

STATE OF HAWAII — DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN
CALENDAR YEAR **2026**

U6_1 2025A 01 VID01

Based on income for calendar year 2025 or fiscal year beginning on _____, 2025 and ending _____, 20_____
(First year, Second year, and Final year return filers, see Instructions)(NOTE: Do NOT use Form U-6 to calculate and/or
remit the counties' share of the public service company tax.)

| | | |
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| | | |
|----------------------|-------------------------------------|------------------------------------|
| PRINT OR TYPE | Name | Date Business Began in Hawaii |
| | DBA (if any) | Hawaii Tax I.D. No. |
| | Mailing Address (number and street) | Federal Employer I.D. No. |
| | City, State, and Postal/ZIP Code | Amount paid with this return \$ |

CHECK BOX IF APPLICABLE:

 First year Second year Final year Amended return Paying tax in installments
SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME**GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2025****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 |
| Paid Preparer's Information | Preparer's Signature and Print Preparer's Name | Date | PTIN |
| | Firm's name (or yours if self-employed), Address, and Postal/Zip Code | Federal E.I. No. | Phone No. |



U6_I 2025A 02 VID01

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 | | |
| C | | |
| D | | |

B Line 1a(3)

x 5.35% (fixed rate) TAX AMOUNT

| | | |
|---|--|--|
| B | | |
| C | | |
| D | | |
| E | | |

C Line 1b(3)

x .5 % (fixed rate) TAX AMOUNT

| | | |
|---|--|--|
| C | | |
| D | | |
| E | | |
| F | | |

D Line 1c(3)

x .5 % TAX AMOUNT

| | | |
|---|--|--|
| D | | |
| E | | |
| F | | |
| G | | |

E TOTAL TAX (add lines A, B, C, and D)



| | | |
|---|--|--|
| E | | |
| F | | |
| G | | |
| H | | |

F Nonrefundable Tax Credit - Credit for Lifeline Telephone Service

Subsidy (see Instructions)

G Balance (line E minus line F, but not less than zero)

H Payment with Extension (attach Form N-755) (see Instructions)

| | | |
|---|--|--|
| H | | |
| I | | |
| J | | |
| K | | |

I Tax Installment Payments (see Instructions)

J Total Payments (add lines H and I)

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)

L OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID

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 | | |
| C | | |
| D | | |

B Payment with Extension (attach Form N-755) (see Instructions)

C Tax Installment Payments (see Instructions)

D Total Payments (add lines B and C)

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)

F OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID

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 | | |
| C | | |
| D | | |

B Line 1c(3)

x .5 % TAX AMOUNT

| | | |
|---|--|--|
| B | | |
| C | | |
| D | | |
| E | | |

C TOTAL TAX (add lines A and B)



| | | |
|---|--|--|
| C | | |
| D | | |
| E | | |
| F | | |

D Payment with Extension (attach Form N-755) (see Instructions)

E Tax Installment Payments (see Instructions)

F Total Payments (add lines D and E)

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)

H OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID