2019

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

			year 2018, or fiscal tax year 2 018 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 2
YPE		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
	Name	lame		Amount of this installment	\$
r or	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE	Mailing Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	\$
	Change of	Address -MAILING A HAWAII DEPARTMEI P. O. BOX HONOLULU, HI	NT OF TAXATION (1530 96806-1530	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 February 10, 2019, and on or before the 10th day of the second refiscal year for fiscal year taxpayers.	eck or money order. for calendar year taxpayers
(RE	orm FP-1 EV. 2018)	P	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM	OR PANY TAX	R STAPLE IN THIS SPACE
	() 19		STALLMENT PAYMENT year 2018, or fiscal tax year 2		
			118 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 1
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE				Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
RINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
<u>.</u>	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:	
	☐ Change of A	-MAILING A HAWAII DEPARTMEI P. O. BOX	NT OF TAXATION	Payment due on or before January 10, 2019, and on or before the 10th day of the first month year for fiscal year taxpayers.	



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 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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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.

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- 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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P.O. Box 1530

2019

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

Je	ginning on, 20	oro and ending on	, 20	
	Check one:	☐ Public Service Company Tax	Р	ayment Number 4
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
LYPE	Name		Amount of this installment	\$
L OR	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	Change of Address -MAILING AI HAWAII DEPARTMEN P. O. BOX HONOLULU, HI 1 2018A 04 VID01 I D NO	NT OF TAXATION 1530 96806-1530	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 April 10, 2019, 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. DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before April 20, 2019, 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. on the reverse side. Form FP-1	
(RE	EV. 2018)	TATE OF HAWAII — DEPARTMENT FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT Year 2018, or fiscal tax year 2	OR PANY TAX VOUCHER	R STAPLE IN THIS SPACE
be	ginning on, 20	118 and ending on	, 20	
	Check one: Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 3
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
LYPE	Name		Amount of this installment	\$
OR 7	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code Change of Address		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 AI HAWAII DEPARTMEN P. O. BOX	NT OF TAXATION	Payment due on or before March 10, 2019, f and on or before the 10th day of the third month year for fiscal year taxpayers.	

HONOLULU, HI 96806-1530

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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 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

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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 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 2018 Hawaii tax return to your tax for 2019, 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

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- 5. If you have applied an overpayment of tax on your 2018 Hawaii tax return to your tax for 2019, 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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- 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

2019

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

			/ear 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 6
ORTYPE	Hawaii Tax I.D. No.		Federal Employer I.D. No.	Estimated tax liability for the year	
	Name	Name		Amount of this installment	\$
	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:	
▣	☐ Change of	-MAILING A		Payment due on or before June 10, 2019, 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.	
菱		HAWAII DEPARTMEN		DUE DATES FOR QUARTERLY PAYMENTS	
▣	P. O. BOX 1530 HONOLULU, HI 96806-1530			Payment due on or before June 20, 2019, 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.	
FP1	_l 2018A 06 VID01	ID NO	01 See Instructions o	n the reverse side.	Form FP-1
					101111111
(RE	orm FP-1 EV. 2018)	P INS	ATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	COR PANY TAX VOUCHER	R STAPLE IN THIS SPACE
		_	/ear 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 5
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE	Name			Amount of this installment	\$
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$	
RINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and Postal/ZIP Code Change of Address			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
	John Change of	-MAILING AE HAWAII DEPARTMEN P. O. BOX	IT OF TAXATION	Payment due on or before May 10, 2019, for con or before the 10th day of the fifth month after for fiscal year taxpayers.	



HONOLULU, HI 96806-1530

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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

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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 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 2018 Hawaii tax return to your tax for 2019, 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

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P.O. Box 1530

2019

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

			year 2018, or fiscal tax year 2 018 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 8
	Hawaii Ta		Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE	Name			Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
RINT	Mailing Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	
_	City, State, and P	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
	☐ Change of Ac	ddress		DUE DATES FOR MONTHLY PAYMENTS:	
回谈		-MAILING A AWAII DEPARTME P. O. BO	NT OF TAXATION	Payment due on or before August 10, 2019, if and on or before the 10th day of the eighth n fiscal year for fiscal year taxpayers.	
ED1	_I 2018A 08 VID01	ID NO	See Instructions o	n the reverse side.	
	_1 2010A 00 VID01	10 10	0.1		Form FP-1
RE	orm FP-1 EV. 2018)	F	TATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM ISTALLMENT PAYMENT	OR PANY TAX	R STAPLE IN THIS SPACE
			year 2018, or fiscal tax year 2 018 and ending on		
	jg v				_
		☐ Franchise Tax Ix I.D. No.	Public Service Company Tax	Р	ayment Number 7
			r ederal Employer I.D. No.	Estimated tax liability for the year	\$
rype	Name			Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	Mailing Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	\$
	Change of As			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:	
	니 Change of Ac	-MAILING A IAWAII DEPARTME P.O. BO	NT OF TAXATION	Payment due on or before July 10, 2019, for c on or before the 10th day of the seventh month year for fiscal year taxpayers.	



HONOLULU, HI 96806-1530

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P.O. Box 1530 Honolulu, HI 96806-1530

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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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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

2010

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX

			ear 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 10
	Hawaii	Tax I.D. No.	Federal Employer I.D. No.		
	Name			Estimated tax liability for the year	\$
YPE	Iname			Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	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.		
	☐ Change of	Address		DUE DATES FOR MONTHLY PAYMENTS:	
-MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 HONOLULU, HI 96806-1530			IT OF TAXATION 1530	Payment due on or before October 10, 2019, and on or before the 10th day of the tenth material scal year for fiscal year taxpayers.	
FP1	_I 2018A 10 VID01	ID NO		n the reverse side. HERE — — — — — —	Form FP-1
	orm FP-1 EV. 2018)	_	ATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM	COR	R STAPLE IN THIS SPACE
2	0 19		STALLMENT PAYMENT		
		_	year 2018, or fiscal tax year 2 18 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 9
		Tax I.D. No.	Federal Employer I.D. No.		
				 Estimated tax liability for the year 	Φ.
	Name				\$
YPE				Amount of this installment	\$
r or type	DBA (if any)				
PRINT OR TYPE	, , ,	s (number and street)		Amount of this installment Amount of any unused overpayment	\$
PRINT OR TYPE	Mailing Addres			2. Amount of this installment 3. Amount of any unused overpayment credit to be applied 4. Amount of this payment.	\$ \$ NEY ORDER PAYABLE



-MAILING ADDRESS-**HAWAII DEPARTMENT OF TAXATION**

P.O. BOX 1530 HONOLULU, HI 96806-1530

ID NO 01

close of the fiscal year for fiscal year taxpayers.

of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS

Payment due on or before September 20, 2019, for calendar year taxpayers and on or before the 20th day of the ninth month following the

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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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

2019

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

			/ear 2018, or fiscal tax year 2 18 and ending on			
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 12	
	Hawaii Tax I.D. No.		Federal Employer I.D. No.	Estimated tax liability for the year		
-YPE	Name	Name		Amount of this installment	\$	
OR1	DBA (if any)			Amount of any unused overpayment credit to be applied	\$	
PRINT OR TYPE	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:		
▣	」 Change of	-MAILING A	DDRESS-	Payment due on or before December 10, 2019, 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.		
Ž.	7.E	HAWAII DEPARTMEN		DUE DATES FOR QUARTERLY PAYMENTS		
	96 78	P. O. BOX HONOLULU, HI		Payment due on or before December 20, 2019, 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.		
FP1	_I 2018A 12 VID01	ID NO	01 See Instructions o		Form FP-1	
					10111111-1	
(RE	orm FP-1 EV. 2018)	P INS	FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	COR PANY TAX VOUCHER	OR STAPLE IN THIS SPACE	
		-	/ear 2018, or fiscal tax year 2 18 and ending on			
	-	☐ Franchise Tax	☐ Public Service Company Tax		yment Number 11	
		Tax I.D. No.	Federal Employer I.D. No.			
	Nome			Estimated tax liability for the year	\$	
TYPE	Name			Amount of this installment	\$	
PRINT OR TYPE	DBA (if any)		Amount of any unused overpayment credit to be applied	\$		
Z N	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$		
	City, State, and Postal/ZIP Code Change of Address			MAIL THIS VOUCHER WITH CHECK OR MOTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cl	NEY ORDER PAYABLE	
		-MAILING AI HAWAII DEPARTMEN P. O. BOX	IT OF TAXATION	Payment due on or before November 10, 2019 and on or before the 10th day of the eleventh fiscal year for fiscal year taxpayers.		



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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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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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

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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 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 2018, or fiscal tax year 2018 beginning on *month 1*, 2018 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 2018 Hawaii tax return to your tax for 2019, 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.
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P.O. Box 1530