SCHPTE I 2024A 01 VID01

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STATE OF HAWAII - DEPARTMENT OF TAXATION

PASS-THROUGH ENTITY TAX CALCULATION

> Attach to Form N-20 or Form N-35

Chec	sk if: Supplement to Part II Only		
Name	e as shown on tax return Federal E	mplc	oyer I.D. No. (FEIN)
Par	t I ELECTIVE TAX INFORMATION		
1. 1	Total number of all qualified members	1	
2 . 1	Total qualified net income for all qualified members	2	
3. E	Elective Tax Rate	3	9.00%
4 . N	Multiply line 2 by line 3 (if less than zero, enter zero). This is the total amount of elective tax.		
E	Enter the result here and on Form N-20, line 17a or Form N-35, line 22f	4	
Par	t II SCHEDULE OF QUALIFIED MEMBERS		
1. 1	Total number of qualified members reported on this form	1	
	Total qualified net income for all qualified members reported on this form		
	combine all box a amounts from below and page 2)	2	
	Total elective tax credit amount for all qualified members reported on this form		
	(combine all box b amounts from below and page 2)	3	
	Qualified Member Name FEIN		
Α			
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
	Qualified Member Name		
	SSN		
В	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
	Qualified Member Name		
с	SSN		
C	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
	Qualified Member Name		
D	55N		
-	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	D	
Е	SSN		
	Sum of pro-rate or distributive share and guaranteed perments included in gualified pet income		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income	а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
F	Qualified Member Name FEIN		
	SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net income	а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, enter zero)	b	
PTE	IH7V9 ID NO 01 SCHE	DUI	LE PTE (REV. 2024)

(REV. 2024)



SCHPTE_I 2024A 02 VID01

Name as shown on tax return Federal			Emplo	yer I.D. No. (FEIN)
Part	II SCHEDULE OF QUALIFIED MEMBERS - continued			
	Qualified Member Name	FEIN		
G		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net inco	ome	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e		b	
н	Qualified Member Name	FEIN		
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net included	ome	a	
1	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e Qualified Member Name	nter zero) FEIN	b	
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net included	ome	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e	nter zero)	b	
	Qualified Member Name	FEIN		
		SSN		
J		I		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net inco	ome	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e		b	
к	Qualified Member Name	FEIN		
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net included	ome	a	
			b	
L	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e Qualified Member Name	FEIN	U U	
		SSN		
		001		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net included	ome	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e	nter zero)	b	
М	Qualified Member Name	FEIN		
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in gualified net included	me	a	
N	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e Qualified Member Name	nter zero) FEIN	b	
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net included	ome	a	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e	nter zero)	b	
0	Qualified Member Name	FEIN		
		SSN		
	a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net inco		а	
	b. Elective tax credit amount (Multiply box a by 9.00% and enter the result. If less than zero, e		b	
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