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FORM **U-6** (REV. 2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION

PUBLIC SERVICE COMPANY TAX RETURN

CALENDAR YEAR 2017

(Based on income for calendar year 2016 or fiscal year beginning on _____ , 2016 and ending _____ , 20 ___)

VCT161

(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.
Address (number and street)	Federal Employer I.D. No.
City, State, and Postal/ZIP Code	Amount paid with this return $
Check if: ☐ 1st year ☐ 2nd year ☐ Final year ☐ Amended return ☐ Paying tax in installments	**TOTAL TAX** (from page 2; Do Not enter TAX DUE amount) $

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2016

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 ☐	Preparer's identification number ●
Firm's name (or yours if self-employed), Address, and Postal/Zip Code ➤		Federal E.I. No. ➤	
		Phone No. ➤	

VCT162

Name as shown on return	Federal Employer Identification Number

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●	