

**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form N-3 (Rev. 2008)**

**Contact Information**

Hawaii Department of Taxation  
Technical Section  
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**Hawaii Software Vendor Website  
Address:**

[www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm)

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

## FORM N-3 (Rev. 2008) General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-3. Form N-3 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-3 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable 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

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

#### 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 12 pt Courier Font.
- All variable data fields require exact placement.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

#### 4. Variable Data Delimiters

- Taxpayer's Federal Employer Identification Number and the taxpayer's calendar or fiscal year ending should be printed with spaces between the dash (-) delimiters. For example:  
12 - 1234567  
(2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 7 digits)  
  
MM - DD - YY  
(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits

for the day, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the tax year ending.

#### 5. Dollar Amounts

123456789 . 00

- Do not use commas as thousand separators.
- Amounts are right justified.
- Dollar and cent signs should not be used.

#### 6. Testing and Approval of the Scannable Form

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed in Appendix A. If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16", do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

### SCANNABLE SPECIFICATIONS

#### 1. Layout

- The vouchers were designed on a 6x10 grid. See exhibits. (For instructions and worksheets see Form N-3 (Rev. 2008).)
- Open space around variable data fields should be adhered to as much as possible. Do not place any additional information in these areas.

#### 2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following positions:  
Pages 1-4, on row 63 at columns 20 and 21.
- See Appendix A for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

#### 3. Registration Marks

- Registration marks are required on every voucher. The scanning equipment looks for "Ls", or registration marks, printed on the form. We highly recommend exact placement of the registration marks as specified to ensure a high and accurate read rate by the IBML scanners; however, there is some leeway. Notice that the registration marks on the exhibits vary by approximately 1 point (0.0139 inch).
- The vertical and horizontal edges of the registration marks must be the same length of .5 inch long and .0278 inch thick.
- There are **two** registration marks on each voucher.
  1. The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 52 for all four vouchers.



2. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four vouchers.



- The tolerance is 1mm (1/4 of a grid).

- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



#### 4. Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:  
Pages 1-4, approximately at the top of row 48 and at the beginning of column 6.
- 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.
- Open space surrounding the barcode should be adhered to as much as possible.
- DO NOT stretch the barcode image.
- The required barcode is CHT081 for voucher 1:



CHT081

The required barcode is CHT082 for voucher 2:



CHT082

The required barcode is CHT083 for voucher 3:



CHT083

The required barcode is CHT084 for voucher 4:



CHT084

The barcode includes the form number code (CH), type of form (T), form year (08), and page number (1), (2), (3) or (4). 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.

#### 5. Acetate overlays

- Acetate overlays will be mailed to vendors listed in Appendix A who previously reproduced Form N-3. If you are now reproducing Form N-3, contact the Forms Coordinator for the acetate overlays. If your company is not listed in the Hawaii Vendor I.D. Number Table and you are reproducing Form N-3, please contact the Forms Coordinator.

Appendix A  
HAWAII VENDOR I.D. NUMBER

Company	HI Vendor I.D. No.
2nd Story Software, Inc.	90
Aatrix Software, Inc.	11
AccountantsWorld	18
ACOM Solutions, Inc.	34
ADP Taxware	33
ADP, Inc.	21
Advanced Micro Solutions	29
Advantage Payroll	28
AME Software Products, Inc.	36
ATX II, LLC	10
Business Software, Inc.	22
CBIZ – Century Business Services	26
CCH Incorporated (CA)	16
CCH Incorporated (IL)	17
CCH Incorporated (KS)	15
Ceridian	27
Condominium Rentals Hawaii	32
CORPTax, LLC	25
CS Professional Suite	20
Data Technology Group	24
Destination Resorts Hawaii	39
Drake Software	30
H&R Block	40
H&R Block Digital Tax Solutions	19
IntelliTax	58
Intuit	50
iSystems LLC	38

Company	HI Vendor I.D. No.
Jackson Hewitt Tax Service	55
Liberty Tax Service	54
MasterTax	57
Nelco	56
Oishi Property Management	64
On-Line Taxes, Inc.	68
Pacific Data Services, Inc.	63
Paychex, Inc.	62
Payroll Tax People LLC	61
Petz Enterprises, Inc.	59
PrimePay, Inc.	67
Rhodes Computer Services, Inc.	60
Sage Software	23
STF Services Corporation	70
Tax\$imple, Inc.	74
TaxSation, Inc.	71
Taxware Systems Inc.	73
TaxWorks LLC	75
Thomson Tax & Accounting	65
TriTech Software Development	77
Trust Tax Services of America (TTSOA)	78
Universal Tax Systems, Inc.	79
Vertex Inc. – Sarasota	80
Wal-Mart Stores, Inc., Financial Support Division	85
Wolters Kluwer North America Shared Services (IL)	89
WSN Systems Corporation	37

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**PART III. Amended Computation**

**PART IV. Record of Estimated Tax Payments**

(Used if your estimated tax substantially changes after you file your first payment voucher.)		Voucher Number	Date	Amount Paid	2008 overpayment credit applied to installment	Total amount paid and credited from the 1st day of the taxable year through the installment date shown. Add (b) and (c)
			(a)	(b)	(c)	(d)
1.	Amended estimated tax .....					
2.	Less:					
(a)	Amount of last year's overpayment elected for credit to 2009 estimated tax and applied to date .....	1				
(b)	Estimated tax payments to date .....	2				
(c)	Total of lines 2(a) and 2(b) .....	3				
3.	Unpaid balance (line 1 minus line 2(c)) .....	4				
4.	Amount to be paid (line 3 divided by number of remaining installments). Enter here and on payment voucher .....	<b>Total</b> .....				

**MAILING ADDRESS**

Hawaii Department of Taxation  
 P.O. Box 1530  
 Honolulu, Hawaii 96806-1530  
 (830 Punchbowl Street)

**IMPORTANT NOTE**

The Form N-3 has been redesigned for electronic scanning that permits faster processing with fewer errors. In order to avoid unnecessary delays caused by manual processing, **DO NOT SUBMIT A PHOTO COPY THIS FORM.** Submitting a photocopy of this form could cause delays in processing your payment.

Form (Rev. 2008) Tax Year 2009 DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

**N-3 2009**

STATE OF HAWAII — DEPARTMENT OF TAXATION  
 CORPORATION ESTIMATED INCOME TAX

**Voucher No. 1**



CHT081

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 4th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Check this box if this is a change of address.

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Db a or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL HI		12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2009 Form N-3" on your check or money order.

ID No 99

MAILING ADDRESS

Hawaii Department of Taxation
P.O. Box 1530
Honolulu, Hawaii 96806-1530
(830 Punchbowl Street)

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DETACH HERE

Form (Rev. 2008) Tax Year
N-3 2009

STATE OF HAWAII — DEPARTMENT OF TAXATION
CORPORATION ESTIMATED INCOME TAX

DO NOT WRITE OR STAPLE IN THIS SPACE

Voucher No. 2



THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 6th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

CHT082

Check this box if this is a change of address.

Name: NAME OF TAXPAYER'S CORPORATION ABC1234567
Db a or C/O: DOING BUSINESS AS TAXPAYER'S CORPORATION
Address: 12-3456 ADDRESS STREET LANE BLVDX
City, town, or post office: CITY TOWN PL HI
State: HI
Postal/ZIP Code: 12345
Country: USAXXXXXX
Suite Number: A123456

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2009 Form N-3" on your check or money order.

ID No 99

MAILING ADDRESS

Hawaii Department of Taxation
P.O. Box 1530
Honolulu, Hawaii 96806-1530
(830 Punchbowl Street)

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Form (Rev. 2008) Tax Year 2009 DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

N-3 2009

STATE OF HAWAII - DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX

Voucher No. 3



CHT083

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 9th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Check this box if this is a change of address.

Name: NAME OF TAXPAYER'S CORPORATION ABC1234567
Db a or C/O: DOING BUSINESS AS TAXPAYER'S CORPORATION
Address: 12-3456 ADDRESS STREET LANE BLVDX
Suite Number: A123456
City, town, or post office: CITY TOWN PL HI
State: HI
Postal/ZIP Code: 12345
Country: USAXXXXXX

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

ID No 99

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2009 Form N-3" on your check or money order.

MAILING ADDRESS

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Form (Rev. 2008) Tax Year 2009 DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

N-3 2009

STATE OF HAWAII - DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX

Voucher No. 4



CHT084

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Check this box if this is a change of address.

Name: NAME OF TAXPAYER'S CORPORATION ABC1234567
DbA or C/O: DOING BUSINESS AS TAXPAYER'S CORPORATION
Address: 12-3456 ADDRESS STREET LANE BLVDX
Suite Number: A123456
City, town, or post office: CITY TOWN PL HI
State: HI
Postal/ZIP Code: 12345
Country: USAXXXXX
For office use only: [blank]

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2009 Form N-3" on your check or money order.

ID No 99


PART III. Amended Computation		PART IV. Record of Estimated Tax Payments				
(Used if your estimated tax substantially changes after you file your first payment voucher.)		Voucher Number	Date	Amount Paid	2008 overpayment credit applied to installment	Total amount paid and credited from the 1st day of the taxable year through the installment date shown. Add (b) and (c)
			(a)	(b)	(c)	(d)
1. Amended estimated tax .....						
2. Less:						
(a) Amount of last year's overpayment elected for credit to 2009 estimated tax and applied to date .....		1				
(b) Estimated tax payments to date.....		2				
(c) Total of lines 2(a) and 2(b) .....		3				
3. Unpaid balance (line 1 minus line 2(c)).....						
4. Amount to be paid (line 3 divided by number of remaining installments). Enter here and on payment voucher .....		4				
		<b>Total.....</b> ➤				

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✂	DETACH HERE	✂
Form (Rev. 2008)	Tax Year	
<b>N-3</b>	<b>2009</b>	
<b>STATE OF HAWAII — DEPARTMENT OF TAXATION</b>		
<b>CORPORATION ESTIMATED INCOME TAX</b>		
<b>Voucher No. 1</b>		
THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 4th MONTH OF THE TAXABLE YEAR.		
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM		
 CHT081		DO NOT WRITE OR STAPLE IN THIS SPACE

Check this box if this is a change of address.

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Db a or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL	HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

ID No 99

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<b>N-3</b>		<b>2009</b>		<b>STATE OF HAWAII — DEPARTMENT OF TAXATION</b>			
				<b>CORPORATION ESTIMATED INCOME TAX</b>			
				<b>Voucher No. 2</b>			
				THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 6th MONTH OF THE TAXABLE YEAR.			
				DO NOT SUBMIT PHOTOCOPIES OF THIS FORM			



CHT082

Check this box if this is a change of address.

Name					
NAME OF TAXPAYER'S CORPORATION ABC1234567					
Dbn or C/O					
DOING BUSINESS AS TAXPAYER'S CORPORATION					
Address				Suite Number	
12-3456 ADDRESS STREET LANE BLVDX				A123456	
City, town, or post office		State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL		HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM-DD-YY)

12 - 12 - 12

Amount of Payment

123456789.00

ID No 99

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Form (Rev. 2008)		Tax Year		DETACH HERE		DO NOT WRITE OR STAPLE IN THIS SPACE	
<b>N-3</b>		<b>2009</b>		<b>STATE OF HAWAII — DEPARTMENT OF TAXATION</b>			
				<b>CORPORATION ESTIMATED INCOME TAX</b>			
				<b>Voucher No. 3</b>			
				THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 9th MONTH OF THE TAXABLE YEAR.			
				DO NOT SUBMIT PHOTOCOPIES OF THIS FORM			



CHT083

Check this box if this is a change of address.

Name					
NAME OF TAXPAYER'S CORPORATION ABC1234567					
Db/a or C/O					
DOING BUSINESS AS TAXPAYER'S CORPORATION					
Address				Suite Number	
12-3456 ADDRESS STREET LANE BLVDX				A123456	
City, town, or post office		State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL		HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

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Calendar or Fiscal Year Ending (MM-DD-YY)

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				<b>CORPORATION ESTIMATED INCOME TAX</b>			
				<b>Voucher No. 4</b>			
				THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.			
CHT084				DO NOT SUBMIT PHOTOCOPIES OF THIS FORM			

Check this box if this is a change of address.

Name					
NAME OF TAXPAYER'S CORPORATION ABC1234567					
Db/a or C/O					
DOING BUSINESS AS TAXPAYER'S CORPORATION					
Address				Suite Number	
12-3456 ADDRESS STREET LANE BLVDX				A123456	
City, town, or post office		State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL		HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

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