

FORM
N-335
(2006)

**STATEMENT OF KO OLINA RESORT AND MARINA
ATTRACTIONS AND EDUCATIONAL
FACILITIES TAX CREDIT**

CALENDAR
YEAR
20__

Part I CREDIT CERTIFICATE

| DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM CERTIFICATE (Completed by the Department of Business Economic Development and Tourism ONLY) | |
|---|-----------------------|
| 1. Name of taxpayer | 2. SSN/FEIN |
| 3. DBA or C/O | 4. Type of Entity |
| 5. Address (Number and street, including apartment number or rural route, city, state, and zip code) | |
| 6. Total qualified costs allowed \$ | 7. Reporting Period: |
| 8. Amount of certified tax credit allowed to be used for the calendar year\$ | |
| 9. Amount of tax credit to be applied to Chapter 235\$ | |
| 10. Line 8 minus line 9\$ | |
| 11. Taxpayer elects to apply the amount from line 10 appropriately to the following taxes: | |
| a. Chapter 237 \$ _____ | |
| b. Chapter 237D \$ _____ | |
| c. Chapter 238 \$ _____ | |
| d. Chapter 239 \$ _____ | |
| e. Chapter 241 \$ _____ | |
| f. Chapter 431 \$ _____ | |
| 12. Add lines 11a through 11f\$ _____ | |
| This is to certify that the qualified taxpayer above has submitted a statement of expenditures, amount of tax credits claimed, and amount of tax liability against which the tax credits are claimed, in accordance with section 235-110.46, Hawaii Revised Statutes (HRS). | |
| Signature of Certifying Officer | Date of Certification |
| (Type or Print Name and Title) | |

Part II ELECTION TO APPLY THE TAX CREDIT AGAINST TAXES OTHER THAN INCOME TAX, CHAPTER 235, HRS

(Completed by Taxpayer)

| | | |
|--|------------|-----------|
| 13. Enter the amount of tax credit for the calendar year..... | 13 | |
| 14. Enter the amount of the tax credit distributed to partners, members, shareholders, or beneficiaries | 14 | |
| 15. Balance (Line 13 minus line 14)..... | | 15 |
| 16. Flow-through of the Ko Olina Resort and Marina attractions and educational facilities tax credit(s) received from other entities, if any: Check applicable box for type of entity: <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Trust Enter the name and Federal Employer I.D. No. of Entity <input type="checkbox"/> Check here if schedule(s) attached | | 16 |
| 17. Add Lines 15 and 16. Enter result here. This is the tax credit available for the calendar year..... | | 17 |
| 18. Enter the amount that will be applied to your net income tax liability. | | 18 |
| 19. Line 17 minus line 18. If less than zero, enter zero here. | | 19 |
| 20. I elect to apply the balance of the tax credit to the following tax liabilities and in the following amounts: | | |
| a. <input type="checkbox"/> Chapter 237, General Excise Tax Law, W _____ - _____ | 20a | |
| b. <input type="checkbox"/> Chapter 237D, Transient Accommodations Tax Law, W _____ - _____ | 21b | |
| c. <input type="checkbox"/> Chapter 238, Use Tax Law, W _____ - _____ | 20c | |
| d. <input type="checkbox"/> Chapter 239, Public Service Company Tax Law | 20d | |
| e. <input type="checkbox"/> Chapter 241, Taxation of Banks and Other Financial Corporations | 20e | |
| f. <input type="checkbox"/> Chapter 431, Insurance | 20f | |
| 21. Add lines 20a through 20f and enter the total here | | 21 |

(Continued on back)

Part III FLOW-THROUGH ENTITIES ALLOCATING THE CREDIT TO ITS SHAREHOLDERS, PARTNERS, MEMBERS, OR BENEFICIARIES

22. Tax credit allocated to shareholders, partners, members, or beneficiaries. Enter the amount from line 14, Part II\$ _____


23. Allocation of the tax credit to its shareholders, partners, members, or beneficiaries as follows (if more space is needed, attach additional sheet(s)):

| (a) No. | (b) Name and Address of Shareholder, Partner, Member, or Beneficiary | (c) Identifying No. of Shareholder, Partner, Member, or Beneficiary | (d) Amount of Tax Credit Allocated |
|------------|---|--|---------------------------------------|
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| 6 | | | |
| 7 | | | |
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| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

| | |
|--|-----------|
| 24. Total from additional sheet(s) | 24 |
| 25. Total amounts allocated (Must equal line 22, Part III above.)..... | 25 |

**PLEASE
SIGN
HERE**

DECLARATION Under penalties set forth in section 231-36, HRS, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

 _____
 Signature _____ Date _____

 Print Name _____ Title _____