



# MAILING ADDRESS

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

## IMPORTANT NOTE

Form N-5 is designed for electronic scanning that permits faster processing with fewer errors. To avoid delays:

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, felt tip pens, or erasable 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. 2015) Tax Year

**N-5** **2016**

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

DO NOT WRITE OR STAPLE IN THIS SPACE



DCF151

### 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 "2016 Form N-5" on your  
check or money order.

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### Voucher No. 2

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

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

First time filer

Name				
Dbn 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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DCF153

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

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DCF154

### 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

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Calendar or Fiscal Year Ending (MM DD YY)

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