STATE OF HAWAII
DEPARTMENT OF TAXATION

General Information
and Scannable Specifications
for
Form N-11 (Rev. 2020)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

**Contact Information for Mailing
Test Packages and Testing Inquiries**

Hawaii Department of Taxation
Attn: Document Processing — Quality
Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

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

FORM N-11 (Rev. 2020)
General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-11. Form N-11 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-11 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.

We support the processing of 2D barcodes produced on Form N-11. If you will produce 2D barcodes for Form N-11, you must also refer to the separate scannable specifications for Schedule CR.

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**

   - We highly recommend you use the Department's official Form N-11 PDF.

   - If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.

   - Lines of text in a paragraph must break at the same location as the official form.

   - 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.

   - Substitute scannable forms must be proofread prior to submission.

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. **Fonts**

   - The form was designed using the following font:

     1. Helvetica

   - The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:

     1. FORM: 8 pt Helvetica bold

     2. N-11: 18 pt Helvetica bold

     3. REV. 2020: 8 pt Helvetica

   - The following font and size should be used for the form number located at the bottom right corner of the form:

     1. FORM N-11 (REV. 2020): 10 pt Helvetica bold

4. **Variable Data**

   - All variable data fields must utilize 12 pt Courier font. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier.

   - All variable data fields require exact placement. On page 1 line 6d, the last line for the fourth dependent name begins at the beginning of column 13 and should rest at the top of row 61 to avoid encroaching in the bottom left registration mark area.

   - Print all alpha characters uppercase.

   - Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. **For Office Use Only Area**

   - Use horizontal lines.

   - Boxes should not be printed.

6. **Variable Data Delimiters**

   - Fiscal year beginning and ending dates and the Date of Death must be printed with spaces between the dash (-) delimiters. For example:

     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 fiscal beginning and ending tax year and date of death tax year)

   - Taxpayer's Social Security Number and/or spouse's social security number must be printed with spaces between the dash (-) delimiters. For example:

     123 - 45 - 6789

     (3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)

   - The first four letters of the taxpayer's name field must be printed in uppercase letters.

- Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

  123 - 456 - 7890 - 01

  (3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

7. **Dollar Amounts**   123456789

- Do not use commas as thousand separators.

- Do not use leading dollar signs.

- Amounts are right justified.

- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

8. **Negative Amounts**

- Show negative amounts with a bold X (**X)** where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

9. **Testing and Approval of the Scannable Form**

- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B 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 tailing spaces).

- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.

- 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.

- Form N-11 (Rev. 2020) cannot be filed until 2021.

SCANNABLE SPECIFICATIONS

1. **Layout**

- The form was designed on a 6x10 grid. See exhibits.

  There are a few areas of the form that do not require optical character recognition, and therefore do not meet the 6x10 design:

  1 Page 4, Designee and Paid Preparer Information

- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. 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 position:

  1. Pages 1 through 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 26, row 64.

3. **Registration Marks**

- Registration marks are required on every page. The scanning equipment looks for "L's", or registration marks, printed on the form. Exact placement of the registration marks are required.

- The vertical and horizontal edges of the registration marks must be the same length of 0.5 inch long and 0.0278 inch thick.

- There are **two** registration marks on each page.

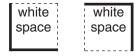 1. Page 1: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 4.

  2. Pages 2 through 4: 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 6.

  3. 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 pages.

- The tolerance is 1 mm (¼ of a grid).

- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the registration mark.

4. **QR Code**

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.

- Placement of the QR code is as follows (see exhibit for exact placement):

  1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.

  2. Pages 2 through 4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.

- Height of the QR code is 0.5 inch.

- Length of the QR code is 0.5 inch.

- Narrow Module Size is set to 0.18.

- Margin is set to 0.18.

- Open space surrounding the QR code should be adhered to as much as possible.

- DO NOT stretch the QR code image.

- The required QR code for page 1 is:
  N11_T 2020A 01 VIDXX

  The required QR code for page 2 is:
  N11_T 2020A 02 VIDXX

  The required QR code for page 3 is:
  N11_T 2020A 03 VIDXX

  The required QR code for page 4 is:
  N11_T 2020A 04 VIDXX

  The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2020), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03), or (04), space, vendor I.D. label (VID), and your 2-digit Hawaii Vendor I.D. Number (XX). There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of pages 1 through 4 at column 6, row 64, utilizing 6 pt Helvetica font.

- Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.

- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. 2D Barcode

The Department supports the processing of 2D barcodes produced on Form N-11. The following defines the technical specifications for producing 2D barcodes for Form N-11. If a 2D barcode cannot be produced, then the reserved space on page 1 of the form should remain blank.

- The 2D encode type is Standard PDF417.

- The dots per inch (DPI) is 300.

- The Error Correction Level is 4.

- The Y/X element ratio is 3.

- The size of the barcode will vary according to the amount of information contained in the barcode. The size of the barcode can not be greater than 3.7" Wide x 1.83" High.

- The X dimension width is a minimum of 11.0 Mils. Adjust the X dimension width to the largest value that can be used while still fitting within maximum barcode size.

- The number of Data Columns and Data Rows will be variable. While adjusting the number of Data Columns and Data Rows, it is preferable to maintain an overall aspect ratio of the barcode's width to its height of approximately 2 to 1 (this will provide the highest read rates), but any aspect ratio that fits within the allocated space is acceptable.

- DO NOT stretch the barcode image.

- The barcode placement must be within the boundary box in the area labeled "This Space Reserved". The preferred position is for the barcode to be centered both horizontally and vertically within that space, but any placement of the barcode that is within the allocated space is acceptable. NOTE: When printing the 2D barcode in the allocated space, do not print the boundary box.

- Use Text compaction mode whenever the data included in the barcode allows. This is the preferred mode since it will result in a smaller barcode size as compared to Binary compaction, but either compaction mode is acceptable.

- A problem with 2D barcode processing on tax returns can occur when a user of vendor software prints their return, then makes a change to the return data and reprints only that page (without reprinting the first page which contains the 2D barcode). We recommend that vendors update their help documentation to remind users to reprint page 1 of their return if they make any changes to any return data.

- The layout for the data encoded in the 2D barcode is defined in Appendix A, "2D Barcode Layout – N-11/Schedule CR". Please carefully read the "Field Business Rules" for each field. In most cases the data that is printed on the form is exactly what is expected in the 2D barcode field, but there are a few exceptions. For example, for the social security field the expected printed format on the form includes spaces and dashes (123 - 45 - 6789); in the 2D barcode the spaces and dashes are removed (123456789). For the zip code/postal code field, the expected printed format of a nine digit zip code would include a dash (96813-1234), but in the barcode the dash is removed (968131234). The values that have changed from the posted draft of this layout are marked by revision marks.

6. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.

- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form N-11. If you did not receive the acetate overlays, please contact the Forms Coordinator.

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311

Set zero values for zero
Use a carriage return for the field delimiter.

Data Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.

Field #	Page #	Form Line #	Column	Description	Max Length	Data Type	Field Business Rules	Changes
1	--	--	--	Header Version Number	2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
2	ALL	--	--	Software Developer Code	4	AN	Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved space on each page of the return.	
3	--	--	--	Form Number	6	A	"N11"	
4	1	--	--	Form Year	4	N	The tax year for which the return is being filed. "2020" for example.	Date updated
5	--	--	--	2D Specification Version	2	N	"0". Indicates the version of the 2D specification for the form that is being used. This number will increment for each change to the specification.	
6	--	--	--	Software Version	15	AN	A software vendor defined version number that reflects the software and form revision used to produce this barcode.	
7	1	--	--	Fiscal Year Begin Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
8	1	--	--	Fiscal Year Begin Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
9	1	--	--	Fiscal Year Begin Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
10	1	--	--	Fiscal Year End Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
11	1	--	--	Fiscal Year End Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
12	1	--	--	Fiscal Year End Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
13	1	--	--	Amended Return Checkbox	1	C	"X" or null.	
14	1	--	--	NOL Carryback Checkbox	1	C	"X" or null.	
15	1	--	--	IRS Adjustment Checkbox	1	C	"X" or null.	
16	1	--	--	Primary First Name	25	A	The total width of this name (First MI Last) is 40, truncate the first name and last name as needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	
17	1	--	--	Primary Middle Initial	1	A	Field should be all CAPITAL LETTERS.	
18	1	--	--	Primary Last Name	35	A	Field should be all CAPITAL LETTERS.	
19	1	--	--	Primary Suffix	2	A	Field should be all CAPITAL LETTERS.	
20	1	--	--	Spouse First Name	25	A	Required entry if married filing joint, otherwise null. The total width of this name (First MI Last) is 40, truncate the first name and last name as needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	
21	1	--	--	Spouse Middle Initial	1	A	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
22	1	--	--	Spouse Last Name	35	A	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
23	1	--	--	Spouse Suffix	2	A	Field should be all CAPITAL LETTERS.	
24	1	--	--	First 4 Characters of Primary Last Name	4	A		
25	1	--	--	Primary SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	
26	1	--	--	Primary Deceased Checkbox	1	C	"X" or null	
27	1	--	--	Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
28	1	--	--	Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
29	1	--	--	Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
30	1	--	--	First 4 Characters of Spouse Last Name	4	A	Required entry if married filing joint or married filing separate, otherwise null. Field should be all Capital Letters.	
31	1	--	--	Spouse SSN	9	N	Required entry if married filing joint or married filing separate, otherwise null. Do not include hyphens, spaces or other delimiters in this field.	
32	1	--	--	Spouse Deceased Checkbox	1	C	"X" or null	
33	1	--	--	Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
34	1	--	--	Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
35	1	--	--	Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
36	1	--	--	Care Of	40	AN		
37	1	--	--	Street Address	40	AN	Field should be all CAPITAL LETTERS.	
38	1	--	--	City	21	A	Field should be all CAPITAL LETTERS.	
39	1	--	--	U.S. State Code	2	A	If a U.S. address, enter the U.S. Postal Service standard two character abbreviation code for the state. If a foreign address, leave null. Field should be all CAPITAL LETTERS. The valid U.S. state codes are published by the USPS at: http://www.usps.com/ncsc/lookups/usps_abbreviations.html	
40	1	--	--	ZIP (Postal) Code	10	AN	Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.	
41	1	--	--	Foreign State or Province	25	A	Only populate if a foreign address. If the country does not use State or Province names then this field should be NULL. Field should be all CAPITAL LETTERS.	
42	1	--	--	Country	13	A	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	

Field #	Page #	Form Line #	Colum n	Description	Max Length	Data Type	Field Business Rules	Changes
43	1	1	--	Filing Status Checkbox: Single	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
44	1	2	--	Filing Status Checkbox: Married filing joint	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
45	1	3	--	Filing Status Checkbox: Married filing separate	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
46	1	4	--	Filing Status Checkbox: Head of Household	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
47	1	5	--	Filing Status Checkbox: Qualifying Widower	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
48	1	4a	--	HOH Qualifying Person. This field appears below line 4.	21	A	Null if no value	
49	1	5a	--	QW Year Spouse Died	4	N	Null if no value	
50	1	6a(i)	--	Primary Regular Exemption	1	C	"X" or null	
51	1	6a(ii)	--	Primary Over 65 Exemption	1	C	"X" or null	
52	1	6b(i)	--	Spouse Regular Exemption	1	C	"X" or null	
53	1	6b(ii)	--	Spouse Over 65 Exemption	1	C	"X" or null	
54	1	6a/b	--	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	
55	1	6c	--	Exemptions for Dependent Children	2	N	0 if no value	
56	1	6d	--	Exemptions for Other Dependents	2	N	0 if no value	
57	1	6e	--	Total Exemptions Claimed	2	N	0 if no value	
58	2	7	--	Federal Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
59	2	7	--	Federal Adjusted Gross Income	9	N	**For all numeric fields, use whole numbers (no decimals) unless otherwise specified in the field business rule. For all numeric fields, do not include commas.** **If negative**, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
60	2	8	--	Difference in state/federal wages	9	N	0 if no value	
61	2	9	--	Interest on out of state bonds	9	N	0 if no value	
62	2	10	--	Other HI Additions	9	N	0 if no value	
63	2	11	--	Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	
64	2	12	--	Total Income - negative indicator checkbox	1	C	"X" or null	
65	2	12	--	Total Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
66	2	13	--	Pensions Taxed Federally	9	N	0 if no value	
67	2	14	--	Social Security Benefits	9	N	0 if no value	
68	2	15	--	National Guard Duty Pay	9	N	0 if no value	
69	2	16	--	Individual Housing Acct	9	N	0 if no value	
70	2	17	--	Exceptional Tree	9	N	0 if no value	
71	2	18	--	Other Hawaii Subtractions	9	N	0 if no value	
72	2	19	--	Total Subtractions	9	N	0 if no value	
73	2	20	--	HI Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
74	2	20	--	HI Adjusted Gross Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
75	2	21	--	Dependent Indicator.	1	C	"X" or null	
76	2	21a	--	Medical and Dental	9	N	0 if no value	
77	2	21b	--	Taxes	9	N	0 if no value	
78	2	21c	--	Interest Expense	9	N	0 if no value	
79	2	21d	--	Contributions	9	N	0 if no value	
80	2	21e	--	Casualty and Theft Losses	9	N	0 if no value	
81	2	21f	--	Miscellaneous deductions	9	N	0 if no value	
82	2	22	--	Total Itemized Deductions	9	N	0 if no value	
83	2	23	--	Standard Deduction	9	N	0 if no value	
84	2	24	--	Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox	1	C	"X" or null	
85	2	24	--	Subtotal (Line 20 – Line 22 or 23)	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
86	3	25	--	Total Exemptions	9	N	0 if no value	
87	3	25a	--	Primary Disability Indicator. This field appears below line 25.	1	C	"X" or null	
88	3	25b	--	Spouse Disability Indicator. This field appears below line 25.	1	C	"X" or null	
89	3	26	--	Taxable Income	9	N	0 if no value	
90	3	27(iv)	--	Indicator if tax from other forms (N-2, N-103, etc.) is included	1	C	"X" or null	
91	3	27	--	Tax Liability	9	N	0 if no value	
92	3	27a	--	Net Capital Gain	9	N	0 if no value	
93	3	28	--	Refundable Food/Excise Tax Credit	9	N	0 if no value	
94	3	28a	--	Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	
95	3	29	--	Low-Income Household Renters Credit	9	N	0 if no value	
96	3	30	--	Child and Dependent Care Expenses	9	N	0 if no value	
97	3	31	--	Child Passenger Restraint Credit	9	N	0 if no value	
98	3	32	--	Total Refundable Credits - Sch CR	9	N	0 if no value	
99	3	33	--	Total Refundable Credits	9	N		
100	3	34	--	Tax Less Refundable Credits - negative indicator	1	C	"X" or null	
101	3	34	--	Tax Less Refundable Credits	9	N		
102	3	35	--	Total Nonrefundable Credits - Sch CR	9	N		

Field #	Page #	Form Line #	Column	Description	Max Length	Data Type	Field Business Rules	Changes
103	3	36	--	Tax Less Nonrefundable Credits - negative indicator	1	C	"X" or null	
104	3	36	--	Tax Less Nonrefundable Credits	9	N		
105	3	37	--	Withholding	9	N		
106	3	38	--	Estimated tax payments	9	N		
107	3	39	--	Estimated tax from previous tax year	9	N		
108	3	40	--	Extension Payment	9	N		
109	3	41	--	Total Payments	9	N		
110	3	42	--	Amount Overpaid	9	N		
111	3	43a(i)	--	Primary School Repairs and Maintenance Donation	1	C	"X" or null	
112	3	43a(ii)	--	Spouse School Repairs and Maintenance Donation	1	C	"X" or null	
113	3	43b(i)	--	Primary Public Libraries Donation	1	C	"X" or null	
114	3	43b(ii)	--	Spouse Public Libraries Donation	1	C	"X" or null	
115	3	43c(i)	--	Primary Domestic Violence Donation	1	C	"X" or null	
116	3	43c(ii)	--	Spouse Domestic Violence Donation	1	C	"X" or null	
117	3	44	--	Total Donations	2	N		
118	3	45	--	Overpaid minus donations	9	N		
119	3	46	--	Estimated Tax apply to the following tax year	9	N		
120	4	47a	--	Refunded to you	9	N		
121	4	47a(i)	--	Refund will be deposited to a foreign bank, checkbox	1	C	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	
122	4	47b	--	Routing Number	9	N	Do not zero fill. Do not use hyphens, spaces or special symbols.	
123	4	47c(i)	--	Account Type Checking	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
124	4	47c(ii)	--	Account Type Savings	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
125	4	47d	--	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
126	4	48	--	Amount you owe	9	N		
127	4	49	--	Payment Amount	9	N		
128	4	50(i)	--	Form N210 attached checkbox	1	C	"X" or null	
129	4	50	--	Estimated Tax Penalty	9	N		
130	4	53(i)	--	Federal Schedule C - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
131	4	53(ii)	--	Federal Schedule C - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
132	4	53(iii)	--	Federal Schedule C Hawaii Gross Receipts	9	N		
133	4	53(vi)	--	Federal Schedule C TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	
134	4	54(i)	--	Federal Schedule E - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
135	4	54(ii)	--	Federal Schedule E - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
136	4	54(iii)	--	Federal Schedule E Hawaii Gross Rents	9	N		
137	4	54(iv)	--	Federal Schedule E TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	
138	4	55(i)	--	Federal Schedule F - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
139	4	55(ii)	--	Federal Schedule F - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
140	4	55(iii)	--	Federal Schedule F Hawaii Gross Receipts	9	N		
141	4	55(vi)	--	Federal Schedule F TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	
142	4	--	--	Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
143	4	--	--	Primary HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
144	4	--	--	Primary HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
145	4	--	--	Spouse HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
146	4	--	--	Spouse HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
147	CR1	1	--	Capital Goods Excise Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
148	CR1	2	--	Fuel Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
149	CR1	3	--	Motion Picture and Film Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
150	CR1	4a(1)	--	Solar Checkbox	1	C	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
151	CR1	4a(2)	--	Wind Checkbox	1	C	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
152	CR1	4	--	Renew Energy Tech Income Tax Credit-July 2009	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
153	CR1	5	--	Important Agricultural Land Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
154	CR1	6	--	Tax Credit for Research Activities	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
155	CR1	7a	--	Other refundable credits-pro rata share of taxes paid on sale of real property	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
156	CR1	7b	--	Other refundable credits-credit from regulated investment company	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
157	CR1	7c	--	Other Refundable Credits Total	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
158	CR1	8	--	Total Refundable Credits	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
159	CR2	9	--	IncomeTax Paid to another state	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
160	CR2	10	--	Enterprise Zone Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number

Field #	Page #	Form Line #	Column	Description	Max Length	Data Type	Field Business Rules	Changes
161	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
162	CR2	11	c	Carryover of Energy Conservation Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
163	CR2	12	b	Carryover of the High Tech Business Investment Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
164	CR2	12	c	Carryover of the High Tech Business Investment Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
165	CR2	13	b	Carryover of Individual Development Account Contribution Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
166	CR2	13	c	Carryover of Individual Development Account Contribution Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
167	CR2	14	b	Carryover of Tech Infrastructure Renovation Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
168	CR2	14	c	Carryover of Tech Infrastructure Renovation Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
169	CR2	15	b	Carryover of the Hotel Construction and Remodeling Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
170	CR2	15	c	Carryover of the Hotel Construction and Remodeling Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
171	CR2	16	b	Carryover of Residential Construction and Remodel Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
172	CR2	16	c	Carryover of Residential Construction and Remodel Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
173	CR2	17	b	Carryover of the Renew Energy Tech Income Tax Credit - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
174	CR2	17	c	Carryover of the Renew Energy Tech Income Tax Credit - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
175	CR2	18	a	Attach Form N-586 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
176	CR2	18	b	Attach Form N-586 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
177	CR2	18	c	Attach Form N-586 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
178	CR2	19	a	Attach Form N-884 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
179	CR2	19	b	Attach Form N-884 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
180	CR2	19	c	Attach Form N-884 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
181	CR2	20	a	Attach Form N-330 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
182	CR2	20	b	Attach Form N-330 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
183	CR2	20	c	Attach Form N-330 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
184	CR2	21a(1)		Solar Checkbox	1	C	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
185	CR2	21a(2)		Wind Checkbox	1	C	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
186	CR2	21	a	Attach Form N-342 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
187	CR2	21	b	Attach Form N-342 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
188	CR2	21	c	Attach Form N-342 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
189	CR2	22	a	Attach Form N-348 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
190	CR2	22	b	Attach Form N-348 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
191	CR2	22	c	Attach Form N-348 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
192	CR2	23	a	Attach Form N-350 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
193	CR2	23	b	Attach Form N-350 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
194	CR2	23	c	Attach Form N-350 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
195	CR2	24	a	Attach Form N-352 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
196	CR2	24	b	Attach Form N-352 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
197	CR2	24	c	Attach Form N-352 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
198	CR2	25	a	Attach Form N-354 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
199	CR2	25	b	Attach Form N-354 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed

Field #	Page #	Form Line #	Column	Description	Max Length	Data Type	Field Business Rules	Changes
200	CR2	25	c	Attach Form N-354 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
201	CR2	26	a	Attach Form N-356 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
202	CR2	26	b	Attach Form N-356 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
203	CR2	26	c	Attach Form N-356 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
204	CR2	27	a	Attach Form N-358 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
205	CR2	27	b	Attach Form N-358 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
206	CR2	27	c	Attach Form N-358 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
207	CR2	28	a	Attach Form N-325 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
208	CR2	28	b	Attach Form N-325 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
209	CR2	28	c	Attach Form N-325 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed, NEW Credit
210	CR2	29	b	Total Nonrefundable Credits	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
211	N311	L10		Refundable Food/Excise Tax Credit	4	N		
212	X1	Part I L12		Low-Income Household Renters Credit	4	N		
213	X2	Part II L28		Credit for Child and Dependent Care Expenses	4	N		
214	--	--		End of Record Trailer	5	A	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	
Return Fields that are NOT Included in the 2D Barcode								
	1	--		First Time Filer Checkbox				
	1	--		Address or Name Change Checkbox				
	1	--		ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.				
	1	3a		MFS Spouse Name. This field appears below line 3.				
	1	--		Spouse meets qualifications Checkbox. This is the checkbox below line 6b.				
	1	6d		Table of dependent names, social security numbers, and relationship				
	2	27		Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)				
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox				
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return				
	4	52		Amended Return: Balance Due (Refund) on Amended Return-negative indicator checkbox				
	4	52		Amended Return: Balance Due (Refund) on Amended Return				
	4	53d		Schedule C business activity/product				
	4	55d		Schedule F business activity/product				
	4	--		Designee Name				
	4	--		Designee Phone Number				
	4	--		Designee Identification Number				
	4	--		Signature Date				
	4	--		Occupation				
	4	--		Daytime Phone Number				
	4	--		Spouse Signature Date				
	4	--		Spouse Occupation				
	4	--		Spouse's Daytime Phone Number				
	4	--		Preparer Signature Date				
	4	--		Preparer Self Employed Checkbox				
	4	--		Preparer Name				
	4	--		Preparer Firm Name and Address				
	4	--		Preparer Phone Number				

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311
Set zero values for zero
Use a carriage return for the field delimiter.

Appendix B: 2D Testing Cases - N-11 / Sch CR / Sch X / N-311
Please provide data for each field indicated in the Vendor Test.
For Software Developers that do not support the N-311 and Sch X please disregard the request for the test data.
*Test 6 - Max Length and Mapping. Please submit data as indicated for the field

Field #	Page #	Form Line #	Column	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
1	--	--	--	Header Version Number	T1	T1	T1	T1	T1	T1		
2	ALL	--	--	Software Developer Code	99	99	99	99	99	1234		
3	--	--	--	Form Number	N11	N11	N11	N11	N11	N11		
4	1	--	--	Form Year	2020	2020	2020	2020	2020	2020		
5	--	--	--	2D Specification Version	0	0	0	0	0	12		
6	--	--	--	Software Version	0	0	0	0	0	123456789012345	15	0
7	1	--	--	Fiscal Year Begin Month	03					06	2	0
8	1	--	--	Fiscal Year Begin Day	01					01	2	0
9	1	--	--	Fiscal Year Begin Year	19					18	2	0
10	1	--	--	Fiscal Year End Month	2					12	2	0
11	1	--	--	Fiscal Year End Day	28					31	2	0
12	1	--	--	Fiscal Year End Year	20					18	2	0
13	1	--	--	Amended Return Checkbox			X		X	X	1	0
14	1	--	--	NOL Carryback Checkbox			X			X	1	0
15	1	--	--	IRS Adjustment Checkbox					X	X	1	0
16	1	--	--	Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	MAXLENGTHPRIMARYFIRSTNAME	25	0
17	1	--	--	Primary Middle Initial	A				D	M	1	0
18	1	--	--	Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	MAXIMUMLENGTHPRIMARYLASTNAMEAAAAAA	35	0
19	1	--	--	Primary Suffix	JR					JRRRRRRRRR	10	-8
20	1	--	--	Spouse First Name		TESTTWOSPF	TESTTHRESPF			MAXILENGTHSPOUSEFIRSTNAME	25	0
21	1	--	--	Spouse Middle Initial		C				M	1	0
22	1	--	--	Spouse Last Name		TESTTWOSPL	SPMFSLAST			MAXIMUMLENGTHSPOUSELASTNAMEAAABBCC	35	0
23	1	--	--	Spouse Suffix		SR				SRRRRRRRRR	10	-8
24	1	--	--	First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL	4	0
25	1	--	--	Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789	9	0
26	1	--	--	Primary Deceased Checkbox				X		X	1	0
27	1	--	--	Primary Deceased Date of Death - Month				06		11	2	0
28	1	--	--	Primary Deceased Date of Death - Day				21		12	2	0
29	1	--	--	Primary Deceased Date of Death - Year				19		19	2	0
30	1	--	--	First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4	0
31	1	--	--	Spouse SSN		576557442	576661124			223456789	9	0
32	1	--	--	Spouse Deceased Checkbox		X				X	1	0
33	1	--	--	Spouse Deceased Date of Death - Month		03				10	2	0
34	1	--	--	Spouse Deceased Date of Death - Day		10				17	2	0
35	1	--	--	Spouse Deceased Date of Death - Year		18				18	2	0
36	1	--	--	Care Of	X					CARE OF MAX LENGTH AAABBBCCCDDDEEEFFFGGG	40	0
37	1	--	--	Street Address	X	X	X	X	X	123 MAX STREET LENGTH AAABBBCCCDDDEEEFFF	40	0
38	1	--	--	City	X	X	X	X	X	MAX CITY LENGTH AAAAA	21	0
39	1	--	--	U.S. State Code	X	X			X	US	2	0
40	1	--	--	ZIP (Postal) Code	X	X	X	X	X	ZIP CODE 1	10	0
41	1	--	--	Foreign State or Province				X		MAXIMUMLENGTHFOREIGNSTATE	25	0
42	1	--	--	Country			X	X		MAXLENGTHCTRY	13	0

Field #	Page #	Form Line #	Column	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
43	1	1	--	Filing Status Checkbox: Single	X					1	1	0
44	1	2	--	Filing Status Checkbox: Married filing joint		X				X	1	0
45	1	3	--	Filing Status Checkbox: Married filing separate			X			X	1	0
46	1	4	--	Filing Status Checkbox: Head of Household				X		X	1	0
47	1	5	--	Filing Status Checkbox: Qualifying Widower					X	X	1	0
48	1	4a	--	HOH Qualifying Person. This field appears below line 4.				X		MAXLENGTHHHOHQUALIFYNG	21	0
49	1	5a	--	QW Year Spouse Died					X	1234	4	0
50	1	6a(i)	--	Primary Regular Exemption		X	X	X	X	X	1	0
51	1	6a(ii)	--	Primary Over 65 Exemption		X				X	1	0
52	1	6b(i)	--	Spouse Regular Exemption		X	X			X	1	0
53	1	6b(ii)	--	Spouse Over 65 Exemption		X				X	1	0
54	1	6a/b	--	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.		X	X	X	X	4	1	0
55	1	6c	--	Exemptions for Dependent Children		X		X	X	90	2	0
56	1	6d	--	Exemptions for Other Dependents			X			91	2	0
57	1	6e	--	Total Exemptions Claimed	X	X	X	X		92	2	0
58	2	7	--	Federal Adjusted Gross Income - negative indicator checkbox			X			X	1	0
59	2	7	--	Federal Adjusted Gross Income		X	X	X	X	112345678	9	0
60	2	8	--	Difference in state/federal wages	X					111456789	9	0
61	2	9	--	Interest in out of state bonds	X			X		111156789	9	0
62	2	10	--	Other HI Additions	X	X		X		122256789	9	0
63	2	11	--	Total HI Additions	X	X		X		122226789	9	0
64	2	12	--	Total Income - negative indicator checkbox			X			X	1	0
65	2	12	--	Total Income	X	X	X	X	X	123356789	9	0
66	2	13	--	Pensions Taxed Federally		X				123336789	9	0
67	2	14	--	Social Security Benefits		X				123333789	9	0
68	2	15	--	National Guard Duty Pay	X	X			X	123446789	9	0
69	2	16	--	Individual Housing Acct		X				123444489	9	0
70	2	17	--	Exceptional Tree					X	123455789	9	0
71	2	18	--	Other Hawaii Subtractions	X					123455589	9	0
72	2	19	--	Total Subtractions	X	X			X	123456689	9	0
73	2	20	--	HI Adjusted Gross Income - negative indicator checkbox			X			X	1	0
74	2	20	--	HI Adjusted Gross Income	X	X	X	X	X	123456669	9	0
75	2	21	--	Dependent Indicator.	X					X	1	0
76	2	21a	--	Medical and Dental		X			X	123456779	9	0
77	2	21b	--	Taxes		X			X	123456777	9	0
78	2	21c	--	Interest Expense		X			X	123456788	9	0
79	2	21d	--	Contributions		X			X	123456799	9	0
80	2	21e	--	Casualty and Theft Losses		X			X	323456789	9	0
81	2	21f	--	Miscellaneous deductions		X			X	423456789	9	0
82	2	22	--	Total Itemized Deductions		X			X	523456789	9	0
83	2	23	--	Standard Deduction	X		X	X		623456789	9	0
84	2	24	--	Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox			X			X	1	0
85	2	24	--	Subtotal (Line 20 – Line 22 or 23)	X	X	X	X	X	723456789	9	0
86	3	25	--	Total Exemptions	X	X	X	X	X	823456789	9	0
87	3	25a	--	Primary Disability Indicator. This field appears below line 25.		X				X	1	0
88	3	25b	--	Spouse Disability Indicator. This field appears below line 25.		X				X	1	0
89	3	26	--	Taxable Income	X	X		X	X	923456789	9	0
90	3	27(iv)	--	Indicator if tax from other forms (N-2, N-103, etc.) is included	X					X	1	0
91	3	27	--	Tax Liability	X	X		X	X	123456781	9	0
92	3	27a	--	Net Capital Gain				X		123456782	9	0
93	3	28	--	Refundable Food/Excise Tax Credit		X	X	X		123456783	9	0
94	3	28a	--	Refundable Food/Excise Tax Credit - Count		X				99	2	0
95	3	29	--	Low-Income Household Renters Credit			X			123456784	9	0
96	3	30	--	Child and Dependent Care Expenses					X	123456785	9	0
97	3	31	--	Child Passenger Restraint Credit		X			X	123456786	9	0
98	3	32	--	Total Refundable Credits - Sch CR	X		X	X	X	123456787	9	0
99	3	33	--	Total Refundable Credits	X	X	X	X	X	123456788	9	0
100	3	34	--	Tax Less Refundable Credits - negative indicator	X		X			X	1	0
101	3	34	--	Tax Less Refundable Credits	X	X	X	X	X	443456789	9	0
102	3	35	--	Total Nonrefundable Credits - Sch CR	X	X		X	X	553456789	9	0

Field #	Page #	Form Line #	Column	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
103	3	36	--	Tax Less Nonrefundable Credits - negative indicator	X		X			X	1	0
104	3	36	--	Tax Less Nonrefundable Credits	X	X	X	X	X	663456789	9	0
105	3	37	--	Withholding	X	X		X	X	773456789	9	0
106	3	38	--	Estimated tax payments				X	X	883456789	9	0
107	3	39	--	Estimated tax from previous tax year				X		993456789	9	0
108	3	40	--	Extension Payment			X	X		123456100	9	0
109	3	41	--	Total Payments	X	X	X	X	X	123456200	9	0
110	3	42	--	Amount Overpaid	X	X	X		X	123456300	9	0
111	3	43a(i)	--	Primary School Repairs and Maintenance Donation	X	X				X	1	0
112	3	43a(ii)	--	Spouse School Repairs and Maintenance Donation		X				X	1	0
113	3	43b(i)	--	Primary Public Libraries Donation	X	X				X	1	0
114	3	43b(ii)	--	Spouse Public Libraries Donation		X				X	1	0
115	3	43c(i)	--	Primary Domestic Violence Donation	X	X				X	1	0
116	3	43c(ii)	--	Spouse Domestic Violence Donation		X				X	1	0
117	3	44	--	Total Donations	X	X				18	2	0
118	3	45	--	Overpaid minus donations	X	X	X		X	123456400	9	0
119	4	46	--	Estimated Tax apply to the following tax year					X	123456500	9	0
120	4	47a	--	Refunded to you	X	X	X		X	123456600	9	0
121	4	47a(i)	--	Refund will be deposited to a foreign bank, checkbox			X			X	1	0
122	4	47b	--	Routing Number	X				X	123456700	9	0
123	4	47c(i)	--	Account Type Checking	X					X	1	0
124	4	47c(ii)	--	Account Type Savings					X	X	1	0
125	4	47d	--	Account Number	X				X	12345678901234500	17	0
126	4	48	--	Amount you owe				X		123456999	9	0
127	4	49	--	Payment Amount				X			0	9
128	4	50(i)	--	Form N210 attached checkbox				X		X	1	0
129	4	50	--	Estimated Tax Penalty				X		123444489	9	0
130	4	53(i)	--	Federal Schedule C - YES checkbox					X	X	1	0
131	4	53(ii)	--	Federal Schedule C - NO checkbox	X	X	X	X		X	1	0
132	4	53(iii)	--	Federal Schedule C Hawaii Gross Receipts					X	123455559	9	0
133	4	53(vi)	--	Federal Schedule C TSM Hawaii Tax ID					X	123456789012	12	0
134	4	54(i)	--	Federal Schedule E - YES checkbox				X		X	1	0
135	4	54(ii)	--	Federal Schedule E - NO checkbox	X	X	X		X	X	1	0
136	4	54(iii)	--	Federal Schedule E Hawaii Gross Rents				X		123456767	9	0
137	4	54(iv)	--	Federal Schedule E TSM Hawaii Tax ID				X		123456789015	12	0
138	4	55(i)	--	Federal Schedule F - YES checkbox			X			X	1	0
139	4	55(ii)	--	Federal Schedule F - NO checkbox	X	X		X	X	X	1	0
140	4	55(iii)	--	Federal Schedule F Hawaii Gross Receipts			X			122346789	9	0
141	4	55(vi)	--	Federal Schedule F TSM Hawaii Tax ID			X			123456789016	12	0
142	4	--	--	Preparer Identification Number			X		X	123455789	9	0
143	4	--	--	Primary HI Election Campaign - YES checkbox		X			X	X	1	0
144	4	--	--	Primary HI Election Campaign - NO checkbox	X		X	X		X	1	0
145	4	--	--	Spouse HI Election Campaign - YES checkbox		X				X	1	0
146	4	--	--	Spouse HI Election Campaign - NO checkbox						X	1	0
147	CR1	1	--	Capital Goods Excise Tax Credit					X	456789101	9	0
148	CR1	2	--	Fuel Tax Credit					X	456789102	9	0
149	CR1	3	--	Motion Picture and Film Tax Credit			X			456789103	9	0
150	CR1	4a(1)	--	Solar Checkbox				X		X	1	0
151	CR1	4a(2)	--	Wind Checkbox	X					X	1	0
152	CR1	4	--	Renew Energy Tech Income Tax Credit-July 2009	X			X		456789104	9	0
153	CR1	5	--	Important Agricultural Land Tax Credit			X			456789015	9	0
154	CR1	6	--	Tax Credit for Research Activities			X		X	456789106	9	0
155	CR1	7a	--	Other refundable credits-pro rata share of taxes paid on sale of real property				X		456789107	9	0
156	CR1	7b	--	Other refundable credits-credit from regulated investment company				X		456789108	9	0
157	CR1	7c	--	Other Refundable Credits Total				X		456789109	9	0
158	CR1	8	--	Total Refundable Credits	X		X	X	X	456789110	9	0
159	CR2	9	--	IncomeTax Paid to another state					X	567890101	9	0
160	CR2	10	--	Enterprise Zone Tax Credit					X	567890102	9	0

Field #	Page #	Form Line #	Column	Description		Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
161	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied						X	567890103	9	0
162	CR2	11	c	Carryover of Energy Conservation Tax Credit - Carryover						X	567890104	9	0
163	CR2	12	b	Carryover of the High Tech Business Investment Tax Credit - Applied			X				567890105	9	0
164	CR2	12	c	Carryover of the High Tech Business Investment Tax Credit - Carryover			X				567890106	9	0
165	CR2	13	b	Carryover of Individual Development Account Contribution Tax Credit - Applied			X				567890107	9	0
166	CR2	13	c	Carryover of Individual Development Account Contribution Tax Credit - Carryover			X				567890108	9	0
167	CR2	14	b	Carryover of Tech Infrastructure Renovation Tax Credit - Applied			X				567890109	9	0
168	CR2	14	c	Carryover of Tech Infrastructure Renovation Tax Credit - Carryover			X				567890110	9	0
169	CR2	15	b	Carryover of the Hotel Construction and Remodeling Tax Credit - Applied			X				567890111	9	0
170	CR2	15	c	Carryover of the Hotel Construction and Remodeling Tax Credit - Carryover			X				567890112	9	0
171	CR2	16	b	Carryover of Residential Construction and Remodel Tax Credit - Applied			X				567890113	9	0
172	CR2	16	c	Carryover of Residential Construction and Remodel Tax Credit - Carryover			X				567890114	9	0
173	CR2	17	b	Carryover of the Renew Energy Tech Income Tax Credit - Applied			X				567890115	9	0
174	CR2	17	c	Carryover of the Renew Energy Tech Income Tax Credit - Carryover			X				567890116	9	0
175	CR2	18	a	Attach Form N-586 - New						X	567890117	9	0
176	CR2	18	b	Attach Form N-586 - Applied						X	567890118	9	0
177	CR2	18	c	Attach Form N-586 - Carryover						X	567890119	9	0
178	CR2	19	a	Attach Form N-884 - New						X	567890120	9	0
179	CR2	19	b	Attach Form N-884 - Applied						X	567890121	9	0
180	CR2	19	c	Attach Form N-884 - Carryover						X	567890122	9	0
181	CR2	20	a	Attach Form N-330 - New			X				567890123	9	0
182	CR2	20	b	Attach Form N-330 - Applied			X				567890124	9	0
183	CR2	20	c	Attach Form N-330 - Carryover			X				567890125	9	0
184	CR2	21a(1)		Solar Checkbox			X				X	1	0
185	CR2	21a(2)		Wind Checkbox						X	X	1	0
186	CR2	21	a	Attach Form N-342 - New			X			X	567890126	9	0
187	CR2	21	b	Attach Form N-342 - Applied			X			X	567890127	9	0
188	CR2	21	c	Attach Form N-342 - Carryover			X			X	567890128	9	0
189	CR2	22	a	Attach Form N-348 - New						X	567890129	9	0
190	CR2	22	b	Attach Form N-348 - Applied						X	567890130	9	0
191	CR2	22	c	Attach Form N-348 - Carryover						X	567890131	9	0
192	CR2	23	a	Attach Form N-350 - New			X				567890132	9	0
193	CR2	23	b	Attach Form N-350 - Applied			X				567890133	9	0
194	CR2	23	c	Attach Form N-350 - Carryover			X				567890134	9	0
195	CR2	24	a	Attach Form N-352 - New			X				567890135	9	0
196	CR2	24	b	Attach Form N-352 - Applied			X				567890136	9	0
197	CR2	24	c	Attach Form N-352 - Carryover			X				567890137	9	0
198	CR2	25	a	Attach Form N-354 - New			X			X	567890138	9	0
199	CR2	25	b	Attach Form N-354 - Applied			X			X	567890139	9	0

Field #	Page #	Form Line #	Column	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
200	CR2	25	c	Attach Form N-354 - Carryover		X			X	567890140	9	0
201	CR2	26	a	Attach Form N-356 - New		X		X		567890141	9	0
202	CR2	26	b	Attach Form N-356 - Applied		X		X		567890142	9	0
203	CR2	26	c	Attach Form N-356 - Carryover		X		X		567890143	9	0
204	CR2	27	a	Attach Form N-358 - New		X		X		567890144	9	0
205	CR2	27	b	Attach Form N-358 - Applied		X		X		567890145	9	0
206	CR2	27	c	Attach Form N-358 - Carryover		X		X		567890146	9	0
207	CR2	28	a	Attach Form N-325 - New		X				567890147	9	0
208	CR2	28	b	Attach Form N-325 - Applied		X				567890148	9	0
209	CR2	28	c	Attach Form N-325 - Carryover		X				567890149	9	0
210	CR2	29	b	Total Nonrefundable Credits	X	X		X	X	567890150	9	0
211	N311	L10		Refundable Food/Excise Tax Credit		X	X	X		1239	4	0
212	X1	Part I L12		Low-Income Household Renters Credit			X			1238	4	0
213	X2	Part II L28		Credit for Child and Dependent Care Expenses					X	1237	4	0
214	--	--		End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5	0

Return Fields that are NOT Included in the 2D Barcode

	Field #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5
	1	--	First Time Filer Checkbox					
	1	--	Address or Name Change Checkbox					
	1	--	ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.					
	1	3a	MFS Spouse Name. This field appears below line 3.			X		
	1	--	Spouse meets qualifications Checkbox. This is the checkbox below line 6b.			X		
	1	6d	Table of dependent names, social security numbers, and relationship					
	2	27	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	X (Capital Gains Tax Worksheet)	X (Tax Rate Schedule)
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return- negative indicator checkbox					X
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return			X		X
	4	52	Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox			X		
	4	52	Amended Return: Balance Due (Refund) on Amended Return			X		X
	4	53d	Schedule C business activity/product					X
	4	55d	Schedule F business activity/product			X		
	4	--	Designee Name				X	
	4	--	Designee Phone Number				X	
	4	--	Designee Identification Number				X	
	4	--	Signature Date	X	X	X	X	X
	4	--	Occupation	X	X	X	X	X
	4	--	Daytime Phone Number	X	X	X	X	X
	4	--	Spouse Signature Date		X			
	4	--	Spouse Occupation		X			
	4	--	Spouse's Daytime Phone Number		X			
	4	--	Preparer Signature Date			X		X
	4	--	Preparer Self Employed Checkbox			X		
	4	--	Preparer Name			X		X
	4	--	Preparer Firm Name and Address			X		X
	4	--	Preparer Phone Number			X		X

STATE OF HAWAII –– DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT
Calendar Year **2020**
OR

DO NOT WRITE IN THIS AREA

Place QR Code Here

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

- **X** AMENDED Return
- **X** NOL Carryback
- **X** IRS Adjustment
- **X** First Time Filer

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* ATTACH COPY 2 OF FORM W-2 HERE *

Your First Name	M.I.	Your Last Name	Suffix
TAXPAYER'S FIRST	MI	LAST NAMEXXXXXXX	JR

Spouse's First Name	M.I.	Spouse's Last Name	Suffix
SPOUSE'S FIRSTXX	MI	SPOUSE'S LASTXXX	JR

Care Of *(See Instructions, page 7.)*
C/O NAME FOR MAILING ADDRESSXXXXXXXXXXX

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	ZIP CODE

If Foreign address, enter Province and/or State: FOREIGN PROVINCEXXXXXXXXX   Country: COUNTRYXXXXXX

◆ **IMPORTANT –– Complete this Section** ◆

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

Your Social Security Number: 123 - 12 - 1234

Deceased **X** Date of Death 12 - 12 - 12

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

Spouse's Social Security Number: 123 - 12 - 1234

Deceased **X** Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- 1 **X** Single
- 2 **X** Married filing joint return (even if only one had income).
- 3 **X** 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 NAMEXXXXXXXXX
- 4 **X** Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. ➤ QUALIFYING PERSONXXXX
- 5 **X** 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.

- 6a **X** Yourself .... **X** Age 65 or over....................
- 6b **X** Spouse .... **X** Age 65 or over....................

} Enter the number of Xs on **6a** and **6b** .... ➤ 1

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 **X**

6c and 6d Dependents:

1. First and last name (If more than 4 dependents use attachment)	2. Dependent's social security number	3. Relationship
FIRST DEPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
SECOND DEPENDENT NAMEXXX	123-45-6789	RELATIONSHIP
THIRD DEPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
FOURTH DEPENDENT NAME	123-45-6789	RELATIONSHIP

Enter number of your children listed .... **6c** ➤ 12

Enter number of other dependents...... **6d** ➤ 12

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

* ATTACH CHECK OR MONEY ORDER HERE *

Your Social Security Number   Your Spouse's SSN

123 - 12 - 1234   123 - 12 - 1234

NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instructions) **7**	X	123456789
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions) **8**		123456789
9	Interest on out-of-state bonds (including municipal bonds) **9**		123456789
10	Other Hawaii additions to federal AGI (see page 12 of the Instructions) **10**		123456789
11	Add lines 8 through 10 .... **Total Hawaii additions to federal AGI 11**		123456789
12	Add lines 7 and 11 .... **12**	X	123456789
13	Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions) **13**		123456789
14	Social security benefits taxed on federal return **14**		123456789
15	First $6,943 of military reserve or Hawaii national guard duty pay **15**		123456789
16	Payments to an individual housing account **16**		123456789
17	Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions) **17**		123456789
18	Other Hawaii subtractions from federal AGI (see page 15 of the Instructions) **18**		123456789
19	Add lines 13 through 18 .... **Total Hawaii subtractions from federal AGI 19**		123456789
20	Line 12 minus line 19 .... **Hawaii AGI ➤ 20**	X	123456789

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and place an X here.   **X**

21   If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions
      and enter your itemized deductions here.

21a	Medical and dental expenses (from Worksheet A-1) **21a**	123456789
21b	Taxes (from Worksheet A-2) **21b**	123456789
21c	Interest expense (from Worksheet A-3) **21c**	123456789
21d	Contributions (from Worksheet A-4) **21d**	123456789
21e	Casualty and theft losses (from Worksheet A-5) **21e**	123456789
21f	Miscellaneous deductions (from Worksheet A-6) **21f**	123456789

TOTAL ITEMIZED DEDUCTIONS

22   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

23   If you checked filing status box: 1 or 3 enter $2,200;
      2 or 5 enter $4,400; 4 enter $3,212 .... **Standard Deduction ➤ 23**   123456789

24   Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) .... **24** X   123456789

ID NO XX

Human Readable text here

Your Social Security Number   Your Spouse's SSN

123 - 12 - 1234   123 - 12 - 1234

NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name(s) as shown on return

25 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 page 22 of the Instructions.
　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.) ....**Tax** ➤ **27** | 123456789

27a If tax is from the Capital Gains Tax Worksheet, enter
the net capital gain from line 14 of that worksheet.......... **27a** | 123456789

28 Refundable Food/Excise Tax Credit
(attach Form N-311) **DHS, etc.** exemptions　12　.... **28** | 123456789

29 Credit for Low-Income Household
Renters (attach Schedule X) .... **29** | 123456789

30 Credit for Child and Dependent
Care Expenses (attach Schedule X) .... **30** | 123456789

31 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice).............................. **31** | 123456789

32 Total refundable tax credits from
Schedule CR (attach Schedule CR) .... **32** | 123456789

33 Add lines 28 through 32 ....**Total Refundable Credits** ➤ **33** | 123456789

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions..........**Adjusted Tax Liability** ➤ **34** X | 123456789

35 Total nonrefundable tax credits (attach Schedule CR) .... **35** | 123456789

36 Line 34 minus line 35 .... **Balance** ➤ **36** X | 123456789

37 Hawaii State Income tax withheld (attach W-2s)
(see page 28 of the Instructions for other attachments) .... **37** | 123456789

38 2020 estimated tax payments... **38** | 123456789

39 Amount of estimated tax applied from 2019 return .... **39** | 123456789

40 Amount paid with extension.. **40** | 123456789

41 Add lines 37 through 40 ....**Total Payments** ➤ **41** | 123456789

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

43b Hawaii Public Libraries Fund .... X　$5　X　$5

43c Domestic and Sexual Violence / Child Abuse and Neglect Funds .... X　$5　X　$5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here .... **44** | 12

45 Line 42 minus line 44.. **45** | 123456789

ID NO XX

Human Readable text here

Your Social Security Number   Your Spouse's SSN

123 - 12 - 1234   123 - 12 - 1234

NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be **applied** to your
2021 ESTIMATED TAX **46**   123456789

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late,
see page 25 of Instructions **47a**   123456789

X   Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number   123456789   **47c** Type: **X**   Checking   **X**   Savings

47d Account number   12345678901234567

48 **AMOUNT YOU OWE** (line 36 minus line 41) **48**   123456789

49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or
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 ▶ **X** **50**   123456789

51 **AMENDED RETURN ONLY –** Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)....... **51** **X**   123456789

52 **AMENDED RETURN ONLY –** Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) ..... **52** **X**   123456789

53 Did you file a federal Schedule C? **X** Yes **X** No   If yes, enter **Hawaii** gross receipts   123456789
your main business activity: SCHEDULE C BUSIN
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   If yes, enter **Hawaii** gross rents received   123456789
for any rental activity? **X** Yes **X** No
AND 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   If yes, enter **Hawaii** gross receipts   123456789
your main business activity: SCHEDULE F BUSIN
your main business product: SCHEDULE F PROD **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

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 28 of the Instructions.
Designee's name ▶ DESIGNEE'S NAMEXXXX   Phone no. ▶ (123)456-7891   Identification number ▶ 12-3456789

HAWAII ELECTION CAMPAIGN FUND (See page 28 of the Instructions)   ▶ Do you want $3 to go to the Hawaii Election Campaign Fund? **X** Yes **X** No   Note: Placing an X the "Yes" box will not increase your tax or reduce your refund.
▶ If joint return, does your spouse want $3 to go to the fund? **X** Yes **X** No

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.

Your signature   Date   Spouse's signature (if filing jointly, BOTH must sign)   Date
▶   12/12/12   ▶   12/12/12

Your Occupation   Daytime Phone Number   Your Spouse's Occupation   Daytime Phone Number
TAXPAYER OCCUPATIONXX (123)123-4567   SPOUSE OCCUPATIONXX (123)123-4567

Preparer's Signature ▶   Date 12/12/12   Check if self-employed **X**   Preparer's identification number 123456789

Paid Preparer's Information
Print Preparer's Name ▶ PRINT PREPARER'S NAME HEREXXXXXX   Federal E.I. No ▶ 12-1234567
Firm's name (or yours if self-employed), Address, and ZIP Code ▶ FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXX   Phone No. ▶ (123)123-4567

Human Readable text here   ID NO XX   **FORM N-11 (REV. 2020)**

FORM
N-11
(Rev. 2020)

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT
Calendar Year 2020
OR

DO NOT WRITE IN THIS AREA

Place QR Code Here

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

X **AMENDED Return**
X **NOL Carryback**
X **IRS Adjustment**
X **First Time Filer**

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— — — — — — —

THIS

SPACE

RESERVED

Do NOT Submit a Photocopy!!

Your First Name	M.I.	Your Last Name	Suffix
TAXPAYER'S FIRST	MI	LAST NAMEXXXXXXX	JR

Spouse's First Name	M.I.	Spouse's Last Name	Suffix
SPOUSE'S FIRSTXX	MI	SPOUSE'S LASTXXX	JR

Care Of (See Instructions, page 7.)

C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXX

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

TAXPAYER'S MAILING OR HOME ADDRESSXXXXX

City, town or post office	State	Postal/ZIP code
CITY,TOWN, POSTOFFICE	XX	ZIP CODE

If Foreign address, enter Province and/or State   Country

FOREIGN PROVINCEXXXXXXXXX   COUNTRYXXXXXX

◆ **IMPORTANT — Complete this Section** ◆

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

Your Social Security Number   123 - 12 - 1234

Deceased   X   Date of Death 12 - 12 - 12

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

Spouse's Social Security Number   123 - 12 - 1234

Deceased   X   Date of Death 12 - 12 - 12

(Place an X in only ONE box)

1 X Single
2 X Married filing joint return (even if only one had income).
3 X 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 NAMEXXXXXXXX

4 X Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.
▸ QUALIFYING PERSONXXXX

5 X 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.

6a X Yourself .... X Age 65 or over..
6b X Spouse... X Age 65 or over.. } Enter the number of Xs on **6a** and **6b** ....▸ 1

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   X

6c and 6d

Dependents: 1. First and last name	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship
FIRST DEPENDENT NAMEXXXX		123-45-6789	RELATIONSHIP
SECOND DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP
THIRD DEPENDENT NAMEXXXX		123-45-6789	RELATIONSHIP
FOURTH DEPENDENT NAME		123-45-6789	RELATIONSHIP

Enter number of your children listed....**6c** ▸ 12

Enter number of other dependents......**6d** ▸ 12

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

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FORM N-11 (REV. 2020)

Your Social Security Number   Your Spouse's SSN

Place
QR Code
Here

123 - 12 - 1234   123 - 12 - 1234
NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instructions) **7**		X	123456789
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions) **8**	123456789		
9	Interest on out-of-state bonds (including municipal bonds)... **9**	123456789		
10	Other Hawaii additions to federal AGI (see page 12 of the Instructions)....................................... **10**	123456789		
11	Add lines 8 through 10 .... **Total Hawaii additions to federal AGI 11**	123456789		
12	Add lines 7 and 11.. **12**		X	123456789
13	Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions)....................................... **13**	123456789		
14	Social security benefits taxed on federal return................. **14**	123456789		
15	First $6,943 of military reserve or Hawaii national guard duty pay.. **15**	123456789		
16	Payments to an individual housing account **16**	123456789		
17	Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions)....................................... **17**	123456789		
18	Other Hawaii subtractions from federal AGI (see page 15 of the Instructions)....................................... **18**	123456789		
19	Add lines 13 through 18 ....**Total Hawaii subtractions from federal AGI 19**	123456789		
20	Line 12 minus line 19 .... **Hawaii AGI ➤ 20**		X	123456789

CAUTION: *If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and place an X here.* **X**

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions
and enter your itemized deductions here.

21a	Medical and dental expenses (from Worksheet A-1) **21a**	123456789
21b	Taxes (from Worksheet A-2) **21b**	123456789
21c	Interest expense (from Worksheet A-3).......................... **21c**	123456789
21d	Contributions (from Worksheet A-4) **21d**	123456789
21e	Casualty and theft losses (from Worksheet A-5) **21e**	123456789
21f	Miscellaneous deductions (from Worksheet A-6) **21f**	123456789

TOTAL ITEMIZED DEDUCTIONS

22 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

23	If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212 ....**Standard Deduction ➤ 23**		123456789
24	Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) **24**	X	123456789

Your Social Security Number   Your Spouse's SSN

123 - 12 - 1234   123 - 12 - 1234

Place
QR Code
Here

NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name(s) as shown on return

25 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 page 22 of the Instructions.
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.) .... **Tax** ➤ **27**   123456789

27a If tax is from the Capital Gains Tax Worksheet, enter
the net capital gain from line 14 of that worksheet **27a**   123456789

28 Refundable Food/Excise Tax Credit
(attach Form N-311) **DHS, etc.** exemptions   12   .... **28**   123456789

29 Credit for Low-Income Household
Renters (attach Schedule X) **29**   123456789

30 Credit for Child and Dependent
Care Expenses (attach Schedule X) **30**   123456789

31 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)............................ **31**   123456789

32 Total refundable tax credits from
Schedule CR (attach Schedule CR)................................... **32**   123456789

33 Add lines 28 through 32 ....**Total Refundable Credits** ➤ **33**   123456789

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions..........**Adjusted Tax Liability** ➤ **34** X   123456789

35 Total nonrefundable tax credits (attach Schedule CR) **35**   123456789

36 Line 34 minus line 35 .... **Balance** ➤ **36** X   123456789

37 Hawaii State Income tax withheld (attach W-2s)
(see page 28 of the Instructions for other attachments) **37**   123456789

38 2020 estimated tax payments.. **38**   123456789

39 Amount of estimated tax applied from 2019 return **39**   123456789

40 Amount paid with extension.. **40**   123456789

41 Add lines 37 through 40 ....**Total Payments** ➤ **41**   123456789

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
43b Hawaii Public Libraries Fund ....   X $5   X $5
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds ....   X $5   X $5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here **44**   12

45 Line 42 minus line 44 .... **45**   123456789

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Place
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Your Social Security Number   Your Spouse's SSN

123 - 12 - 1234   123 - 12 - 1234

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be **applied** to your
2021 ESTIMATED TAX **46**

123456789

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late,
see page 25 of Instructions **47a**

123456789

X   Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number   123456789   **47c** Type: **X**   Checking   **X**   Savings

47d Account number   12345678901234567

48 **AMOUNT YOU OWE** (line 36 minus line 41). **48**

123456789

49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or
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 ➤ **X** **50**

123456789

51 **AMENDED RETURN ONLY –** Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)....... **51**   **X**   123456789

52 **AMENDED RETURN ONLY –** Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) ..... **52**   **X**   123456789

53 Did you file a federal Schedule C?   **X** Yes   **X** No   If yes, enter **Hawaii** gross receipts   123456789
your main business activity: SCHEDULE C BUSIN
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   If yes, enter **Hawaii** gross rents received   123456789
for any rental activity?   **X** Yes   **X** No
AND 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   If yes, enter **Hawaii** gross receipts   123456789
your main business activity: SCHEDULE F BUSIN
your main business product: SCHEDULE F PROD **AND** your HI Tax I.D. No. for this activity **GE**   123-123-1234-12

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 28 of the Instructions.

Designee's name ➤ DESIGNEE'S NAMEXXXX   Phone no. ➤ (123)456-7891   Identification number ➤ 12-3456789

**HAWAII ELECTION
CAMPAIGN FUND**
(See page 28 of the Instructions)

Do you want $3 to go to the Hawaii Election Campaign Fund?   **X** Yes   **X** No   **Note:** Placing an X the "Yes"
box wiil not increase your
If joint return, does your spouse want $3 to go to the fund?   **X** Yes   **X** No   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.

Your signature   Date   Spouse's signature (if filing jointly, BOTH must sign)   Date

➤   12/12/12   ➤   12/12/12

Your Occupation   Daytime Phone Number   Your Spouse's Occupation   Daytime Phone Number

**PLEASE
SIGN HERE**

TAXPAYER OCCUPATIONXX   (123)123-4567   SPOUSE OCCUPATIONXX   (123)123-4567

**Paid
Preparer's
Information**

Preparer's
Signature ➤   Date   12/12/12   Check if
self-employed ➤ **X**   Preparer's identification number
123456789

Print
Preparer's Name ➤   PRINT PREPARER'S NAME HEREXXXXXXX   Federal E.I. No. ➤ 12-1234567

Firm's name (or yours
if self-employed),
Address, and ZIP Code ➤   FIRMS NAME OR PREPARER'S NAME
ADDRESS AND ZIP CODEXXXXXXXXXX   Phone No. ➤ (123)123-4567

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