

FORM STATE OF HAWAII — DEPARTMENT OF TAXATION  
**U-6 PUBLIC SERVICE COMPANY TAX RETURN**  
 (REV. 2017)  
**CALENDAR YEAR 2018**



(Based on income for calendar year 2017 or fiscal year beginning on \_\_\_\_\_, 2017 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.)

<b>• PRINT OR TYPE •</b>	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: <input type="checkbox"/> First year <input type="checkbox"/> Second year <input type="checkbox"/> Final year <input type="checkbox"/> Amended return <input type="checkbox"/> Paying tax in installments <input type="checkbox"/> Change of Address		<b>TOTAL TAX</b> (from page 2; Do Not enter TAX DUE amount) \$

**SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME**

**GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2017**

1 Gross Income from Public Utility Business (describe fully from what sources received)

<b>a</b>	(1) Passenger Fares for Transportation Between Points on a Scheduled Route By Land . . . . .	<b>1a(1)</b>			
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions) . . . . .	<b>1a(2)</b>			
	(3) Adjusted Gross Income (line 1a(1) minus line 1a(2)) . . . . .			<b>1a(3)</b>	
<b>b</b>	(1) Sales of Products or Services to Another Public Utility for Resale to the Consumer . . . . .	<b>1b(1)</b>			
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions) . . . . .	<b>1b(2)</b>			
	(3) Adjusted Gross Income (line 1b(1) minus line 1b(2)) . . . . .			<b>1b(3)</b>	
<b>c</b>	(1) Sales of Telecommunication Services to a Person Defined in Section 237-13(6)(D), HRS, for Resale to the Consumer. . . . .	<b>1c(1)</b>			
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions) . . . . .	<b>1c(2)</b>			
	(3) Adjusted Gross Income (line 1c(1) minus line 1c(2)) . . . . .			<b>1c(3)</b>	
<b>d</b>	(1) . . . . .	<b>1d(1)</b>			
	(2) Worthless Accounts Charged Off for Net Income Tax Purposes (see Instructions) . . . . .	<b>1d(2)</b>			
	(3) Adjusted Gross Income (line 1d(1) minus line 1d(2)) . . . . .			<b>1d(3)</b>	
<b>2</b>	Equipment Rentals Received (attach schedule and describe fully) . . . . .			<b>2</b>	
<b>3</b>	Joint Facility Rentals Received. . . . .			<b>3</b>	
<b>4</b>	Non-Operating Income from Public Utility Business (attach schedule and describe fully) . . . . .			<b>4</b>	
<b>5</b>	<b>TOTAL ADJUSTED GROSS INCOME</b> (add lines 1 through 4) . . . . .			<b>5</b>	

<b>Please Sign Here</b>	<b>DECLARATION</b> — 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 _____	
<b>Paid Preparer's Information</b>	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. _____	



Name as shown on return	Federal Employer Identification Number
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**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		
<b>E TOTAL TAX</b> (add lines A, B, C, and D) . . . . .				<b>E●</b>		
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		
<b>C TOTAL TAX</b> (add lines A and B) . . . . .				<b>C●</b>		
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●		