

DECLARATION OF ESTIMATED INCOME TAX FOR ESTATES AND TRUSTS

GENERAL INSTRUCTIONS

1. PURPOSE OF DECLARATION — This declaration provides a basis for currently paying the income tax of estates and trusts.

2. ESTATES AND TRUSTS WHICH MUST MAKE A DECLARATION — A declaration of estimated tax must be made by every estate or trust unless excused from filing under section 235-97(a)(6), HRS.

- 1. 60% of the tax shown on the 2014 tax return; or
2. 100% of the tax shown on the 2013 tax return.

However, if a return was not filed for 2013 or that return did not cover a full 12 months, item 2 does not apply. Estates, and certain trusts (see federal Form 1041-ES), are only required to make estimated tax payments for any tax year ending 2 or more years after the decedent's death.

3. WHEN AND WHERE TO FILE DECLARATION AND PAY ESTIMATED TAXES — The payment vouchers that the estate or trust files serve as its declaration of estimated income tax.

The declaration of estimated tax for an estate or trust using a calendar tax year must be filed on or before April 20, following the close of the preceding tax year.

Payment of the estimated tax due may be made in full at the time the declaration is made or may be paid in four equal amounts which are due on April 20, June 20, September 20, and January 20, for calendar year taxpayers and on the 20th days of the fourth, sixth, ninth, and thirteenth months following the close of the preceding tax year for fiscal year taxpayers.

In some cases, such as a change in income, it may be necessary to file a declaration after April 20th.

If the requirement is met after: the filing date is:
April 1 and before June 2, June 20
June 1 and before September 2, September 20
September 1, January 20

4. AMENDED DECLARATIONS — In the making of a declaration, an estate or trust must take into account the then existing facts and circumstances as well as those reasonably anticipated relating to prospective gross income and allowable deductions for the taxable year.

5. PENALTY — In the case of any underpayment of estimated tax, there may be added to the tax, an amount determined at the rate of 2/3 of 1% a month, or fraction of a month, on the amount of tax underpaid as provided under section 235-97(f), HRS.

ESTIMATED TAX COMPUTATION WORKSHEET

Table with 13 numbered rows for tax computation and a grid for numerical input.

NOTE: If a declaration is not required at this time, it may be necessary to file one at a later date. See General Instructions item 3.

2014 TAX RATE SCHEDULE FOR ESTATES AND TRUSTS

Table mapping taxable income brackets to tax rates, such as 'Not over \$2,000' at '1.4% of taxable income'.

# MAILING ADDRESS

Hawaii Department of Taxation  
P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
(830 Punchbowl Street)

## IMPORTANT NOTE

The Form N-5 has been redesigned for electronic scanning that permits faster processing with fewer errors. In order to avoid unnecessary delays caused by manual processing, taxpayers should follow the guidelines listed below:

1. Print amounts only on those lines that are applicable.
2. Use only a black or dark blue ink pen. Do not use red ink, pencil, or felt tip pens.
3. Because this form is read by a machine, please print your numbers inside the boxes like this:

1 2 3 4 5 6 7 8 . 9 0

4. Do NOT print outside the boxes.
5. Do NOT use dollar signs, commas, slashes, dashes or parenthesis in the boxes.
6. **DO NOT SUBMIT A PHOTOCOPY OF THIS FORM.** Photocopying of this form could cause delays in processing your payment.

✂ — — — — — DETACH HERE — — — — — ✂  
Form (Rev. 2013) Tax Year

**N-5** 2014

STATE OF HAWAII — DEPARTMENT OF TAXATION  
ESTIMATED INCOME TAX FOR ESTATES AND TRUSTS

DO NOT WRITE OR STAPLE IN THIS SPACE



DCT131

### Voucher No. 1

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 4th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

First time filer

Name				
Dba or C/O				
Address				Suite Number
City, town, or post office	State	Postal/ZIP Code	Country	For office use only

Federal Employer Identification Number (FEIN)

Calendar or Fiscal Year Ending (MM DD YY)

Amount of Payment

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
Federal Employer I.D. Number and "2014 Form N-5" on your  
check or money order.

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DCT132

### Voucher No. 2

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 6th MONTH OF THE TAXABLE YEAR.

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Dba or C/O				
Address				Suite Number
City, town, or post office	State	Postal/ZIP Code	Country	For office use only

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DCT133

### Voucher No. 3

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 9th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

First time filer

Name				
Dba or C/O				
Address				Suite Number
City, town, or post office	State	Postal/ZIP Code	Country	For office use only

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DCT134

### Voucher No. 4

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

First time filer

Name				
Dba or C/O				
Address				Suite Number
City, town, or post office	State	Postal/ZIP Code	Country	For office use only

Federal Employer Identification Number (FEIN)

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