

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Key From Image Specifications
for
Form U-6 (Rev. 2014)**

Contact Information

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Address:**

tax.hawaii.gov/vendor/

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

FORM U-6 (Rev. 2014)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form U-6. Form U-6 requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form.

The form must be an exact replica of the official version of the form with respect to layout, data dots, shading and content.

Substitute KFI forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- Photocopies of the form must not be submitted to the Department for processing. This will distort the 1D barcode.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Variable Data

- All variable data fields must utilize 10 pt Courier font, and all variable text data must be in uppercase letters. Text labels must not touch variable data.

4. Testing and Approval of the KFI Form

- A review of the form will be done based on processing specifications. It is assumed that there are no spelling errors, incorrect or missing words, missing lines, etc.
- 1 test sample is required to be submitted for testing of the barcodes and must be an original. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

KEY FROM IMAGE (KFI) SPECIFICATIONS

1. Layout

- The form must be an exact replica of the official Form U-6 with respect to layout, data dots, shading, and content.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label at bottom middle of the form for each page. Exact placement is not required. See attached exhibit.
- See our software vendor website for the Hawaii Vendor I.D. Number Listing. If your company is not listed, please contact the Forms Coordinator.

3. Barcode

- A 1D barcode is specific to the form. The property of the 1D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:
Page 1:
1-1/16 inch from top edge of form and 1/2 inch from left edge of form

11/16 inch from top edge of form and 1/2 inch from left edge of form

- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A ¼ inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.
- The required barcode is VCT141 for page 1:



VCT141

Page 2:

- The required barcode is VCT142 for page 2:



VCT142

The barcode includes the form number code (VC), type of form (T), form year (14), and page number (1) or (2). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

1-1/16 inches
from top edge of
the form

DEPARTMENT OF TAXATION
COMPANY TAX RETURN
CALENDAR YEAR **2015**

THIS SPACE FOR DATE RECEIVED STAMP



(Based on income for calendar year 2014 or fiscal year beginning on _____, 2014 and ending _____, 20__)

(NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public service company tax.)

1/2 inch from the left edge of the form

VCT141

PRINT OR TYPE	DBA (if any)	Date Business Began in Hawaii
	Address (number and street)	Hawaii Tax I.D. No. W _____ - _____
	City, State, and Postal/ZIP Code	Federal Employer I.D. No.
Check if: <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> Final year <input type="checkbox"/> Amended return <input type="checkbox"/> Paying tax in installments		Amount paid with this return \$ _____ 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 2014

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

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.

Please Sign Here

Signature of officer _____ Date _____ Title _____

Paid Preparer's Information

Preparer's Signature and Print Preparer's Name	Date	Check if self-employed <input type="checkbox"/>	Preparer's identification number
Firm's name (or yours if self-employed), Address and Postal/Zip Code		Federal E.I. No. >	
		Phone No. >	

Placement for Hawaii Vendor ID Number ID NO 12



11/16 inches from top edge of the form

1/2 inch from the left edge of the form

Name as shown on return

Federal Employer Identification Number

VCT142

COMPUTATION OF TAX (Line references are to lines on page 1.) Note: Enter TOTAL TAX amount on page 1.

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.

Table with columns for description, rate, tax amount, and line reference (A-L). Includes rows for Line 5 less lines 1a(3), 1b(3), and 1c(3); Line 1a(3); Line 1b(3); Line 1c(3); TOTAL TAX; Nonrefundable Tax Credit; Balance; Payment with Extension; Tax Installment Payments; Total Payments; TAX DUE; and OVERPAYMENT.

PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

Table with columns for description, rate, tax amount, and line reference (A-F). Includes rows for TOTAL TAX (line 1a(3)); Payment with Extension; Tax Installment Payments; Total Payments; TAX DUE; and OVERPAYMENT.

PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

Table with columns for description, rate, tax amount, and line reference (A-H). Includes rows for Line 1b(3); Line 1c(3); TOTAL TAX; Payment with Extension; Tax Installment Payments; Total Payments; TAX DUE; and OVERPAYMENT.

Placement for Hawaii Vendor ID Number

ID NO 12