STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return



DO NOT WRITE IN THIS AREA

Place QR Code Here

RESIDENT Calendar Year 2020 OR

Fiscal Year - 12 - 12 12 - 12 - 12 Beginning and Ending

AMENDED Return

X **NOL Carryback**

X **IRS Adjustment**

First Time Filer

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

МΙ

Suffix

Suffix

TAXPAYER'S FIRST ΜI

LAST NAMEXXXXXXX JR

Spouse's First Name

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

Your First Name

M.I. Spouse's Last Name

Your Last Name

SPOUSE'S FIRSTXX MI SPOUSE'S LASTXXX JR

Care Of (See Instructions, page 7.)

C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXX

Present mailing or home address (Number and street, including Rural Route)

TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX

City, town or post office

State Postal/ZIP code

CITY, TOWN, POSTOFFICE

XX

If Foreign address, enter Province and/or State

ZIP CODE

◆ IMPORTANT — Complete this Section ◆

THIS

SPACE

RESERVED

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

ABCD

Your Social

Deceased

Security Number

123 - 12 - 1234

Date of Death 12 - 12 - 12 X

Enter the first four letters of your Spouse's last name.

Use ALL CAPITAL letters

ABCD

Spouse's Social

Security Number

123 - 12 - 1234

Date of Death 12 - 12 - 12 Deceased X

FOREIGN PROVINCEXXXXXXXX COUNTRYXXXXXX

X 1 Single (Place an X in only ONE box)

X Married filing joint return (even if only one had income). 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 NAMEXXXXXXX 5

Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full

OUALIFYING PERSONXXXX

Qualifying widow(er) (see page 9 of the Instructions)

Enter the year your spouse died 1234

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 above line 21.

X

 \mathbf{x} X 6b

on **6a** and **6b**

1

12

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

	Dependents: 1. First and last name	If more than 4 dependents use attachment	Dependent's social security number	3. Relationship	
6d	FIRST DE	EPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP	
	SECOND D	DEPENDENT NAMEXXX	123-45-6789	RELATIONSHIP	
	THIRD DE	EPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP	
	FOURT	TH DEPENDENT NAME	123-45-6789	RELATIONSHIP	

Enter number of your children listed....6c Enter number of

12 other dependents.....6d

X

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

12

Human Readable text here

ID NO XX

FORM N-11 (REV. 2020)

Form N-11 (Rev. 2020)

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

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ROUND TO THE NEAREST DOLLAR

7						
•	Federal adjusted gross income (AGI) (see page 12 of the Instructions	s)		7	X	123456789
8	Difference in state/federal wages due to COLA, ERS,					
	etc. (see page 12 of the Instructions)	12345678	39			
9	Interest on out-of-state bonds					
	(including municipal bonds)9	12345678	39			
10	Other Hawaii additions to federal AGI					
	(see page 12 of the Instructions)	12345678	39			
11	Add lines 8 through 10Total Hawaii additions to federa	I AGI 11	12	345	6789	
12	Add lines 7 and 11			12	х	123456789
13	Pensions taxed federally but not taxed by Hawaii			12		
13	(see page 14 of the Instructions)	12345678	9			
	(See page 14 of the instructions)		-			
14	Social security benefits taxed on federal return14	12345678	9			
15	First \$6,943 of military reserve or Hawaii national					
15	guard duty pay	12345678	9			
	guard daily pay					
16	Payments to an individual housing account 16	12345678	9			
17	Exceptional trees deduction (attach affidavit)					
• • •	(see page 15 of the Instructions)	12345678	9			
18	Other Hawaii subtractions from federal AGI					
	(see page 15 of the Instructions)	12345678	9			
19	Add lines 13 through 18					
	_		1 2	215	6789	
	Total Hawaii subtractions from federa	I AGI 19	12	3 4 3	0 / 0 /	
20	Line 12 minus line 19				x	123456789
	Line 12 minus line 19	Hawaii AGI	>	20	х	123456789
CAUT	Line 12 minus line 19	rn, see the Instructions	➤ on pa	20 age 17	х	123456789
	Line 12 minus line 19 ION: If you can be claimed as a dependent on another person's returned your deductions, go to line 23 below. Otherwise	rn, see the Instructions	➤ on pa	20 age 17	х	123456789
<i>CAUT</i> 21	Line 12 minus line 19	rn, see the Instructions	➤ on pa	20 age 17	х	123456789
CAUT	Line 12 minus line 19	rn, see the Instructions	on pa	20 age 17	х	123456789
CAUT 21	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In	on pa	20 age 17	х	123456789 ace an X here. X
CAUT 21	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In	on pastruct	20 age 17	х	123456789 ace an X here. X TOTAL ITEMIZED
21 21a	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In	on pastruct	20 age 17	X	123456789 ace an X here. X TOTAL ITEMIZED DEDUCTIONS
CAUT 21 21a 21a	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In	on pastruci	20 age 17	X	123456789 ace an X here. X TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross
CAUT 21 21a 21a	Line 12 minus line 19	The see the Instructions go to page 17 of the Instructions 12345678	on pastruci	20 age 17	X	123456789 ace an X here. X TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain
CAUT 21 21a 21a	Line 12 minus line 19	The see the Instructions go to page 17 of the Instructions 12345678	on postrución strución (%)	20 age 17	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your
CAUT 21 21a 21b 21c	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In 12345678 12345678	on postrución strución (%)	20 age 17	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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
CAUT 21 21a 21b 21c	Line 12 minus line 19	rn, see the Instructions go to page 17 of the In 12345678 12345678	> on postruction	20 age 17	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your
CAUT 21 21a 21b 21c 21d	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678	> on postruction	20 age 17	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter
CAUT 21 21a 21b 21c 21d	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678	on postrución (1988) (1	20 age 17	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter
CAUT 21 21a 21b 21c 21d 21e	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678 12345678	on postrución (1988) (1	20 age 17	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter total here and go to line 24.
CAUT 21 21a 21b 21c 21d 21e	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678 12345678 12345678	> on postruction	20 age 17 ctions	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter total here and go to line 24. 123456789
CAUT 21 21a 21b 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678 12345678 12345678	> on postruction	20 age 17 ctions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter total here and go to line 24.
CAUT 21 21a 21b 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678 12345678 12345678	> on postruction	20 age 17 ctions	X and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter total here and go to line 24. 123456789
CAUT 21 21a 21b 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AGI To, see the Instructions go to page 17 of the In 12345678 12345678 12345678 12345678 12345678 12345678	> on postruo	age 17 ctions	X	123456789 TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Enter total here and go to line 24. 123456789

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

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25	Multiply \$1,144 by the total number of exemptions claimed on line 6e.	.XX2	XXXXX	XXXXXXXX	
	If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),				
	and see page 22 of the Instructions.			102456700	
	X Yourself X Spouse	25		123456789	
26	Taxable Income. Line 24 minus line 25 (but not less than zero)Taxable Income ➤	26		123456789	
27	Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax				
	Worksheet on page 35 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.)	27		123456789	
27a					
	the net capital gain from line 14 of that worksheet 27a 123456789				
20	Defundable Food/Evaige Toy Credit				
28	Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 12 28 123456789				
29	Credit for Low-Income Household				
_0	Renters (attach Schedule X)				
30	Credit for Child and Dependent				
	Care Expenses (attach Schedule X)				
31	Credit for Child Passenger Restraint				
	System(s) (attach a copy of the invoice)				
32	Total refundable tax credits from				
	Schedule CR (attach Schedule CR)				
33	Add lines 28 through 32	33		123456789	
34	Line 27 minus line 33. If line 34 is zero or less, see InstructionsAdjusted Tax Liability ➤	34	x	123456789	
35	Total nonrefundable tax credits (attach Schedule CR)	35		123456789	
36	Line 34 minus line 35	36	X	123456789	
37	Hawaii State Income tax withheld (attach W-2s)				
	(see page 28 of the Instructions for other attachments)				
	100456500				
38	2020 estimated tax payments				
00	Amount of estimated tax applied from 2019 return 39 123456789				
39	Amount of estimated tax applied from 2019 return 39				
40	Amount paid with extension				
41	Add lines 37 through 40	41		123456789	
				100456500	
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions).	42		123456789	
43	Contributions to (see page 25 of the Instructions): Yourself Spouse 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$2				
	43aHawaii Schools Repairs and Maintenance FundX\$2X\$243bHawaii Public Libraries FundX\$5X\$5				
	43b Hawaii Public Libraries Fund				
44	Add the amounts of the Xs on lines 43a through 43c and enter the total here	44		12	
	The same state of the same state and the same state	••			
	45 Line 42 minus line 44	45		123456789	

Your Social Security Number

Your Spouse's SSN

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NAME (S) AS SHOWN ON RETURXXXX ne(s) as shown on return

	Name(s) as snown on h	XXXXXXXX	XXXXXXXXX	XXXXXXXXXX
46	Amount of line 45 to be applied to your 2021 ESTIMATED TAX46	12345	6789	
47a	Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing see page 25 of Instructions	•	47a	123456789
	X Place an X in this box if this refund will ultimately be depo	sited to a foreign (non-U	J.S.) bank. Do not	complete lines 47b, 47c, or 47d.
47b	Routing number 123456789 47c T	ype: X Checking	X Savings	
47d	Account number 12345678901234	1567		
48	AMOUNT YOU OWE (line 36 minus line 41)		48	123456789
49	PAYMENT AMOUNT Submit payment online at hitax.hawaii.go			
	money order payable to "Hawaii State Tax Collector."		49	123456789
50	Estimated tax penalty. (See page 26 of			
	Instructions.) Do not include on line 42 or 48. Place an X in			
	this box if Form N-210 is attached > X50	12345	6789	
51	AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (Se	ee Instructions) (attach Sch. A	AMD) 51	x 123456789
52	AMENDED RETURN ONLY - Balance due (refund) with amended return. (S	See Instructions) (attach Sch.	AMD) 52	X 123456789
53	Did you file a federal Schedule C? X Yes X No your main business activity: SCHEDULE C BUSIN	If yes, enter Ha	waii gross receipts	123456789
	your main business product: SCHEDULE C PROD AND	your HI Tax I.D. No. for	this activity GE	123-123-1234-12
54	Did you file a federal Schedule E for any rental activity? X Yes X No	If yes, enter Hawaii g	ross rents received	123456789
		your HI Tax I.D. No. for	this activity GE	123-123-1234-12
55	Did you file a federal Schedule F? X Yes X No your main business activity: SCHEDULE F BUSIN	If yes, enter Ha	waii gross receipts	123456789
	your main business product: SCHEDULE F PROD AND	your HI Tax I.D. No. for	this activity GE	123-123-1234-12
SIGNEE	If designating another person to discuss this return with the Ha attorney. See page 28 of the Instructions.			
	Designee's name DESIGNEE'S NAMEXXXX	Phone no. (123) 45	⁵⁶⁻⁷⁸⁹¹ Identific	cation number $> 12-3456789$
	VAII ELECTION IPAIGN FUND Do you want \$3 to go to the Hawaii E	Election Campaign Fund	? X Ye	S X No Note: Placing an X the "Yes" box wiil not increase your
	page 28 of the Instructions) If joint return, does your spouse wan	•	X Ye	No tax or reduce your refund.
	DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, of my knowledge and belief, is a true, correct, and complete return, made in good from the complete return.			
	Your signature Date		s signature (if filing joint	
	12/12	/12		10/10/10
	Your Occupation Daytime Pho		ouse's Occupation	12/12/12 Daytime Phone Number
			E OCCUPAT	
	TAXPAYER OCCUPATIONXX (123)123-		E OCCUPAT	· , ,
	Preparer's Signature	Date 12/	12/12 Check i	Preparer's identification number 123456789
	Paid Preparer's Information Print Preparer's Name PRINT PREPARER'S			al E.I. No. > 12-1234567
	Firm's name (or yours if self-employed).		Phone	No. (123) 123-4567