

STATE OF HAWAII—DEPARTMENT OF TAXATION
**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

THIS SPACE FOR DATE RECEIVED STAMP

For calendar year **2024**

or other taxable year beginning _____, 2024
and ending _____, 20__

N70NP_I 2024A 01 VID01

Final Return Amended Return (Attach Sch AMD) IRS Adjustment NOL Carryback

PRINT OR TYPE	Name of organization	A Federal Employer I.D. No.
	Dba or C/O	B Unrelated business activity code(s)
	Mailing Address (number and street)	C Hawaii Tax I.D. No.
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions.	D This organization is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust

Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. <i>Note: The sum of lines 1 - 5 DO NOT equal line 6.</i>	
	1 Gross receipts or sales	1
	2 Returns and allowances	2
	3 Cost of goods sold and/or operations	3
	4 Capital gain net income (see Instructions)	4
	5 Other income	5
	6 Total unrelated trade or business income	6
	7 Total deductions	7

Tax Computation	9 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	9
	10 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	10
	11 Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11
	12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12
	13 Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	13
	14 Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	14
	15 Recapture of Capital Infrastructure Tax Credit (attach Form N-348)	15

Total Income Tax	17 Total tax (add lines 9 or 10 and 11, 12, 13, 14, 15 and 16)	17
	18 Total refundable tax credits from Schedule CR, line 10	18
	19 ADJUSTED TAX LIABILITY — Line 17 minus line 18. If line 19 is zero or less, see Instructions.	19
	20 Total nonrefundable credits from Schedule CR, line 32	20
	21 Line 19 minus line 20	21
	22 Credits and payments:	

Total Income Tax	(a) 2023 overpayment credited to 2024	22(a)	ATTACH COPY OF FEDERAL FORM 990-T
	(b) Estimated tax payments	22(b)	
	(c) Tax paid with automatic extension of time to file	22(c)	
	(d) Total credits and payments (add lines 22(a) through 22(c))	22(d)	
	23 Estimated tax penalty (see Instructions). Check if Form N-220 is attached	23	
	24 TAX DUE — If line 22(d) is smaller than the total of lines 21 and 23, enter amount owed (see Instructions)	24	
	25 OVERPAYMENT — If line 22(d) is larger than the total of lines 21 and 23, enter amount overpaid (see Instructions)	25	
Total Income Tax	26 (a) Enter the amount of line 25 you want Credited to 2025 estimated tax	26(a)	
	26 (b) Enter the amount of line 25 you want Refunded to you (line 25 minus line 26(a))	26(b)	
Total Income Tax	27 Enter AMOUNT PAID with this return	27	

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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Name and title of officer _____

★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Instructions) Yes No
This designation does not replace Form N-848, Power of Attorney.

Please Sign Here	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Print Preparer's Name			
Paid Preparer's Information	Firm's name (or yours, if self-employed)	Federal E.I. No.		
	Address and ZIP Code	Phone no.		



Name as shown on return	Federal Employer Identification Number
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Amended Return	28. Amount paid (overpaid) on original return - AMENDED RETURN ONLY (see instructions)	28	
	29. BALANCE DUE (REFUND) with amended return (see Instructions)	29	

TAX COMPUTATION SCHEDULE

PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	
2	Enter the total of other deductions (see Instructions, attach schedule)	2	
3	Difference — line 1 minus line 2	3	
4	Hawaii additions to income (see Instructions, attach schedule)	4	
5	Sum of lines 3 and 4	5	
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	
	(b) Tax on all other taxable income — If the amount on line 7 is:		
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)	
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$_____ Subtract \$250 and enter the difference.	8(b)(ii)	
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$_____ Subtract \$1,250 and enter the difference.	8(b)(iii)	
	(c) Total of lines 8(a) and 8(b)	8(c)	
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9.	9	

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	
2	Enter the total of other deductions (see Instructions, attach schedule)	2	
3	Difference — line 1 minus line 2	3	
4	Hawaii additions to income (see Instructions, attach schedule)	4	
5	Sum of lines 3 and 4	5	
6	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40)	6	
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	
8	Enter the greater of line 7 or \$20,000.	8	
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128	9	
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	
11	Multiply the amount on line 10 by 7.25%	11	
12	Total of lines 9 and 11.	12	
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10	14	

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000.	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000.	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000.	\$2,678.00 plus 8.25% of excess over \$40,000