

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

THIS SPACE FOR DATE RECEIVED STAMP



DYF171

For calendar year **2017**



or other taxable year beginning • \_\_\_\_\_, 2017  
and ending • \_\_\_\_\_, 20\_\_\_\_\_

Change of Address  Amended Return (Attach Sch AMD)  IRS Adjustment  NOL Carryback

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

<b>Taxable Income</b>	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	<b>1•</b>
	2 Returns and allowances	<b>2•</b>
	3 Cost of goods sold and/or operations	<b>3•</b>
	4 Capital gain net income (see Instructions)	<b>4•</b>
	5 Other income	<b>5•</b>
	6 Total unrelated trade or business income	<b>6•</b>
	7 Total deductions	<b>7•</b>
8 Unrelated business taxable income	<b>8</b>	
<b>Tax Computation</b>	9 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	<b>9•</b>
	10 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	<b>10•</b>
	11 Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	<b>11</b>
	12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	<b>12</b>
	13 Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	<b>13</b>
	14 Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	<b>14</b>
	15 Recapture of Capital Infrastructure Tax Credit (attach Form N-348)	<b>15</b>
<b>Total Income Tax</b>	16 Total tax (add lines 9 or 10 and 11, 12, 13, 14, and 15)	<b>16•</b>
	17 Total refundable tax credits from Schedule CR, line 26	<b>17•</b>
	18 Line 16 minus line 17. If line 18 is zero or less, see Instructions.	<b>18•</b>
	19 Total nonrefundable credits from Schedule CR, line 18	<b>19•</b>
	20 Line 18 minus line 19	<b>20•</b>
	21 Credits and payments:	
	(a) 2016 overpayment credited to 2017	21(a)•
	(b) Estimated tax payments	21(b)•
	(c) Tax paid with automatic extension of time to file	21(c)•
	(d) Total credits and payments (add lines 21(a) through 21(c))	<b>21(d)•</b>
22 Estimated tax penalty (see Instructions). Check if Form N-220 is attached	<b>22•</b> <input type="checkbox"/>	
23 <b>TAX DUE</b> — If line 21(d) is smaller than the total of lines 20 and 22, enter amount owed (see Instructions)	<b>23•</b>	
24 <b>OVERPAYMENT</b> — If line 21(d) is larger than the total of lines 20 and 22, enter amount overpaid (see Instructions)	<b>24•</b>	
25 (a) Enter the amount of line 24 you want <b>Credited to 2018 estimated tax</b>	<b>25(a)•</b>	
(b) Enter the amount of line 24 you want <b>Refunded to you</b> (line 24 minus line 25(a))	<b>25(b)•</b>	
<b>Amended Return</b>	26 Amount paid (overpaid) on original return — AMENDED RETURN ONLY (see Instructions)	<b>26</b>
	27 <b>BALANCE DUE (REFUND)</b> with amended return (see Instructions)	<b>27</b>

**ATTACH COPY OF  
FEDERAL FORM  
990-T**

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.

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



DYF172

Name as shown on return

Federal Employer Identification Number

TAX COMPUTATION SCHEDULE

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

Table with 9 rows for Part I, including lines 1 through 9, detailing tax computation steps for corporations.

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

Table with 14 rows for Part II, including lines 1 through 14, detailing tax computation steps for trusts.

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

Table showing trust tax rates for periods after 12/31/01, with columns for taxable income ranges and corresponding tax calculations.

