


FORM N-354 (REV. 2021)	ORGANIC FOODS PRODUCTION TAX CREDIT Or fiscal year beginning _____, 20____, and ending _____, 20____	TAX YEAR 20 ____
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ATTACH TO FORM N-11, N-15, N-20, N-30, N-35, N-40, OR N-70NP

Name(s) as shown on tax return	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	N354_I 2021A 01 VID01	

Part II COMPUTATION OF TAX CREDIT

Note: If you are only claiming your distributive share(s) 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 Federal Employer I.D. No. of Entity:		
a <input type="checkbox"/> Partner — enter the appropriate amount from Schedule K-1 (Form N-20)		
b <input type="checkbox"/> S corporation shareholder — enter the appropriate amount from Schedule K-1 (Form N-35).....		
c <input type="checkbox"/> Beneficiary — enter the appropriate amount from Schedule K-1 (Form N-40)		
d <input type="checkbox"/> Patron — enter the amount from federal Form 1099-PATR	2	
3 Total New Credit Claimed — Add lines 1 and 2. Also enter this amount on Schedule CR in Column (a) of the appropriate line for this tax credit.....	3	
<i>Note: Pass-through entities, enter the amount from line 3 on the appropriate lines of your tax return and skip to Part III of this Form. For Form N-40 filers who are reporting the trust or estate's share, continue on to line 4.</i>		
4 Carryover of unused organic foods production tax credit from prior year.....	4	
5 Tentative current year organic foods production tax credit — add lines 3 and 4	5	
6 Adjusted Tax Liability — Enter the adjusted tax liability from the applicable Form N-11, N-15, N-30, N-40, or N-70NP.....	6	
7 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	7	
8 Line 6 minus line 7. This represents your remaining tax liability. If the result is zero or less, enter zero.....	8	
9 Total Credit Applied — enter the smaller of line 5 or line 8. This is your organic foods production tax credit applied for the year. Also, enter this amount on Schedule CR in Column (b) of the appropriate line for this credit. ...	9	
10 Unused Credit to Carryover — Line 5 minus line 9. This represents your unused credit available to carryforward to be used against tax liability in subsequent tax years until exhausted. If this amount is more than zero, also enter this on Schedule CR in Column (c) of the appropriate line for this tax credit	10	

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 3\$ _____
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 | |