

STATE OF HAWAII—DEPARTMENT OF TAXATION
PUBLIC SERVICE COMPANY TAX RETURN

DO NOT WRITE OR STAPLE IN THIS SPACE

For calendar year 2004

or other tax year beginning _____, 2004 and ending _____, 20____

TYPE OR PRINT	Name	Office Audit _____ Field Audit _____
	DBA or C/O	Hawaii G.E./Use I.D. No. _____
	Number and Street	Federal Employer I.D. No. _____
	City, State, and ZIP Code	Amount paid with this return \$ _____
Year of Operation: Check if <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> Final <input type="checkbox"/> Amended		TOTAL TAX (from page 2; <u>Do Not</u> enter TAX DUE amount) \$ _____

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2003

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) Deduction and Exemption From Gross Income (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 Zip code		Federal E.I. No. _____	Phone No. _____

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)	<input type="text"/>	<input type="text"/>	x 4.0% (fixed rate).....TAX AMOUNT	A	<input type="text"/>	<input type="text"/>
B	Line 1a(3).....	<input type="text"/>	<input type="text"/>	x 5.35% (fixed rate).....TAX AMOUNT	B	<input type="text"/>	<input type="text"/>
C	Line 1b(3).....	<input type="text"/>	<input type="text"/>	x .5 % (fixed rate).....TAX AMOUNT	C	<input type="text"/>	<input type="text"/>
D	Line 1c(3).....	<input type="text"/>	<input type="text"/>	x 4.0%TAX AMOUNT	D	<input type="text"/>	<input type="text"/>
E	TOTAL TAX (add lines A, B, C, and D).....➔				E	<input type="text"/>	<input type="text"/>
F	Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy (see Instructions).....				F	<input type="text"/>	<input type="text"/>
G	Balance (line E minus line F, but not less than zero).....				G	<input type="text"/>	<input type="text"/>
H	Payment with Extension (attach Form N-755) (see Instructions).....				H	<input type="text"/>	<input type="text"/>
I	Tax Installment Payments (see Instructions).....				I	<input type="text"/>	<input type="text"/>
J	Total Payments (add lines H and I).....				J	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
L	OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID.....				L	<input type="text"/>	<input type="text"/>

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

A	TOTAL TAX (line 1a(3).....	<input type="text"/>	<input type="text"/>	x 5.35% (fixed rate)).....➔	A	<input type="text"/>	<input type="text"/>
B	Payment with Extension (attach Form N-755) (see Instructions).....				B	<input type="text"/>	<input type="text"/>
C	Tax Installment Payments (see Instructions).....				C	<input type="text"/>	<input type="text"/>
D	Total Payments (add lines B and C).....				D	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
F	OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID.....				F	<input type="text"/>	<input type="text"/>

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

A	Line 1b(3).....	<input type="text"/>	<input type="text"/>	x .5 % (fixed rate).....TAX AMOUNT	A	<input type="text"/>	<input type="text"/>
B	Line 1c(3).....	<input type="text"/>	<input type="text"/>	x 4.0%TAX AMOUNT	B	<input type="text"/>	<input type="text"/>
C	TOTAL TAX (add lines A and B).....➔				C	<input type="text"/>	<input type="text"/>
D	Payment with Extension (attach Form N-755) (see Instructions).....				D	<input type="text"/>	<input type="text"/>
E	Tax Installment Payments (see Instructions).....				E	<input type="text"/>	<input type="text"/>
F	Total Payments (add lines D and E).....				F	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
H	OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID.....				H	<input type="text"/>	<input type="text"/>