


FORM N-354 (2017)	ORGANIC FOODS PRODUCTION TAX CREDIT Or fiscal year beginning _____, 2017, and ending _____, 20____	TAX YEAR 2017
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ATTACH TO FORM N-11, N-15, N-20, N-30, N-35, N-40, OR N-70NP, WHICHEVER IS APPLICABLE.

Name(s) as shown on Form N-11, N-15, N-20, N-30, N-35, N-40, or N-70NP	SSN or FEIN
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Part I CREDIT CERTIFICATE

DEPARTMENT OF AGRICULTURE CERTIFICATE (Completed by Department of Agriculture only)	
1. Name of taxpayer	2. SSN/FEIN
3. Date qualified expenses were first incurred	
	Amount of qualified expenses Amount of credit allowed
4. Amount of Tax Credit for first year	
5. Amount of Tax Credit for second year	
6. Amount of Tax Credit for third year	
7. Amount of Tax Credit for fourth year	
8. Amount of Tax Credit for fifth year	
9. Total Organic Foods Production Tax Credit claimed to date (add lines 4 thru 8)	
10. Amount of tax credit allowed for this taxable year	\$
This is to certify that the amounts noted above have been verified in accordance with section 235-110.94, Hawaii Revised Statutes.	
_____ Signature of Certifying Officer	_____ Date of Certification
_____ (Type or Print Name and Title)	

Part II COMPUTATION OF TAX CREDIT

Note: If you are only claiming your distributive share of a tax credit distributed from a partnership, an S corporation, an estate, or a trust, skip line 1 and begin on line 2.

1 Total amount of certified tax credit allowed for the taxable year from Part I, line 10	1	
2 Flow through of organic foods production tax credit received from other entities, if any: Check the applicable box below. Enter the name and FEIN of Entity:		
a <input type="checkbox"/> Partner — enter amount from Schedule K-1 (Form N-20), line 29		
b <input type="checkbox"/> S corporation shareholder — enter amount from Schedule K-1 (Form N-35), line 16n		
c <input type="checkbox"/> Beneficiary — enter amount from Schedule K-1 (Form N-40), line 9c		
d <input type="checkbox"/> Patron — enter the amount from federal Form 1099-PATR	2	
3 Carryover of unused organic foods production tax credit from prior year	3	
4 Tentative current year organic foods production tax credit — add lines 1, 2 and 3	4	
Note: Form N-20 and Form N-35 filers, enter the amount on line 4 on the appropriate lines of Form N-20, Schedule K or Form N-35, Schedule K; skip lines 5 through 8 and continue to Part III. Form N-40 filers, see the instructions.		
Adjusted Tax Liability (Not to be completed by Form N-20 and Form N-35 filers)		
5 a Individuals — enter the amount from Form N-11, line 34; or Form N-15, line 51		
b Corporations — enter the amount from Form N-30, line 13		
c Other filers — enter the amount from Form N-40, Schedule G line 3, or Form N-70NP, line 18	5	
6 If you are claiming other nonrefundable tax credits, complete the worksheet on page 2 of the instructions and enter the total here. If you are not claiming other nonrefundable credits, enter zero	6	
7 Line 5 minus line 6. This represents your adjusted tax liability. If the result is zero or less, enter zero	7	
8 Total credit allowed — enter the smaller of line 4 or line 7. This is your organic foods production tax credit allowable for the year. Enter this amount, rounded to the nearest dollar, on the appropriate line for the credit on Schedule CR (for tax returns for which Schedule CR is required) or on Form N-40, Schedule E (for the estate's or trust's share), whichever is applicable.....	8	
9 Total amount carryforward of unused credit — Line 4 minus line 8. This represents your unused credit available to carryforward to be used against tax liability in subsequent tax years until exhausted	9	

Part III FLOW-THROUGH ENTITIES ALLOCATING THE CREDIT TO THEIR PARTNERS, SHAREHOLDERS, OR BENEFICIARIES

1. Tax credit allocated to partners, shareholders, or beneficiaries. Enter the amount from Part II, line 4..... \$ _____
2. Allocation of the tax credit to their partners, shareholders, or beneficiaries as follows (if more space is needed, attach additional sheet(s)):

(a) No.	(b) Name and Address of Partner, Shareholder, or Beneficiary	(c) Identifying No. of Partner, Shareholder, or Beneficiary	(d) Amount of Tax Credit Allocated
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3.	Total from additional sheet(s).....	3	
4.	Total amounts allocated (Must equal Part III, line 1 above.)	4	