

STATE OF HAWAII — DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN
CALENDAR YEAR **2023**

THIS SPACE FOR DATE RECEIVED STAMP



U6_1 2022A 01 VID01

Based on income for calendar year 2022 or fiscal year beginning on _____, 2022 and ending _____, 20____
(First year, Second year, and Final year return filers, see Instructions)

(NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public service company tax.)

PRINT OR TYPE	Name	Date Business Began in Hawaii
	DBA (if any)	Hawaii Tax I.D. No.
	Mailing Address (number and street)	Federal Employer I.D. No.
	City, State, and Postal/ZIP Code	Amount paid with this return \$

CHECK BOX IF APPLICABLE:

☐ First year ☐ Second year ☐ Final year ☐ Amended return ☐ Paying tax in installments

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2022

1 Gross Income from Public Utility Business (describe fully from what sources received)

a	(1) Passenger Fares for Transportation Between Points on a Scheduled Route By Land	1a(1)				
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1a(2)				
	(3) Adjusted Gross Income (line 1a(1) minus line 1a(2))				1a(3)	
b	(1) Sales of Products or Services to Another Public Utility for Resale to the Consumer	1b(1)				
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1b(2)				
	(3) Adjusted Gross Income (line 1b(1) minus line 1b(2))				1b(3)	
c	(1) Sales of Telecommunication Services to a Person Defined in Section 237-13(6)(D), HRS, for Resale to the Consumer	1c(1)				
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1c(2)				
	(3) Adjusted Gross Income (line 1c(1) minus line 1c(2))				1c(3)	
d	(1) _____	1d(1)				
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions)	1d(2)				
	(3) Adjusted Gross Income (line 1d(1) minus line 1d(2))				1d(3)	

2	Equipment Rentals Received (attach schedule and describe fully)	2		
3	Joint Facility Rentals Received	3		
4	Non-Operating Income from Public Utility Business (attach schedule and describe fully)	4		
5	TOTAL ADJUSTED GROSS INCOME (add lines 1 through 4)	5		

Please Sign Here	DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS.			
	Signature of officer		Date	Title
Paid Preparer's Information	Preparer's Signature and Print Preparer's Name	Date	Check if self-employed ☐	PTIN
	Firm's name (or yours if self-employed), Address, and Postal/Zip Code	Federal E.I. No.		
	Phone No.			



Name as shown on return

Federal Employer Identification Number

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SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) **Note:** Enter **TOTAL TAX** amount on **page 1**.**PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.****Note:** A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.

A	Line 5 less lines 1a(3), 1b(3), and 1c(3)			x 4.0% (fixed rate)	TAX AMOUNT	A		
B	Line 1a(3)			x 5.35% (fixed rate)	TAX AMOUNT	B		
C	Line 1b(3)			x .5 % (fixed rate)	TAX AMOUNT	C		
D	Line 1c(3)			x .5 %	TAX AMOUNT	D		
E	TOTAL TAX (add lines A, B, C, and D)					E		
F	Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy (see Instructions)					F		
G	Balance (line E minus line F, but not less than zero)					G		
H	Payment with Extension (attach Form N-755) (see Instructions)	H						
I	Tax Installment Payments (see Instructions)	I						
J	Total Payments (add lines H and I)	J						
K	TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000, see Instructions, When Is the Tax Payable)	K						
L	OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID	L						

PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

A	TOTAL TAX (line 1a(3))			x 5.35% (fixed rate))		A		
B	Payment with Extension (attach Form N-755) (see Instructions)	B						
C	Tax Installment Payments (see Instructions)	C						
D	Total Payments (add lines B and C)	D						
E	TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)	E						
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID	F						

PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

A	Line 1b(3)			x .5 % (fixed rate)	TAX AMOUNT	A		
B	Line 1c(3)			x .5 %	TAX AMOUNT	B		
C	TOTAL TAX (add lines A and B)					C		
D	Payment with Extension (attach Form N-755) (see Instructions)	D						
E	Tax Installment Payments (see Instructions)	E						
F	Total Payments (add lines D and E)	F						
G	TAX DUE (if line C is larger than line F), enter AMOUNT OWED. (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)	G						
H	OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID	H						