

Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT
Calendar Year 2019

Place
QR Code
Here

OR

Tax Year 12 - 12 - 12 thru 12 - 12 - 12

Part-Year Resident **Nonresident** **Nonresident Alien or Dual-Status Alien** **MSRRA** **Composite**
(Enter period of Hawaii residency above)

AMENDED Return
 NOL Carryback
 IRS Adjustment
 First Time Filer

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

ATTACH A COPY OF YOUR 2019 FEDERAL INCOME TAX RETURN

◆ IMPORTANT — Complete this Section ◆

Your First Name TP'S 1ST NAMEXXX	M.I. MI	Your Last Name LAST NAMEXXXXXX	Suffix MI
Spouse's First Name SPOUSE 1ST NAMEX	M.I. MI	Spouse's Last Name LAST NAMEXXXXXX	Suffix MI
Care Of (See Instructions, page 8.) CARE OF NAME FOR MAILING ADDRESSXXXXXXXXXX			
Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESSXXXXXXXXXX			
City, town or post office CITYXXXXXXXXXXXXXXXXXX	State HI	Postal/ZIP code 99999-9999	
If Foreign address, enter Province and/or State FOREIGN ADDRESSXXXXXXXXXX		Country COUNTRYXXXXXX	

Enter the first four letters of your last name. Use **ALL CAPITAL** letters XXXX

Your Social Security Number 123 - 45 - 6789

Deceased Date of Death 12 - 12 - 12

Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters XXXX

Spouse's Social Security Number 123 - 45 - 6789

Deceased Date of Death 12 - 12 - 12

• ATTACH COPY 2 OF FORM W-2 HERE •

(Place an X in only ONE box)

1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. **QUALIFYING PERSONXXX**

2 Married filing joint return (even if only one had income).

3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. **MFS SPOUSE'S NAMEXXXXXX** 5 Qualifying widow(er) (see page 9 of the Instructions)

Enter the year your spouse died 1212

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X below line 37.

6a Yourself Age 65 or over Enter the number of Xs on 6a and 6b 1

6b Spouse Age 65 or over }
If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c Dependents:	If more than 6 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c
1. First and last name				
6d FIRST DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP	12
SECOND DEPENDENT NAMEXX		123-45-6789	RELATIONSHIP	
THIRD DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP	12
FOURTH DEPENDENT NAMEXX		123-45-6789	RELATIONSHIP	
FIFTH DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP	
SIXTH DEPENDENT NAME		123-45-6789	RELATIONSHIP	

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 12

• ATTACH CHECK OR MONEY ORDER HERE •

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ID NO XX

Place
QR Code
Here

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TP'S 1ST NAMEXXX MI LAST NAMEX
SPOUSE 1ST NAMEX MI LAST NAMEX

	Col. A - Total Income		Col. B - Hawaii Income
7 Wages, salaries, tips, etc. (attach Form(s) W-2).....	123456789	7	123456789
8 Interest income from the worksheet on page 41 of the Instructions.....	123456789	8	123456789
9 Ordinary dividends	123456789	9	123456789
10 State income tax refund from the worksheet on page 41 of the Instructions.....	123456789	10	123456789
11 Alimony received	123456789	11	123456789
12 Business or farm income or (loss)..... X	123456789	12 X	123456789
13 Capital gain or (loss) from the worksheet on page 41 of the Instructions..... X	123456789	13 X	123456789
14 Supplemental gains or (losses) (attach Schedule D-1)	123456789	14 X	123456789
15 IRA distributions	123456789	15	123456789
16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40).....	123456789	16	123456789
17 Rents, royalties, partnerships, estates, trusts, etc..... X	123456789	17 X	123456789
18 Unemployment compensation (insurance).....	123456789	18	123456789
19 Other income (state nature and source) <u>OTHER INCOMEXXXXXXXXXX</u> X	123456789	19 X	123456789
20 Add lines 7 through 19 Total Income X	123456789	20 X	123456789
21 Certain business expenses of reservists, performing artists, and fee-basis government officials	123456789	21	123456789
22 IRA deduction.....	123456789	22	123456789
23 Student loan interest deduction from the worksheet on page 46 of the Instructions.....	123456789	23	123456789
24 Health savings account deduction.....	123456789	24	123456789
25 Moving expenses (attach Form N-139) <u>STORAGEXXXXXXXXXXXXXXXXXX</u>	123456789	25	123456789
26 Deductible part of self-employment tax	123456789	26	123456789
27 Self-employed health insurance deduction.....	123456789	27	123456789
28 Self-employed SEP, SIMPLE, and qualified plans.....	123456789	28	123456789
29 Penalty on early withdrawal of savings.....	123456789	29	123456789
30 Alimony paid (Enter name and SS No. of recipient) <u>SPOUSE NAMEXX 123-45-6789</u>	123456789	30	123456789
31 Payments to an individual housing account..	123456789	31	123456789
32 First \$6,735 of military reserve or Hawaii national guard duty pay	123456789	32	123456789

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Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return TP'S 1ST NAMEXXX MI LAST NAMEX SPOUSE 1ST NAMEX MI LAST NAMEX

33 Exceptional trees deduction (attach affidavit) (see page 21 of the Instructions)..... 123456789 33 123456789
34 Add lines 21 through 33 Total Adjustments > 123456789 34 123456789
OTHER ADJUSTMENTSXXXXXXXXXXXXXXXXX
35 Line 20 minus line 34Adjusted Gross Income > X 123456789 35 X 123456789
36 Federal adjusted gross income (see page 21 of the Instructions)36 X 123456789

37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places)...37 1.00

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 21, and place an X here. X
38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the Instructions and enter your Hawaii itemized deductions here.

38a Medical and dental expenses (from Worksheet NR-1 or PY-1) 38a 123456789
38b Taxes (from Worksheet NR-2 or PY-2) 38b 123456789
38c Interest expense (from Worksheet NR-3 or PY-3) 38c 123456789
38d Contributions (from Worksheet NR-4 or PY-4) 38d 123456789
38e Casualty and theft losses (from Worksheet NR-5 or PY-5) 38e 123456789
38f Miscellaneous deductions (from Worksheet NR-6 or PY-6) 38f 123456789

TOTAL ITEMIZED DEDUCTIONS
39 If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 27. Enter total here and go to line 41.
123456789

40a If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212..... 40a 123456789

40b Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789

41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in) 41 X 123456789

42a Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see the Instructions.
X Yourself X Spouse 42a 123456789

42b Multiply line 42a by the ratio on line 37 Prorated Exemption(s) > 42b 123456789

43 Taxable Income. Line 41 minus line 42b (but not less than zero) Taxable Income > 43 123456789

44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 of the Instructions. (X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) Tax > 44 123456789

44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet 44a 123456789

45 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 12 45 123456789

46 Credit for Low-Income Household Renters (attach Schedule X) 46 123456789

47 Credit for Child and Dependent Care Expenses (attach Schedule X) 47 123456789

48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)..... 48 123456789

49 Total refundable tax credits from Schedule CR (attach Schedule CR)..... 49 123456789

50 Add lines 45 through 49..... Total Refundable Credits > 50 123456789

51 Line 44 minus line 50. If line 51 is zero or less, see Instructions. 51 X 123456789

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Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return TP'S 1ST NAMEXXX MI LAST NAMEX SPOUSE 1ST NAMEX MI LAST NAMEX

Table with 3 columns: Line number, Description, and Amount. Includes lines 52 through 69 with various tax credit and payment entries.

TOTAL PAYMENTS 58 Add lines 54 through 57.

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 35 of the Instructions. Designee's name, Phone no., Identification number

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? If joint return, does your spouse want \$3 to go to the fund?

Note: Placing an X in the "Yes" box will not increase your tax or reduce your refund.

DECLARATION I declare, under the penalties set forth in section 231-36, HRS, that this return (including 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 Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE Your signature, Date, Spouse's signature (if filing jointly, BOTH must sign), Date, Your Occupation, Daytime Phone Number, Your Spouse's Occupation, Daytime Phone Number

Paid Preparer's Information Preparer's Signature, Date, Check if self-employed, Preparer's identification number

Print Preparer's Name, Firm's name (or yours if self-employed), Address, and ZIP Code, Federal E.I. No., Phone No.

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