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

2	0 <b>21</b>		STALLMENT PAYMEN		
			year 2020, or fiscal tax year 2 020 and ending on		
	Check one:	Eranchise Tax	Public Service Company Tax	(	Payment Number 2
		i Tax I.D. No.	Federal Employer I.D. No.	1 Entimeted toy liability for the year	
ш	 Name	·••		1. Estimated tax liability for the year	▶ ३
<b>OR TYPE</b>				2. Amount of this installment	<b>&gt;</b> \$
	DBA (if any)			3. Amount of any unused overpayment credit to be applied	► \$
PRINT	Mailing Addres	ss (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: Payment due on or before February 10, 2021, for calendar year taxpayers and on or before the 10th day of the second month after the close of the		
		Hawaii departmei P. O. Box Honolulu, Hi	( 1530 96806-1530	on the reverse side.	
FP1	_I 2020A 02 VID01	ID NO	01 See instructions of	on the reverse slae.	Form FP-1
(RE	0 <b>rm FP-1</b> EV. 2020) 0 <b>21</b>	Р	TATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE CON STALLMENT PAYMEN	( OR IPANY TAX	OR STAPLE IN THIS SPACE
			year 2020, or fiscal tax year 2		
be	ginning on	, 20	020 and ending on	, 20	
	Check one:	Franchise Tax	Public Service Company Tax	C C C C C C C C C C C C C C C C C C C	Payment Number 1
		i Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year	► \$
Ш	Name	·**			
<b>TYPE</b>				2. Amount of this installment	► \$
L OR	DBA (if any)			3. Amount of any unused overpayment credit to be applied	► \$
PRINT	Mailing Addres	ss (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:	
o The State of the State of th		-MAILING A HAWAII DEPARTMEI P. O. BOX	NT OF TAXATION ( 1530	Payment due on or before January 10, 202 and on or before the 10th day of the first mo year for fiscal year taxpayers.	

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

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and 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 2020 or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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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#### **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 2020, or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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	021	INSTALLMENT PAYMEN		
		r tax year 2020, or fiscal tax year : , 2020 and ending on		
	<b>Check one:</b> Franchise Ta	ax Public Service Company Ta	× P	ayment Number 4
	Hawaii Tax I.D. No.	Federal Employer I.D. No.		
	<u>-</u>	_	1. Estimated tax liability for the year>	\$
ORTYPE	Name		2. Amount of this installment>	\$
Г Н	DBA (if any)		3. Amount of any unused overpayment	
			credit to be applied>	\$
PRINT	Mailing Address (number and s	treet)	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:	
	Big C	IG ADDRESS-	Payment due on or before April 10, 2021, for or on or before the 10th day of the fourth month year for fiscal year taxpayers.	calendar year taxpayers and after the close of the fiscal
8		RTMENT OF TAXATION . BOX 1530	DUE DATES FOR QUARTERLY PAYMENTS	
	HONOLULU, HI 96806-1530		Payment due on or before April 20, 2021, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the	
		NO 01 See Instructions	fiscal year for fiscal year taxpayers.	
(RI	orm FP-1 EV. 2020) 0 <b>21</b>	CUT STATE OF HAWAII - DEPARTMEN FRANCHISE TAX PUBLIC SERVICE CON INSTALLMENT PAYMEN	X OR IPANY TAX	— — — ≫
		r tax year 2020, or fiscal tax year		
		_, 2020 and ending on		
	Check one: Franchise Ta Hawaii Tax I.D. No.	ax Public Service Company Ta Federal Employer I.D. No.	×P	ayment Number 3
			1. Estimated tax liability for the year>	\$
TYPE			<ol> <li>Amount of this installment</li></ol>	
0 B	DBA (if any)		<ol> <li>Amount of any unused overpayment credit to be applied</li></ol>	\$
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code	9	MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cf DUE DATES FOR MONTHLY PAYMENTS:	
	IS용표 -MAILIN	IG ADDRESS-	Payment due on or before March 10, 2021, and on or before the 10th day of the third mont year for fiscal year taxpayers.	

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

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and 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 2020 or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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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#### **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 2020, or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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	021	INSTALLMENT PAYMEN		
		r tax year 2020, or fiscal tax year 2 , 2020 and ending on		
	Check one: 🗌 Franchise Ta	ax Dublic Service Company Tax	P	ayment Number 6
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
ΥPE			2. Amount of this installment>	\$
ORT	DBA (if any)		<ol> <li>Amount of any unused overpayment credit to be applied</li> </ol>	
<b>PRINT OR TYPE</b>	Mailing Address (number and s	treet)	<ol> <li>Amount of this payment. (Line 2 minus line 3.)</li> </ol>	
	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.	
		IG ADDRESS-	<b>DUE DATES FOR MONTHLY PAYMENTS:</b> Payment due on or before June 10, 2021, 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.	
R	24-47 d	RTMENT OF TAXATION . BOX 1530	DUE DATES FOR QUARTERLY PAYMENTS	
	HONOLUL	LU, HI 96806-1530	Payment due on or before June 20, 2021, 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.	
≻ Fc	<b>Drm FP-1</b> EV. 2020)	STATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE CON	( OR IPANY TAX	Form FP-1
	021	INSTALLMENT PAYMEN		
		r tax year 2020, or fiscal tax year 2 , 2020 and ending on		
	<b>Check one:</b> Franchise Ta	ax Dublic Service Company Tax	P	ayment Number <b>5</b>
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year>	\$
<b>OR TYPE</b>			2. Amount of this installment>	\$
PRINT OR 1	DBA (if any)		<ol> <li>Amount of any unused overpayment credit to be applied</li></ol>	\$
	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)►	\$
	City, State, and Postal/ZIP Code	9	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 ADDRESS-			Payment due on or before May 10, 2021, 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.	

HAWAII DEPARTMENT OF TAXATION P. O. BOX 1530 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**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2020 or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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 Honolulu, HI 96806-1530

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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 2020, or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

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

2	0 <b>21</b>		UBLIC SERVICE COM STALLMENT PAYMENT		
			year 2020, or fiscal tax year 2 020 and ending on		
	Check one:	Franchise Tax	Public Service Company Tax		Payment Number 8
		Tax I.D. No.	Federal Employer I.D. No.		
ш		••		1. Estimated tax liability for the year	> \$
<b>OR TYPE</b>	Name			2. Amount of this installment	► \$
ВO	DBA (if any)			3. Amount of any unused overpayment credit to be applied	► \$
PRINT	Mailing Addres	ss (number and street)		<ol> <li>Amount of this payment. (Line 2 minus line 3.)</li> </ol>	
	City, State, and Postal/ZIP Code -MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION		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 August 10, 2021, 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.		
≫ Fc	_I 2020A 08 VID01  Drm FP-1 EV. 2020) 021	Р		( OR IPANY TAX	Form FP-1
			year 2020, or fiscal tax year 2 020 and ending on		
be	ginning on			,20	
	Check one:	Franchise Tax	Public Service Company Tax	1	Payment Number 7
		Tax I.D. No.	Federal Employer I.D. No.	1. Estimated tax liability for the year	▶ \$
Щ					
<b>OR TYPE</b>	DBA (if any)			2. Amount of this installment	► \$
T 0				3. Amount of any unused overpayment credit to be applied	► \$
PRINT	Mailing Addres	ss (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:	
		-MAILING AI HAWAII DEPARTMEN P. O. BOX	NT OF TAXATION	Payment due on or before July 10, 2021, for on or before the 10th day of the seventh mo year for fiscal year taxpayers.	r calendar year taxpayers and nth after the close of the fiscal

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

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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.
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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 2020, or fiscal tax year 2020 beginning on *month 1*, 2020 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 2020 Hawaii tax return to your tax for 2021, 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 <b>21</b>		STALLMENT PAYMENT			
			year 2020, or fiscal tax year 2 20 and ending on			
	·9·····9 ···	, = •		,		
	Check one:	Franchise Tax	Public Service Company Tax	Pa	yment Number <b>10</b>	
		Tax I.D. No.	Federal Employer I.D. No.	1. Entimated tax liability for the year	¢	
ш		<u>•</u> •		1. Estimated tax liability for the year►	φ	
TYPE				2. Amount of this installment>	\$	
OB	DBA (if any)			<ol> <li>Amount of any unused overpayment credit to be applied</li></ol>	\$	
PRINT	Mailing Address (number and street)			<ol> <li>Amount of this payment. (Line 2 minus line 3.)►</li> </ol>	\$	
	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:		
		-Mailing ai Hawaii departmen P. O. Box Honolulu, Hi	IT OF TAXATION	Payment due on or before October 10, 2021, and on or before the 10th day of the tenth n fiscal year for fiscal year taxpayers.		
FP1	1_I 2020A 10 VID01	ID NO	01 See Instructions o	n the reverse side.	Form FP-1	
					FORM FP-1	
Form FP-1 (REV. 2020)       STATE OF HAWAII – DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER       DO NOT WRITE OR STAPLE IN THIS SERVICE         2021       Based on income for calendar tax year 2020, or fiscal tax year 2020       DO NOT WRITE OR STAPLE IN THIS SERVICE						
be	ginning on	, 20	20 and ending on	, 20		
	Check one:	Franchise Tax	Public Service Company Tax Federal Employer I.D. No.	F	ayment Number <b>9</b>	
		<b>--</b>		<ol> <li>Estimated tax liability for the year►</li> </ol>	\$	
<b>PRINT OR TYPE</b>	-		1	2. Amount of this installment	\$	
	DBA (if any)			<ol> <li>Amount of any unused overpayment credit to be applied</li></ol>	\$	
	Mailing Address (number and street)			<ol> <li>Amount of this payment. (Line 2 minus line 3.)</li> </ol>	\$	
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before September 10	neck or money order.	
● 新国 - MAILING ADDRESS-				taxpayers and on or before the 10th day of the of the fiscal year for fiscal year taxpayers.		
		P. O. BOX		DUE DATES FOR QUARTERLY PAYMENTS		
	129-72	HONOLULU, HI		Payment due on or before September 20 taxpayers and on or before the 20th day of th close of the fiscal year for fiscal year taxpayer	e ninth month following the	

 $_{\rm ID\ NO\ 01}$   $\,$  See Instructions on the reverse side.

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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	021	INSTALLMENT PAYMENT			
		tax year 2020, or fiscal tax year 2 _, 2020 and ending on			
	Check one: 🗌 Franchise Ta	x Dublic Service Company Tax	Pav	yment Number <b>12</b>	
	Hawaii Tax I.D. No.	Federal Employer I.D. No.	-		
ш	•••• Name		1. Estimated tax liability for the year>	\$	
Z			2. Amount of this installment>	\$	
T OR TYPE	DBA (if any)		<ol> <li>Amount of any unused overpayment credit to be applied</li> </ol>	\$	
PRINT	Mailing Address (number and str	reet)	<ol> <li>Amount of this payment. (Line 2 minus line 3.)</li> </ol>	\$	
	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:		
	IN A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTO	G ADDRESS-	Payment due on or before December 10, 2021, 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.		
	2.NJT#	TMENT OF TAXATION BOX 1530	DUE DATES FOR QUARTERLY PAYMENTS		
	HONOLULI	U, HI 96806-1530	Payment due on or before December 20, 2021, 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 2020A 12 VID01 ID	NO 01 See Instructions o	on the reverse side.	Form FP-1	
Fc (RI	Form FP-1       STATE OF HAWAII – DEPARTMENT OF TAXATION       DO NOT WRITE OR STAPLE IN THIS SPACE         (REV. 2020)       FRANCHISE TAX OR       DO NOT WRITE OR STAPLE IN THIS SPACE         2021       INSTALLMENT PAYMENT VOUCHER       DO NOT WRITE OR STAPLE IN THIS SPACE				
Ва	sed on income for calendar	tax year 2020, or fiscal tax year 2	2020		
be	ginning on	_, 2020 and ending on	, 20		
	Check one: Franchise Ta. Hawaii Tax I.D. No.	x Public Service Company Tax Federal Employer I.D. No.	Pa	yment Number <b>11</b>	
			1. Estimated tax liability for the year>	\$	
TYPE	Name	·	2. Amount of this installment>	\$	
OB	DBA (if any)		<ol> <li>Amount of any unused overpayment credit to be applied</li> </ol>	\$	
PRINT	Mailing Address (number and str	reet)	<ol> <li>Amount of this payment. (Line 2 minus line 3.)</li> </ol>	\$	
	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:		
	い の の の の の の の の の の の の の の の の の の	G ADDRESS-	Payment due on or before November 10, 2021, and on or before the 10th day of the eleventh fiscal year for fiscal year taxpayers.		

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

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