment Number 2
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	
TYPE	Namo		2. Amount of this installment	\$
OB	DBA (if any)		 Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing 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 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			Payment due on or before February 10, 2018, and on or before the 10th day of the second r fiscal year for fiscal year taxpayers.	for calendar year taxpayers nonth after the close of the
		See Instructions of	on the reverse side.	Form FP-1
(R	orm FP-1 EV. 2017) 0 18	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE CON INSTALLMENT PAYMEN	K OR IPANY TAX	R STAPLE IN THIS SPACE
		tax year 2017, or fiscal tax year 2 _, 2017 and ending on		
	Check one: Franchise Tax		¢ P	ayment Number 1
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
TYPE	Name		2. Amount of this installment>	\$
OB	DBA (if any)		 Amount of any unused overpayment credit to be applied 	\$
PRINT	Mailing Address (number and str	eet)	4. Amount of this payment. (Line 2 minus line 3.)►	\$
	City, State, and Postal/ZIP Code	nd make corrections above.	MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	eck or money order.
	-MAILING HAWAII DEPART	ADDRESS- MENT OF TAXATION BOX 1530	Payment due on or before January 10, 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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

2	018		UBLIC SERVICE COM STALLMENT PAYMENT		
		-	/ear 2017, or fiscal tax year 2 17 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax	Р	ayment Number 4
	Hawaii	Tax I.D. No.	Federal Employer I.D. No.		
		••		1. Estimated tax liability for the year>	\$
JAPE	DBA (if any)		2. Amount of this installment	\$	
ORT			3. Amount of any unused overpayment	<u>^</u>	
PRINT (Mailing Addres	s (number and street)		 credit to be applied 4. Amount of this payment. (Line 2 minus line 3.) 	
		d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO	
	Check 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	DDRESS-	Payment due on or before April 10, 2018, 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		DUE DATES FOR QUARTERLY PAYMENTS	
HONOLULU, HI 96806-1530		96806-1530	Payment due on or before April 20, 2018, 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 o		Form FP-1
(RI	Drm FP-1 EV. 2017) 018 Insed on incom	P INS	ATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT year 2017, or fiscal tax year 2	OR PANY TAX VOUCHER	R STAPLE IN THIS SPACE
		-	17 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax	P	ayment Number 3
		Tax I.D. No.	Federal Employer I.D. No.	 Estimated tax liability for the year 	\$
ТҮРЕ		·		 Amount of this installment	\$
OB	DBA (if any)			 Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing Addres	s (number and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$
	City, State, and	a Postal/ZIP Code	ake corrections above.	MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	
		-MAILING AI HAWAII DEPARTMEN P. O. BOX	DDRESS- IT OF TAXATION	Payment due on or before March 10, 2018, f and on or before the 10th day of the third mont 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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

	018	INS	UBLIC SERVICE COM STALLMENT PAYMENT	VOUCHER	
			vear 2017, or fiscal tax year 2 17 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax	Р	ayment Number 6
		ax I.D. No.	Federal Employer I.D. No.	 Estimated tax liability for the year 	
ΡE	Name DBA (if any) DBA (if any)		2. Amount of this installment	¢	
RT)			3. Amount of any unused overpayment		
PRINT ((number and street)		credit to be applied4. Amount of this payment.	
BB		Postal/ZIR Code		(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 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:		
		-MAILING AD	DDRESS-	Payment due on or before June 10, 2018, 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.	
HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530		1530	DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before June 20, 2018, 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.		
	orm FP-1	ST.			R STAPLE IN THIS SPACE
2	EV. 2017) 0 18	INS	FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	PANY TAX VOUCHER	
		-	vear 2017, or fiscal tax year 2 17 and ending on		
		Franchise Tax	Public Service Company Tax	Ρ	ayment Number 5
	Hawaii Ta		Federal Employer I.D. No.	 Estimated tax liability for the year 	\$
ORTYPE	Name			2. Amount of this installment	\$
			 Amount of any unused overpayment credit to be applied 	\$	
PRINT	Mailing Address	(number and street)		 Amount of this payment. (Line 2 minus line 3.) 	\$
	City, State, and F		ake 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:	NEY ORDER PAYABLE
		-MAILING AD IAWAII DEPARTMEN P. O. BOX	DRESS- T OF TAXATION	Payment due on or before May 10, 2018, for c on or before the 10th day of the fifth month afte for fiscal year taxpayers.	alendar year taxpayers and er the close of the fiscal year

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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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

2	0 18 II	NSTALLMENT PAYMEN		
		x year 2017, or fiscal tax year 2 2017 and ending on		
	Check one: Franchise Tax	Public Service Company Tax	P	ayment Number 8
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	
ТҮРЕ	Namo	J	2. Amount of this installment>	\$
PRINT OR T	DBA (if any)		 Amount of any unused overpayment credit to be applied	\$
			4. Amount of this payment. (Line 2 minus line 3.)►	\$
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	-
L	HAWAII DEPARTM P. O. B	d make corrections above. ADDRESS- IENT OF TAXATION OX 1530 HI 96806-1530	Payment due on or before August 10, 2018, f and on or before the 10th day of the eighth n fiscal year for fiscal year taxpayers.	or calendar year taxpayers nonth after the close of the
		See Instructions of	on the reverse side.	Form FP-1
(R	EV. 2017)	STATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE CON NSTALLMENT PAYMEN	(OR IPANY TAX	R STAPLE IN THIS SPACE
		x year 2017, or fiscal tax year 2 2017 and ending on		
	Check one: Franchise Tax	Public Service Company Tax	P	ayment Number 7
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
TYPE	Name		2. Amount of this installment	\$
OB	(if any)		 Amount of any unused overpayment credit to be applied 	\$
PRINT	Mailing Address (number and stree	et)	 Amount of this payment. (Line 2 minus line 3.) 	\$
	City, State, and Postal/ZIP Code	d make corrections above.	MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS:	eck or money order.
	-MAILING HAWAII DEPARTM	ADDRESS- IENT OF TAXATION OX 1530	Payment due on or before July 10, 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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

2		STALLMENT PAYMENT		
	sed on income for calendar tax y ginning on, 20			
	Check one: Franchise Tax	Public Service Company Tax	Pa	yment Number 10
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	 Estimated tax liability for the year 	
ш	[_] [_] [_]			Ψ
TYPE			2. Amount of this installment	\$
0B	DBA (if any)		 Amount of any unused overpayment credit to be applied> 	\$
PRINT	Mailing 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- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530 See Instructions of			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 October 10, 2018, 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. On the reverse side. Form FP-1	
(RE 2 Ba	EV. 2017)		COR PANY TAX VOUCHER 017	R STAPLE IN THIS SPACE
	Check one: Franchise Tax	Public Service Company Tax	D	ayment Number 9
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	F	
			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	Mailing 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 ch DUE DATES FOR MONTHLY PAYMENTS:	NEY ORDER PAYABLE	
	-MAILING ADDRESS-		Payment due on or before September 10, 2018, 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.	
	Hawaii Departmen P. O. Box		DUE DATES FOR QUARTERLY PAYMENTS	
HONOLULU, HI 96806-1530			Payment due on or before September 20 taxpayers and on or before the 20th day of th	

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 how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing 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 2017 Hawaii tax return to your tax for 2018, 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."

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Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow 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 2017, or fiscal tax year 2017 beginning on *month 1*, 2017 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 mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

		NSTALLMENT PAYMENT	VOUCHER	
		ax year 2017, or fiscal tax year 2 2017 and ending on		
	Check one:	Public Service Company Tax	Pa	/ment Number 12
RTYPE	Hawaii Tax I.D. No.	Federal Employer I.D. No.	 Estimated tax liability for the year 	
	Namo		2. Amount of this installment>	\$
			 Amount of any unused overpayment credit to be applied	\$
PRINT			 4. Amount of this payment. (Line 2 minus line 3.) 	
			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 HONOLULU, HI 96806-1530		Payment due on or before December 10, 2018, 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. DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before December 20, 2018, 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	orm FP-1 EV. 2017) 0 18 I	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM NSTALLMENT PAYMENT	COR IPANY TAX	R STAPLE IN THIS SPACE
		ax year 2017, or fiscal tax year 2 2017 and ending on		
	Check one: Franchise Tax	Public Service Company Tax	Pa	yment Number 11
PRINT OR TYPE	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
	Name		2. Amount of this installment	\$
			 Amount of any unused overpayment credit to be applied 	\$
	Mailing 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 TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	NEY ORDER PAYABLE
L		d make corrections above. ADDRESS- //ENT OF TAXATION	DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before November 10, 2018, and on or before the 10th day of the eleventh fiscal year for fiscal year taxpayers.	for calendar year taxpayers month after the close of the

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.

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