FORM
N-70NP
(REV. 2016)

STATE OF HAWAII—DEPARTMENT OF TAXATION

EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

THIS SPACE FOR DATE RECEIVED STAMP

DYT161

For calendar year 2016

or other taxable year beginning ● _____ , 2016

and ending ● _____ , 20____

☐ **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)
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): ☐ Corporation ☐ Charitable Trust

• ATTACH CHECK OR MONEY ORDER AND FORM N-201V HERE •

ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. ***Note: The sum of lines 1 - 5 DO NOT equal line 6.***

Taxable Income	1	Gross receipts or sales	1●	00
	2	Returns and allowances	2●	00
	3	Cost of goods sold and/or operations	3●	00
	4	Capital gain net income (see Instructions)	4●	00
	5	Other income	5●	00
	6	Total unrelated trade or business income	6●	00
	7	Total deductions	7●	00
	8	Unrelated business taxable income	8	00
Tax Computation	9	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9 ➤	9●	00
	10	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14 ➤	10●	00
	11	Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11	00
	12	Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12	00
	13	Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	13	00
	14	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	14	00
	15	Recapture of Capital Infrastructure Tax Credit (attach Form N-348)	15	00
Total Income Tax	16	Total tax (add lines 9 or 10 and 11, 12, 13, 14, and 15)	16●	00
	17	Total refundable tax credits from Schedule CR, line 25	17●	00
	18	Line 16 minus line 17. If line 18 is zero or less, see Instructions	18●	00
	19	Total nonrefundable credits from Schedule CR, line 16	19●	00
	20	Line 18 minus line 19	20●	00
	21	Credits and payments:		
		(a) 2015 overpayment credited to 2016 — 21(a)● 00		
		(b) Estimated tax payments — 21(b)● 00		
		(c) Tax paid with automatic extension of time to file — 21(c)● 00		
		(d) Total credits and payments (add lines 21(a) through 21(c))	21(d)●	00
	22	Estimated tax penalty (see Instructions). Check if Form N-220 is attached ➤ ●☐	22●	00
	23	**TAX DUE** — If line 21(d) is smaller than the total of lines 20 and 22, enter amount owed (see Instructions)	23●	00
	24	**OVERPAYMENT** — If line 21(d) is larger than the total of lines 20 and 22, enter amount overpaid (see Instructions) ➤	24●	00
	25	**(a)** Enter the amount of line **24** you want **Credited to 2017 estimated tax** ➤	25(a)●	00
		(b) Enter the amount of line **24** you want **Refunded to you** (line 24 minus line 25(a)) ➤	25(b)●	00
Amended Return	26	Amount paid (overpaid) on original return — AMENDED RETURN ONLY (see Instructions)	26	00
	27	BALANCE DUE (REFUND) with amended return (see Instructions)	27	00

ATTACH COPY OF FEDERAL FORM 990-T

Please Sign Here

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.

Paid Preparer's Information

Preparer's signature Print Preparer's Name ➤	Date	Check if self-employed ☐	Preparer's identification no. ●
Firm's name (or yours, if self-employed) Address and ZIP Code ➤		Federal E.I. No. ➤	
		Phone no. ➤	

DYT162

Name as shown on return	Federal Employer Identification Number

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		00
2	Enter the total of other deductions (see Instructions, attach schedule)	2		00
3	Difference — line 1 minus line 2	3		00
4	Hawaii additions to income (see Instructions, attach schedule)	4		00
5	Sum of lines 3 and 4	5		00
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6		00
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7		00
8	**(a)** Tax on net capital gain — 4% of the amount on line 6	8(a)		00
	(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)		00
	(ii) Over $25,000 but not over $100,000 — Enter 5.4% of line 7 $_____. Subtract $250 and enter the difference	8(b)(ii)		00
	(iii) Over $100,000 — Enter 6.4% of line 7 $_____. Subtract $1,250 and enter the difference	8(b)(iii)		00
	(c) Total of lines 8(a) and 8(b)	8(c)		00
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)		00
9	Total tax (enter the smaller of line 8(c) or line 8(d)). **Also, enter this amount on page 1, line 9**	9		00

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		00
2	Enter the total of other deductions (see Instructions, attach schedule)	2		00
3	Difference — line 1 minus line 2	3		00
4	Hawaii additions to income (see Instructions, attach schedule)	4		00
5	Sum of lines 3 and 4	5		00
6	Net capital gain taxable to the trust. Enter the smaller of line 18 or 19, col. (b), Schedule D (Form N-40)	6		00
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7		00
8	Enter the greater of line 7 or $20,000	8		00
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		00
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10		00
11	Multiply the amount on line 10 by 7.25%	11		00
12	Total of lines 9 and 11	12		00
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13		00
14	Total tax (enter the smaller of line 12 or line 13). **Also, enter this amount on page 1, line 10**	14		00

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