# STATE OF HAWAII DEPARTMENT OF TAXATION



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

#### **Contact Information for General Questions**

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**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.

#### **General Information and Scannable Specifications**

 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

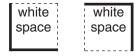
end of column 80 and should rest at the top of row 4.



- 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.
- 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 (1/4 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):
  - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.
  - 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.

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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 Spouse Deceased Date of Death - Year   2 N Do not include slashes "" and dashed "-" in this field.  37   1 Care Of   40 AN    38   1 Street Address   40 AN    40   AN    40   AN    40   Field should be all CAPITAL LETTERS.  38   1 City   21   A    51   Field should be all CAPITAL LETTERS.  40   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:  40   1 City   2 A    41   1 City   2 A    42   A    43   A    44   AN    45   Field should be all CAPITAL LETTERS.  46   Capital 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:  47   Do not include slashes "" and dashed "-" in this field.  48   AN    49   Field should be all CAPITAL LETTERS.  40   AN    40   AN    41   A    41   Capital Service standard two character abbreviation code for the state. If a foreign address, leave null. Field should be all CAPITAL LETTERS.  48   Date of the state		1				1	С		
34   1     Spouse Deceased Date of Death - Day   2   N   Do not include slashes "I" and dashed "-" in this field.	33	1			Spouse Deceased Date of Death - Month	2			
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 Field should be all CAPITAL LETTERS.  38 1 City 21 A Field should be all CAPITAL LETTERS.  38 1 City 21 A Field should be all CAPITAL LETTERS.  39 1 Street Address 40 AN Field should be all CAPITAL LETTERS.  40 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:  40 1 State Code 2 A http://www.usps.com/incs/lookups/usps abbreviations.html  40 1 ZIP (Postal) Code 10 AN 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 this field should be all CAPITAL LETTERS.	34				Spouse Deceased Date of Death - Day			Do not include slashes "/" and dashed "-" in this field.	
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38 1 City 21 A Field should be all CAPITAL LETTERS.  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:  18 1 U.S. State Code 2 A http://www.usps.com/ncsc/lookups/usps abbreviations.html  29 20 Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.  21 2 A http://www.usps.com/ncsc/lookups/usps abbreviations.html  22 3 Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.  21 4 1 1 Foreign State or Province  22 5 A this field should be NULL. Field should be all CAPITAL LETTERS.	1		l			l	1		
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U.S. state codes are published by the USPS at:  U.S. State Code  U.S. State Code  U.S. State Codes are published by the USPS at:  http://www.usps.com/ncsc/lookups/usps_abbreviations.html  Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer  than 9 digits.  U.S. State Codes are published by the USPS at:  A http://www.usps.com/ncsc/lookups/usps_abbreviations.html  Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer  than 9 digits.  Only populate if a foreign address. If the country does not use State or Province names then  this field should be all CAPITAL LETTERS.	1		l			l	1	the state. If a foreign address, leave null, Field should be all CAPITAL LETTERS. The valid	
39 1 U.S. State Code 2 A http://www.usps.com/ncsc/lookups/usps_abbreviations.html  40 1 ZIP (Postal) Code 10 AN than 9 digits.  41 1 Foreign State or Province 25 A this field should be NULL. Field should be all CAPITAL LETTERS.		ļ							
40 1 ZIP (Postal) Code 10 AN than 9 digits. 41 1 Foreign State or Province 25 A this field should be NULL. Field should be all CAPITAL LETTERS.	39	1			U.S. State Code	2	Α		
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41 1 Foreign State or Province 25 A this field should be NULL. Field should be all CAPITAL LETTERS.	40	1			ZIP (Postal) Code	10	ΑN	than 9 digits.	
41 1 Foreign State or Province 25 A this field should be NULL. Field should be all CAPITAL LETTERS.			İ						
42 1 Country 13 A Only populate if a foreign address. Field should be all CAPITAL LETTERS.		1					Α		
	42	1	]		Country	13	Α	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	

Part	Field	Page	Form	Colum		Max	Data		1
2					Description				Changes
6 1 2 3 — Filing Static Decision. Network Several Stray papers.  6 1 2 3 — Filing Static Charles Network Stray papers.  6 1 2 3 — Filing Static Charles Network Stray papers.  6 1 2 3 — Filing Static Charles Network Stray papers.  6 2 1 3 — Filing Static Charles Network Stray papers.  6 2 1 3 — Filing Static Charles Network Stray papers.  6 3 1 3 — Filing Static Charles Network Stray papers.  6 3 1 3 — Filing Static Charles Network Stray papers.  6 4 1 3 5 — Filing Static Charles Network Stray papers.  6 5 1 5 0 — Giff Stray papers.  6 6 1 1 3 — Filing Static Charles Network Stray papers.  6 7 1 1 6 0 — Filing Static Charles Network Stray papers.  6 8 1 1 2 0 — Filing Static Charles Network Stray papers.  6 9 1 1 6 0 — Filing Static Charles Network Stray papers.  6 9 1 1 6 0 — Filing Static Charles Network Stray papers.  6 9 1 1 6 0 — Filing Static Charles Network Stray papers.  6 9 1 1 6 0 — Filing Static Charles Network Stray papers.  6 9 1 1 6 0 — Filing Static Charles Network Stray papers.  7 9 1 1 6 0 — Filing Static Charles Network Stray papers.  7 9 1 1 6 0 — Filing Static Charles Network Stray papers.  8 9 1 1 6 0 — Filing Static Charles Network Stray papers.  8 9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1 1 6 0 — Filing Static Charles Network Stray papers.  9 1	43	1	1	_	Filing Status Checkbox: Single	1	С		
Company   Comp	44	1	2		Filing Status Checkbox: Married filing joint	1	С		
Company	45	1	3			1		"X" or null. One of the filing status checkboxes must be marked. There should be only one	
1		1						"X" or null. One of the filing status checkboxes must be marked. There should be only one	
		-		_	•			"X" or null. One of the filing status checkboxes must be marked. There should be only one	
1		1	5	-			С		
		1							
1									
Number of Primary and Square Exemptions: This is the fall   Number of primary and square Exemptions: The size of the fall   Number of primary and square exemptions marked in fines 65 and 66.		1			Spouse Regular Exemption	1			
Section   Commission   Commis	53	1		-	Spouse Over 65 Exemption	1			
1					Number of Primary and Spouse Exemptions. This is the field				
1	54	1	6a/b			1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	
		1	6c		Exemptions for Dependent Children	2	N	0 if no value	
For all numeric feets, use whole numbers (no decembe) uses otherwise specified in the field business note, For all numeric feets, use whole not include comments of the field business note, For all numeric feets, use whole not include comments of the field business note, For all numeric feets, use whole not include comments of the field business note included comments.    Social Security   Social Securit	57	1	6e		Total Exemptions Claimed	2	N	0 if no value	
For all numeric feets, use whole numbers (no decembe) uses otherwise specified in the field business note, For all numeric feets, use whole not include comments of the field business note, For all numeric feets, use whole not include comments of the field business note, For all numeric feets, use whole not include comments of the field business note included comments.    Social Security   Social Securit			_					n	
Box   Federal Adjusted Green Incomes   Programmers (feels, 40 not include a commun.   Programmers (feels, 40 not incl	58	2	7		Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	
Figure   F									
19   2   7   Foreign Adjusted Gross Income									
10   2   8	50	2	7		Fodoral Adjusted Cross Income	0	N		
Column   C		2	γ 8					Dif no value	
10   10   10   10   10   10   10   10						-			
18									
1							N N	Sum of Lines 8 0, and 10	
Section   Proceedings   Section									
15   2   12     Total Income	04		12		Total Income - negative indicator checkbox	- '	C		
168   2   13     Pensions Taxed Federally   9   N   0   fino value	65	2	12		Total Income	0	N		
167   2   14     Social Security Benefits   9   N   0   fino value		2							
188   2   15									
Fig.   1					National Guard Duty Pay				
70   2   17     Exceptional Tree									
71   2   18									
72   2   19   -   Total Subtractions					Other Hawaii Subtractions				
73   2   20   -   Hl Adjusted Gross Income - negative indicator checkbox   1   C   X° or null									
Yes   2									
75   2   21     Dependent Indicator:		_			-			If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
To   Private		2							
77   2   21b							C	"X" or null	
78   2   21d				-					
79   2   21d   - Contributions   9   N   0 if no value				-					
80   2   21e									
81   2   21f   - Miscellaneous deductions   9   N   0 if no value						_			
82   2   22   - Total Itemized Deduction									
83   2   23									
Subtotal (Line 20 – Line 22 or 23) - negative indicator   1									
84	30								
Section   Sect	84	2	24			1	С	"X" or null	
85         2         24          Subtotal (Line 20 - Line 22 or 23)         9         N         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           92         3         27a          Net Capital Gain         9         N         0 if no value           93         3         28 </td <td>7.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	7.								
86   3   25     Total Exemptions   9   N   0 if no value	85	2	24		Subtotal (Line 20 – Line 22 or 23)	9	N		
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           92         3         28         - Refundable Food/Excise Tax Credit         9         N 0 if no value           94         3         28a         - Refundable Food/Excise Tax Credit         2         N 1-99.           96         3         30         - Child and Dependent Care Expenses         9         N 0 if no value           97         3         31         - Child and Dependent Care Expenses         9         N 0 if no value           98         3         32         - Total Refundable Credits - Sch CR         9         N 0 if no value <td></td> <td>3</td> <td>25</td> <td></td> <td></td> <td>9</td> <td>N</td> <td></td> <td></td>		3	25			9	N		
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(v)          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         9         N         0 if no value           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					·	1			
89   3   26     Taxable Income   9   N   0 if no value   0   N   0 if no									
89   3   26     Taxable Income   9   N   0 if no value	88	3	25b		Spouse Disability Indicator. This field appears below line 25.		С	"X" or null	
90   3   27(v)     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   29   N   0 if no value     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   9   N   0 if no value     98   3   32     Total Refundable Credits   9   N   0 if no value     99   N   0 if no value     90   N   0 if	89	3	26			9	N	0 if no value	
91   3   27     Tax Liability   9   N   0 if no value   0   0 if no									
92   3   27a     Net Capital Gain   9   N   0 if no value   0   0   0   0   0   0   0   0   0		3				1			
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 - 9s.       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     %" or null       101     3     34      Tax Less Refundable Credits     9     N				]					
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     101									
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						~			
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									
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									
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					Child Passenger Restraint Credit		N	0 if no value	
100         3         34          Tax Less Refundable Credits - negative indicator         1         C         "X" or null           101         3         34          Tax Less Refundable Credits         9         N		3	32		Total Refundable Credits - Sch CR		Ν	0 if no value	
101 3 34 Tax Less Refundable Credits 9 N			33		Total Refundable Credits	_			
				1				"X" or null	
102   3   35    Total Nonrefundable Credits - Sch CR   9   N						_			
	102	3	35		Total Nonrefundable Credits - Sch CR	9	N		

Field #	Page #	Form Line #	Colum	Description		Data Type	Field Business Rules	Changes
103	3	36		Tax Less Nonrefundable Credits - negative indicator	1	С	"X" or null	Changes
104	3	36		Tax Less Nonrefundable Credits	9	N		
105	3	37		Withholding	9	N		
106	3			Estimated tax payments	9	N		
107 108	3	39 40		Estimated tax from previous tax year	9	N N		
108	3			Extension Payment Total Payments	9	N		
110	3	42		Amount Overpaid	9	N		
111	3	43a(i)		Primary School Repairs and Maintenance Donation	1	С	"X" or null	
112		43a(ii)		Spouse School Repairs and Maintenance Donation	1		"X" or null	
113		43b(i)		Primary Public Libraries Donation	1		"X" or null	
114	3			Spouse Public Libraries Donation Primary Domestic Violence Donation	1		"X" or null "X" or null	
116	3	43c(ii)		Spouse Domestic Violence Donation	1	C	"X" or null	
117	3	44		Total Donations	2	N	A Gridin	
118	3	45		Overpaid minus donations	9	N		
119	4	46		Estimated Tax apply to the following tax year	9	N		
120	4			Refunded to you	9	N	NVII II 16 NVII 41 6 12 471 - 477 (*) (*) 1471 - 1471 - 1471 - 1471	
121 122	4			Refund will be deposited to a foreign bank, checkbox Routing Number	9	C N	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.  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		47c(ii)		Account Type Greeking  Account Type Savings	1		"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	"Y" or pull	
128 129	4	50(i) 50		Form N210 attached checkbox Estimated Tax Penalty	9	C N	"X" or null	
130	4	53(i)		Federal Schedule C - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
131	4	53(ii)		Federal Schedule C - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
132	4	53(iii)		Federal Schedule C Hawaii Gross Receipts	9	N		
							Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
400		50(-1)		F. devel O. b. dela O. TOM Harry ". T. vo ID	40		this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
133	4	53(vi) 54(i)		Federal Schedule C TSM Hawaii Tax ID Federal Schedule E - YES checkbox	12 1	N C	include hyphens, spaces or other delimiters in this field. "X" or null. Check the YES or NO checkbox, but not both.	
135	4	54(ii)		Federal Schedule E - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
136	4		-	Federal Schedule E Hawaii Gross Rents	9	N	A di Haii. Gildak dia 125 di 116 diadabak, bak ilak badi.	
		` '					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	
137	4	54(iv)		Federal Schedule E TSM Hawaii Tax ID Federal Schedule F - YES checkbox	12	N C	include hyphens, spaces or other delimiters in this field.	
138 139	4	55(i) 55(ii)		Federal Schedule F - YES checkbox Federal Schedule F - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both. "X" or null. Check the YES or NO checkbox, but not both.	
140	4	55(iii)		Federal Schedule F Hawaii Gross Receipts	9	N	A of fidil. Check the FES of NO checkbox, but not both.	
		()					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	
141	4	55(vi)		Federal Schedule F TSM Hawaii Tax ID	12	N	include hyphens, spaces or other delimiters in this field.	
142	4			Preparer Identification Number Primary HI Election Campaign - YES checkbox	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value "X" or null. Check the YES or NO checkbox, but not both.	
144	4		-	Primary HI Election Campaign - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
145	4		-	Spouse HI Election Campaign - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
146	4			Spouse HI Election Campaign - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
								Part I and Part 2 reordered on form, Renumbered, New
147	CR1	1		Capital Goods Excise Tax Credit	9	N		Line Number
148	CR1	2		Fuel Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
1+0	JIVI			, ao, i an Orout	3	14		Part I and Part 2 reordered on form, Renumbered, New
149	CR1	3		Motion Picture and Film Tax Credit	9	N		Line Number
								Part I and Part 2 reordered on form, Renumbered, New
150	CR1	4a(1)		Solar Checkbox	1	С	"X" or null	Line Number
151	CR1	4a(2)		Wind Checkbox	1	С	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
191	UNI	+a(2)		WING ONEGRADOX		U	A OFFICIE	Part I and Part 2 reordered on form, Renumbered, New
152	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	9	N		Line Number
								Part I and Part 2 reordered on form, Renumbered, New
153	CR1	5		Important Agricultural Land Tax Credit	9	N		Line Number
454	CR1	6		Tay Cradit for Bassarah Activiti	9	N!		Part I and Part 2 reordered on form, Renumbered, New Line Number
154	UKI	ь		Tax Credit for Research Activities  Other refundable credits-pro rata share of taxes paid on sale	9	N		Line Number Part I and Part 2 reordered on form, Renumbered, New
155	CR1	7a		of real property	9	N		Line Number
				Other refundable credits-credit from regulated investment				Part I and Part 2 reordered on form, Renumbered, New
156	CR1	7b		company	9	N		Line Number
1								Part I and Part 2 reordered on form, Renumbered, New
157	CR1	7c		Other Refundable Credits Total	9	N		Line Number  Part Land Part 2 reordered on form Renumbered New
158	CR1	8		Total Refundable Credits	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
130	JIVI	J		i stal i totalidable ordate	3			Part I and Part 2 reordered on form, Renumbered, New
1 1	CR2	9		IncomeTax Paid to another state	9	N		Line Number
159								
159	CR2	10		Enterprise Zone Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number

	Page	Form	Colum			Data		
#	#	Line #	n	Description	Length	Туре	Field Business Rules	Changes Part I and Part 2 reordered on form, Renumbered, New
161	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied	9	N		Line Number
162	CR2	11	С	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	h	Carryover of the High Tech Business Investment Tax Credit -	9	z		Part I and Part 2 reordered on form, Renumbered, New Line Number
	CR2	12		Carryover of the High Tech Business Investment Tax Credit -	9			Part I and Part 2 reordered on form, Renumbered, New
164	CRZ		C	Carryover Carryover of Individual Development Account Contribution		N		Line Number, New Amount Field Part I and Part 2 reordered on form, Renumbered, New
165	CR2	13	b	Tax Credit - Applied Carryover of Individual Development Account Contribution	9	N		Line Number Part I and Part 2 reordered on form, Renumbered, New
166	CR2	13	С	Tax Credit - Carryover Carryover of Tech Infrastructure Renovation Tax Credit -	9	N		Line Number, New Amount Field Part I and Part 2 reordered on form, Renumbered, New
167	CR2	14	b	Applied	9	N		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	z		Part I and Part 2 reordered on form, Renumbered, New Line Number
170	CR2	15	_	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
			C	Carryover of Residential Construction and Remodel Tax				Part I and Part 2 reordered on form, Renumbered, New
171	CR2	16	b	Credit - Applied Carryover of Residential Construction and Remodel Tax	9	N		Line Number Part I and Part 2 reordered on form, Renumbered, New
172	CR2	16	С	Credit - Carryover Carryover of the Renew Energy Tech Income Tax Credit -	9	N		Line Number, New Amount Field Part I and Part 2 reordered on form, Renumbered, New
173	CR2	17	b	Applied	9	N		Line Number
174	CR2	17	С	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	а	Attach Form N-586 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
176	CR2	18	h	Attach Form N-586 - Applied	9	Ν		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
	CINZ			.,	Ť			Part I and Part 2 reordered on form, Renumbered, New
177	CR2	18	С	Attach Form N-586 - Carryover	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
178	CR2	19	а	Attach Form N-884 - New	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
179	CR2	19	b	Attach Form N-884 - Applied	9	N		Line Number, Description changed
180	CR2	19	С	Attach Form N-884 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
181	CR2	20	а	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	CDO	20		Attach Form N-330 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
	CRZ		C	,				Part I and Part 2 reordered on form, Renumbered, New
184	CR2	21a(1)		Solar Checkbox	1	С	"X" or null	Line Number Part I and Part 2 reordered on form, Renumbered, New
185	CR2	21a(2)		Wind Checkbox	1	С	"X" or null	Line Number Part I and Part 2 reordered on form, Renumbered, New
186	CR2	21	а	Attach Form N-342 - New	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
187	CR2	21	b	Attach Form N-342 - Applied	9	N		Line Number, Description changed
188	CR2	21	С	Attach Form N-342 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
189	CR2	22	а	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
	0.12							Part I and Part 2 reordered on form, Renumbered, New
191	CR2	22	С	Attach Form N-348 - Carryover	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
192	CR2	23	а	Attach Form N-350 - New	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
193	CR2	23	b	Attach Form N-350 - Applied	9	N		Line Number, Description changed
194	CR2	23	С	Attach Form N-350 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
195	CR2	24	а	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
				,				Part I and Part 2 reordered on form, Renumbered, New
198	CR2	25	а	Attach Form N-354 - New	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
199	CR2	25	b	Attach Form N-354 - Applied	9	N		Line Number, Description changed

Field	Page	Form	Colum		Max	Data		
#	#	Line #	n	Description	Length	Type	Field Business Rules	Changes Part I and Part 2 reordered on form, Renumbered, New
200	CR2	25	С	Attach Form N-354 - Carryover	9	N		Line Number, Description changed
201	CR2	26	а	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	С	Attach Form N-356 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
204	CR2	27	а	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
	CR2	27	С	Attach Form N-358 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
207	CR2	28	а	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	С	Attach Form N-325 - Carryover	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed, NEW Credit
240	000	00		Table Name for the County	•			Part I and Part 2 reordered on form, Renumbered, New
210 211	CR2 N311	29 L10		Total Nonrefundable Credits Refundable Food/Excise Tax Credit	9	N N		Line Number
		Part I						
212	X1	L12 Part II		Low-Income Household Renters Credit	4	N		
213	X2	L28		Credit for Child and Dependent Care Expenses	4	N		
214	-			End of Record Trailer	5	Α	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	
Retur	n Fiel	lds tha	t are l	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)				
				Amended Return: Amount Paid (Overpaid) on Original Return-				
$\vdash$	4	51		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				
$\Box$	4	53d		Schedule C business activity/product				
$\vdash$	4	55d		Schedule F business activity/product Designee Name				
+	4			Designee Name Designee Phone Number				
	4	-		Designee Identification Number				
	4			Signature Date				
	4			Occupation				
-	4			Daytime Phone Number Spouse Signature Date				
+	4			Spouse Occupation				
	4			Spouse's Daytime Phone Number				
	4			Preparer Signature Date				
	4			Preparer Self Employed Checkbox				
-	4			Preparer Name Preparer Firm Name and Address				
$\vdash$	4			Preparer Firm Name and Address Preparer Phone Number				
	4			r reparer i florie Nutificel				I .

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311 Set zero values for zero

Appendix B: 2D Testing Cases - N-11 / Sch CR / Sch X / N-311 Please provide data for each field indicated in the Vendor Test.

Use a carriage return for the field delimiter.

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 Manning	Please submit data as indicated for the field
--	--	--	----------------------------------	---

					*Test 6 - Max Length and	Mapping. Please submit da	ta as indicated for the field		_	1	_
Field #	Page #	Form Line #	Colum	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	_ max _ongu
2				0.6	00	99	00	00	00	4004	
3	ALL 		-	Software Developer Code Form Number	N11	99 N11	99 N11	99 N11	99 N11	1234 N11	-
4	1			Form Year	2020	2020	2020	2020	2020	2020	4
5	_		_	2D Specification Version	0	0	0	0	0	12	1
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		- 1	Fiscal Year End Day	28					31	2 0
12	1			Fiscal Year End Year	20					18	2 0
13 14	1			Amended Return Checkbox NOL Carryback Checkbox			X		X	X	1 0
15	1	-		IRS Adjustment Checkbox					X	X	1 0
16	1			Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	MAXLENGTHPRIMAR YFIRSTNAME	25 0
17	1	-	-	Primary Middle Initial	A				U	MAXIMUMLENGTHPR	1 0
18	1		_	Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	IMARYLASTNAMEAA AAAAA	35 0
19	1	-	-	Primary Suffix	JR					JRRRRRRRR	10 -8
20	1			Spouse First Name		TESTTWOSPF	TESTTHRESPF			MAXILENGTHSPOUS EFIRSTNAME	25 0
21	1			Spouse Middle Initial		С				М	1 0
22	1		-	Spouse Last Name		TESTTWOSPL	SPMFSLAST			MAXIMUMLENGTHSP OUSELASTNAMEAAA BBBCC	35 0
23	1		-	Spouse Suffix		SR				SRRRRRRRR	10 -8
24	1	1		First 4 Characters of Primary Last Name Primary SSN	TONE 400001902	TTWO 575661121	THRE 576661123	TFOU 575661124	TFIV 575661125	MAXL 123446789	4 0 9 0
25 26	1			Primary Deceased Checkbox	400001902	5/5001121	5/6661123	5/5661124 X	5/5061125	123446789 X	9 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 34	1		-	Spouse Deceased Date of Death - Month Spouse Deceased Date of Death - Day		03 10				10 17	2 0 2
35	1			Spouse Deceased Date of Death - Year		18				18 CARE OF MAX	2 0
										LENGTH AAABBBCCCDDDEEE	
36	1			Care Of	X					FFFGGG 123 MAX STREET	40 0
										LENGTH AAABBBCCCDDDEEE	
37	1	-		Street Address	X	X	X	X	X	FFF MAX CITY LENGTH	40 0
38	1			City	X	X	X	X	X	AAAAA	21 0
											2 0
39	1			U.S. State Code	×	X			X	us	
39 40	1			U.S. State Code ZIP (Postal) Code	x	x	X	Х	X		
39 40 41	1 1 1			U.S. State Code  ZIP (Postal) Code  Foreign State or Province	x	x x	х	x	X	ZIP CODE 1  MAXIMUMLENGTHFO REIGNSTATE	10 0

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

ŧ	#		Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Le
)3	3	36		Tax Less Nonrefundable Credits - negative indicator	X		X			X	1
)4	3			Tax Less Nonrefundable Credits	X	X	X	X	X	663456789	9
)5	3			Withholding	X	X		X	X	773456789	9
16	3	38		Estimated tax payments				X	X	883456789	9
7	3			Estimated tax from previous tax year			<u></u>	X		993456789	9
3	3			Extension Payment	· ·		X	X		123456100	9
,	3			Total Payments	X	X	X	X	X	123456200	9
)	3			Amount Overpaid	X	X	X		X	123456300	9
1	3			Primary School Repairs and Maintenance Donation	Х	X				X	1 1
1	3	43a(ii)		Spouse School Repairs and Maintenance Donation		X				X	1
	3	43b(i)		Primary Public Libraries Donation	X	X				X	1
		43b(ii)		Spouse Public Libraries Donation		X				Х	1
	3			Primary Domestic Violence Donation	X	X				X	1
	3	43c(ii)		Spouse Domestic Violence Donation		X				X	1
	3			Total Donations	X	X				18	2
	3	45		Overpaid minus donations	X	X	X		X	123456400	9
	4	46		Estimated Tax apply to the following tax year					X	123456500	9
Т	4	47a		Refunded to you	X	X	X		X	123456600	9
Т	4	47a(i)		Refund will be deposited to a foreign bank, checkbox			X			X	1
T	4	47b		Routing Number	X				X	123456700	9
Ť	4			Account Type Checking	X			İ	İ	X	1
T	4	47c(ii)		Account Type Savings					X	X	1
Ť	4	47d		Account Number	X				X	12345678901234500	17
t	4			Amount you owe				X		123456999	9
t	4			Payment Amount			1	X			ő
t	4			Form N210 attached checkbox		1		X	1	X	1
t	4	50		Estimated Tax Penalty		+		X		123444489	9
t	4	53(i)	<del></del>	Federal Schedule C - YES checkbox		+		r -	x	X	1
t	4		<del></del>	Federal Schedule C - NO checkbox	X	x	X	X	· ·	X	1
t	4		<del></del>	Federal Schedule C - NO Checkbox Federal Schedule C Hawaii Gross Receipts	<u> </u>	<b>*</b>	,	· ·	Y	123455559	9
+	-	JJ(III)		i cuciai conedule o Hawaii Gross Necelpts		+		<del> </del>	^	120400000	9
	4	53(vi)		Federal Schedule C TSM Hawaii Tax ID					X	123456789012	12
Τ	4	54(i)		Federal Schedule E - YES checkbox				X		X	1
Τ	4	54(ii)		Federal Schedule E - NO checkbox	X	X	X		X	X	1
T	4	54(iii)		Federal Schedule E Hawaii Gross Rents				X		123456767	9
T											
1											
	4	54(iv)		Federal Schedule E TSM Hawaii Tax ID				×		123456789015	12
1	4	55(i)		Federal Schedule F - YES checkbox			x			X	1
Ť	4			Federal Schedule F - NO checkbox	X	X		X	X	X	1
	4			Federal Schedule F Hawaii Gross Receipts			x			122346789	9
+		()					f -				_
ı	4	55(vi)	l	Federal Schedule F TSM Hawaii Tax ID			×			123456789016	12
Ť	4			Preparer Identification Number			X		Y	123455789	9
Ť	4			Primary HI Election Campaign - YES checkbox		v	^		v v	Y	1
+	4			Primary HI Election Campaign - NO checkbox	V	^	v	v	^	Y	- 1
+	4			Spouse HI Election Campaign - YES checkbox	^		^	^		N V	- 1
+						^	<b>!</b>			X V	-
+	4		<del></del>	Spouse HI Election Campaign - NO checkbox		+				^	- '
1	CR1		l	Capital Cooda Evoiga Tay Cradit					l <sub>v</sub>	456789101	0
+	UKT	- 1		Capital Goods Excise Tax Credit		+		-	^	400709101	9
	05.	۱ ۵	l	517 O #					L,	450700400	
+	CR1	2		Fuel Tax Credit		+		ļ	^	456789102	9
1		1 _	l				.,				
ı	CR1	3		Motion Picture and Film Tax Credit		1	Х			456789103	9
+	_	1	1			1		<u> </u>			
t	CR1	4a(1)		Solar Checkbox		1		X		Х	1
T			1								
	004	4a(2)	L	Wind Checkbox	X					X	1
	CR1										
1				Renew Energy Tech Income Tax Credit-July 2009		I		×	<u> </u>	456789104	9
	CR1	4			X						7
	CR1			Tonon Energy Tool moonie Tax ordan day 2000	X						
		4 5			X		х			456789015	9
	CR1			Important Agricultural Land Tax Credit	X		х			456789015	9
	CR1				X		x x		x	456789015 456789106	9
	CR1	5		Important Agricultural Land Tax Credit Tax Credit for Research Activities	X		x x		x		
	CR1 CR1	5		Important Agricultural Land Tax Credit  Tax Credit for Research Activities  Other refundable credits-pro rata share of taxes paid on sale	×		x x	x	х	456789106	9
	CR1	5		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property	X		x x	x	X		
	CR1 CR1 CR1 CR1	5 6 7a		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property Other refundable credits-credit from regulated investment	X		x x	X	x	456789106 456789107	9 9
	CR1 CR1	5		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property	X		x x	x x	x	456789106	9
1	CR1 CR1 CR1 CR1 CR1	5 6 7a 7b		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property Other refundable credits-credit from regulated investment company	X		x x	x x	х	456789106 456789107 456789108	9 9
1	CR1 CR1 CR1 CR1	5 6 7a		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property Other refundable credits-credit from regulated investment	X		x x	x x x	x	456789106 456789107	9 9
	CR1 CR1 CR1 CR1 CR1 CR1	5 6 7a 7b 7c		Important Agricultural Land Tax Credit  Tax Credit for Research Activities  Other refundable credits-pro rata share of taxes paid on sale of real property  Other refundable credits-credit from regulated investment company  Other Refundable Credits Total	X		x	x x x	x	456789106 456789107 456789108 456789109	9 9 9
	CR1 CR1 CR1 CR1 CR1	5 6 7a 7b		Important Agricultural Land Tax Credit  Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of real property Other refundable credits-credit from regulated investment company	X		x x	x x x x	x	456789106 456789107 456789108	9 9
	CR1 CR1 CR1 CR1 CR1 CR1 CR1	5 6 7a 7b 7c 8		Important Agricultural Land Tax Credit  Tax Credit for Research Activities  Other refundable credits-pro rata share of taxes paid on sale of real property  Other refundable credits-credit from regulated investment company  Other Refundable Credits Total  Total Refundable Credits	X		x x	x x x x	x	456789106 456789107 456789108 456789109 456789110	9 9 9
	CR1 CR1 CR1 CR1 CR1 CR1	5 6 7a 7b 7c		Important Agricultural Land Tax Credit  Tax Credit for Research Activities  Other refundable credits-pro rata share of taxes paid on sale of real property  Other refundable credits-credit from regulated investment company  Other Refundable Credits Total	x		x x	x x x	x x x	456789106 456789107 456789108 456789109	9 9 9

Field #	Page #	Form Line #	Colum n	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					х	567890103	9 0
162	CR2	11	С	Carryover of Energy Conservation Tax Credit - Carryover					х	567890104	9 0
163	CR2	12	b	Carryover of the High Tech Business Investment Tax Credit - Applied		x				567890105	9 0
164	CR2	12	С	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	С	Carryover of Individual Development Account Contribution Tax Credit - Carryover		х				567890108	9 0
167	CR2	14	b	Carryover of Tech Infrastructure Renovation Tax Credit - Applied		x				567890109	9 0
168	CR2	14	С	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	С	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	С	Carryover of Residential Construction and Remodel Tax Credit - Carryover		х				567890114	9 0
173	CR2	17	b	Carryover of the Renew Energy Tech Income Tax Credit - Applied		x				567890115	9 0
174	CR2	17	С	Carryover of the Renew Energy Tech Income Tax Credit - Carryover		х				567890116	9 0
175	CR2	18	а	Attach Form N-586 - New					х	567890117	9 0
176	CR2	18	b	Attach Form N-586 - Applied					х	567890118	9 0
177	CR2	18	С	Attach Form N-586 - Carryover					х	567890119	9 0
178	CR2	19	а	Attach Form N-884 - New					х	567890120	9 0
179	CR2	19	b	Attach Form N-884 - Applied					х	567890121	9 0
180	CR2	19	С	Attach Form N-884 - Carryover					х	567890122	9 0
181	CR2	20	а	Attach Form N-330 - New		х				567890123	9 0
182	CR2	20	b	Attach Form N-330 - Applied		х				567890124	9 0
183	CR2	20	С	Attach Form N-330 - Carryover		х				567890125	9 0
184	CR2	21a(1)		Solar Checkbox		х				х	1 0
185	CR2	21a(2)		Wind Checkbox					х	х	1 0
186	CR2	21	а	Attach Form N-342 - New		х			х	567890126	9 0
187	CR2	21	b	Attach Form N-342 - Applied		х			х	567890127	9 0
188	CR2	21	С	Attach Form N-342 - Carryover		х			х	567890128	9 0
189	CR2	22	а	Attach Form N-348 - New					х	567890129	9 0
190	CR2	22	b	Attach Form N-348 - Applied					х	567890130	9 0
191	CR2	22	С	Attach Form N-348 - Carryover					х	567890131	9 0
192	CR2	23	а	Attach Form N-350 - New		Х				567890132	9 0
193	CR2	23	b	Attach Form N-350 - Applied		Х				567890133	9 0
194	CR2	23	С	Attach Form N-350 - Carryover		Х				567890134	9 0
195	CR2	24	а	Attach Form N-352 - New		Х				567890135	9 0
196	CR2	24	b	Attach Form N-352 - Applied		Х				567890136	9 0
197	CR2	24	С	Attach Form N-352 - Carryover		х				567890137	9 0
198	CR2	25	а	Attach Form N-354 - New		Х			х	567890138	9 0
199	CR2	25	b	Attach Form N-354 - Applied		х			х	567890139	9 0

Field #	#	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	j
200	CR2	25	С	Attach Form N-354 - Carryover		х			х	567890140	9 0	D
201	CR2	26	а	Attach Form N-356 - New		x		x		567890141	9 0	0
202	CR2	26	Ь	Attach Form N-356 - Applied		х		x		567890142	9 0	0
203	CR2	26	С	Attach Form N-356 - Carryover		х		х		567890143	9 0	0
204	CR2	27	а	Attach Form N-358 - New		х		х		567890144	9 0	0
205	CR2	27	b	Attach Form N-358 - Applied		х		х		567890145	9 0	0
206	CR2	27	С	Attach Form N-358 - Carryover		х		х		567890146	9 0	0
207	CR2	28	а	Attach Form N-325 - New		х				567890147	9 0	0
208	CR2	28	b	Attach Form N-325 - Applied		х				567890148	9 0	0
209	CR2	28	С	Attach Form N-325 - Carryover		х				567890149	9 0	0
210	CR2	29	b	Total Nonrefundable Credits	х	х		х	х	567890150	9 0	0
211	N311	L10 Part I		Refundable Food/Excise Tax Credit		X	X	X		1239	4 0	)
212	X1	L12 Part II		Low-Income Household Renters Credit			х			1238	4 0	)
213	X2	L28		Credit for Child and Dependent Care Expenses					х	1237	4 0	)
214	-			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5 0	)
Retur	rn Fie	lds th	at are	NOT Included in the 2D Barcode								
11014	1			First Time Filer Checkbox						1		
	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				<b>1</b>	
				Spouse meets qualifications Checkbox. This is the checkbox								
	1			below line 6b.			Х					
	1	6d		Table of dependent names, social security numbers, and relationship								
		ou										
	_			Tax source checkbox group (Tax Table, Tax Rate Schedule,				X (Capital Gains Tax				
$\vdash$	2	27		Form N-168, Form N-615, Cap. Gains Worksheet) Amended Return: Amount Paid (Overpaid) on Original Return-	X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	X (Tax Rate Schedule)	4		
	4	51		negative indicator checkbox					x			
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return			х		x	1		
	4	52		Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox			х			1		
	4	52		Amended Return: Balance Due (Refund) on Amended Return			Y		v	1		
	4	52 53d		Schedule C business activity/product		1	^	<del> </del>	X	-		
	4	55d		Schedule F business activity/product			Х		ľ.			
	4			Designee Name				X				
oxdot	4			Designee Phone Number				X		4		
	4			Designee Identification Number	v	V	V	X	V	4		
$\vdash$	4			Signature Date Occupation	Ŷ	^ Y	^ ¥	X	X	4		
$\vdash$	4			Daytime Phone Number	X	X	X	X	X	1		
	4			Spouse Signature Date		X		<u> </u>		1		
	4	-		Spouse Occupation		X						
	4			Spouse's Daytime Phone Number		X						
$\vdash$	4			Preparer Signature Date			X		X	4		
$\vdash$	4			Preparer Self Employed Checkbox Preparer Name			A X	-	X	4		
$\vdash$	4			Preparer Firm Name and Address			X		X	1		
	4			Preparer Phone Number			X		X	1		

4 3	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34	36 38 40 42	44 46 48 50 52 54 56 58	8 60 62 64	4 66 68 70 72 74 76 78	80 82 84
4	Form I	N-11 (Rev. 2020)				Page 2 of	4 4
5		Your S	ocial Security Nu	mber Your S	Spouse's SS	N	5
6	Place QR Cc		- 12 - 1	234 12	23 - 12	2 - 1234	6
7	Here		- 12 - 1	NAME(S) AS SH			7
9		Name(s) as s	hown on return	XXXXXXXXXXXXXX			9
10							10
11					ROUND	TO THE NEAREST DOLLA	<b>R</b> 11
12					37	100456700	12
13		Federal adjusted gross income (AGI) (see page 12 o			X	123456789	13
14	8	Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions)		123456789			14
16	9	Interest on out-of-state bonds					16
17		(including municipal bonds)	9	123456789			17
18	10	Other Hawaii additions to federal AGI		123456789			18
19		(see page 12 of the Instructions)	10	143430/89			19
20	11	Add lines 8 through 10 Total Hawaii addi	itions to federal	AGI 11 1234	56789		20
22		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	101040141				22
23	12	Add lines 7 and 11			X	123456789	23
24	13	Pensions taxed federally but not taxed by Hawa i		123456789			24
25		(see page 14 of the Instructions)	13	123430789			25
26	14	Social security benefits taxed on federal return	14	123456789			26
28		First \$6,943 of military reserve or Hawaii national					28
29		guard duty pay	15	123456789			29
30				123456789			30
31		Payments to an individual housing account	16	123430709			31
32	17	Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions)	17	123456789			33
34	18	Other Hawaii subtractions from federal AGI					34
35		(see page 15 of the Instructions)	18	123456789			35
36	19	Add lines 13 through 18		1001	56789		36
37		Total Hawaii subtractio	ons from federal	AGI 19 1234			37
39	20	Line 12 minus line 19		Hawaii AGI ➤ 20	х	123456789	39
40							40
		ION: If you can be claimed as a dependent on anoth				ce an X here. X	41
42	21	If you do not itemize your deductions, go to line 23 be	elow. Otherwise of	to page 17 of the Instruction	ns		42
43	21a	and enter your itemized deductions here.  Medical and dental expenses					43
45	<b>4.1</b> (1	(from Worksheet A-1)	21a	123456789			45
46						TOTAL ITEMIZED	46
47	21b	Taxes (from Worksheet A-2)	21b	123456789		DEDUCTIONS	47
48	04		01	123456789	22	Add lines 21a through 21f. If your Hawaii adjusted gross	48
50	21c	Interest expense (from Worksheet A-3)	21¢			income is above a certain	50
51	21d	Contributions (from Worksheet A-4)	21d	123456789		amount, you may not be able to deduct all of your	51
52						itemized deductions. See the instructions on page 22. Enter	
53	21e	Casualty and theft losses (from Worksheet A-5)	21e	123456789		total here and go to line 24.	53
54	044	Nice lands and the second seco	015	123456789		123456789	54
55	211	Miscellaneous deductions (from Worksheet A-6)	217	123130703		123130703	55
57	23	If you checked filing status box: 1 or 3 enter \$2,200;					57
58		2 or 5 enter \$4,400; 4 enter \$3,212		Standard Deduction > 23		123456789	58
59						122456700	59
60		24 Line 20 minus line 22 or 23, whichever applie	es. (This line MUS	T be filled in) 24	X	123456789	60
62							61
63							63
4 64		10 12 14 16 18 20 22 NO XX 28 30 32 34 Readable text here	36 38 40 42	44 46 48 50 52 54 56 58	8 60 62 64	FORM N-11 (REV. 202	80 82 84 <b>()</b> 64
65							65

2						2
4 3	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38	40 42 44 46 48 50 52 54	56 58 60 62	64 66 68 70 72 74 76	78 80 82 84
4	Form	N-11 (Rev. 2020)			Page	3 of 4 4
5	Plac		curity Number	Your Spouse's	SSN	5
7	QR C	ode 123 - 12	- 1234	123 - 12	2 - 1234	7
8	Her		NAME(S) AS S	HOWN ON	RETURXXXX	8
9		Name(s) as shown on	XXXXXXXXXXX	XXXXXXX	XXXXXXXX	9
10	25	Multiply \$1,144 by the total number of exemptions claimed on				10
12		If you and/or your spouse are blind, deaf, or disabled, place a and see page 22 of the Instructions.	ii X iii ine applicable box(es),			12
13		X Yourself X Spouse		. 25	123456789	13
15	26	Taxable Income. Line 24 minus line 25 (but not less than zer	o)Taxable Income >	<b>⊳</b> 26	123456789	15
16	27		edule; or X Capital Gains Ta	x		16
17		Worksheet on page 35 of the Instructions.  ( X Place an X if tax from Forms N-2, N-103, N-152, N-1	60 N 210 N 220			17
19		N-344, N-348, N-405, N-586, N-615, or N-814 is included.)		<b>▶</b> 27	123456789	19
20	2.7a					20
21		the net capital gain from line 14 of that worksheet 27a	123456789			21
22						22
24	28	Refundable Food/Excise Tax Credit				24
25		(attach Form N-311) DHS, etc. exemptions 12 28	123456789			25
26 27	29	Credit for Low-Income Household  Renters (attach Schedule X)	123456789			26
28	30		123430703			28
29		Care Expenses (attach Schedule X)30	123456789			29
30	31	9	123456789			30
31	32	System(s) (attach a copy of the invoice)	123456769			31
33	3/2	Schedule CR (attach Schedule CR)	123456789			33
34						34
35	33	Add lines 28 through 32	Total Refundable Credits >	<b>→ 33</b>	123456789	35
36	34	Line 27 minus line 33. If line 34 is zero or less, see Instruction	sAdjusted Tax Liability	. 34 X	123456789	36
38						38
39	35	Total nonrefundable tax credits (attach Schedule CR)		. 35	123456789	39
40	36	Line 34 minus line 35	Balance >	. 36 X	123456789	41
42	37	Hawaii State Income tax withheld (attach W-2s)				42
43		(see page 28 of the Instructions for other attachments)	123456789			43
44	20	2020 estimated tax payments	123456789			44
46	38	2020 estimated (dx payments				45
47	39	Amount of estimated tax applied from 2019 return 39	123456789			47
48			123456789			48
50	40	Amount paid with extension40	120100100			50
51	41	Add lines 37 through 40	Total Payments ➤	<b>- 41</b>	123456789	51
52						52
53	42	If line 41 is larger than line 36, enter the amount OVERPAID (	line 41 minus line 36) (see lectructions)	. 42	123456789	53
55	43	Contributions to (see page 25 of the Instructions):		74		55
56		43a Hawaii Schools Repairs and Maintenance Fund	<b>X</b> \$2 <b>X</b> \$2			56
57		43b Hawaii Public Libraries Fund				57
58	44	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds  Add the amounts of the Xs on lines 43a through 43c and enter		. 44	12	58
60						60
61		45 Line 42 minus line 44		. 45	123456789	61
62						62
63 4 64	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38	40 42 44 46 48 50 52 54	56 58 60 62	64 66 68 70 72 74 76 FORM N-11 (REV. 2	78 80 82 84 <b>020)</b> 64
65	ramaii	TOTAL TOTAL				65

orm N-11 (Rev. 2020)		V 0				Page 4 of 4
Place		Your Social Sec	aurity Numbe	r	Your Spouse's S	
QR Code		123 - 12	- 123	4	123 - 12	- 1234
Here					SHOWN ON	
	Name	(s) as shown on	return		xxxxxxxx	
46 Amount of line 45 to be app	lied to your					
2021 ESTIMATED TAX		46		1234567	89	
47a Amount to be REFUNDED			lina late.			
see page 25 of Instructions					47a	123456789
X Place an X in this box	if this refund will u	ıltimately be dep	osited to a fo	oreign (non-U.S.)	bank. Do not comp	lete lines 47b, 47c, or 47d.
47b Routing number	12345678	9 <b>47c</b>	Туре: Х	Checking X	Savings	
47d Account number	12345	67890123	4567			
48 AMOUNT YOU OWE (line 3					48	123456789
49 PAYMENT AMOUNT Subm				check or		
money order payable to "Ha		lector."			49	123456789
50 Estimated tax penalty. (Se	, , , , , , , , , , , , , , , , , , ,					
Instructions.) Do not include				1004565		
this box if Form N-210 is att	ached X	50		1234567	89	
					51 X	123456789
51 AMENDED RETURN ONLY – Ar	nount paid (overpaid) (	on original return. (S	See Instructions	) (attach Sch. AMD).	51 A	123450769
					)) 52 X	123456789
52 AMENDED RETURN ONLY – Ba	alance due (refund) wit	th amended return.	(See Instruction	is) (attach Sch. AMD	)) 52 A	123450709
	ıle C? X Yes	X No				123456789
53 Did you file a federal Schedu your main business activity:			II )	es, enter <b>Hawaii</b>	gross receipts	123430709
vour main business activity:			D.va.us III To	v ID No for this	antivity GF 1	23-123-1234-12
your main business product.		S I I C S AN	your III Ia	X I.D. NO. IOI IIIIS	activity CIL.	
54 Did you file a federal Schedu	ıle F		If yes er	ter <b>Hawaii</b> gross	rents received	123456789
for any rental activity?	X Yes	X No	II you, or	iter riciwan grood	, tonto roccivou	
			<b>D</b> vour HI Ta	x I.D. No. for this	activity <b>GE</b> 1	23-123-1234-12
55 Did you file a federal Schedu	ıle F? X Yes	X No	lf \	es, enter <b>Hawaii</b>	i gross receipts	123456789
your main business activity:					Ť I I I I I I I I I	
your main business product:			<b>D</b> your HI Ta	x I.D. No. for this	activity <b>GE</b> 1	23-123-1234-12
If designating another pers	on to discuss this	return with the H	lawaii Depar	tment of Taxation	n, complete the follo	wing. This is not a full power of
attorney. See page 28 of the	e Instructions.					
Designee's name DE	SIGNEE'S	NAMEXXXX	Phone no.	(123) 456-	<sup>7891</sup> Identification	number 12-3456789
HAWAII ELECTION	o you want \$3 to g	go to the Hawaii	Election Car	npaign Fund?	X Yes	X No Note: Placing an X the "Yes" box will not increase your
	joint return, does				X Yes	X No tax or reduce your refund.
DECLARATION — I declare, under of my knowledge and belief, is a tru	the penalties set forth in	section 231-36, HRS	i, that this return	(including accompany	ring schedules or statemen	its) has been examined by rne and, to the best
Your signature	o, correst, and complete	Date Date	i iditi, ioi tilo tax	Spouse's sign	nature (if filing jointly, BOT)	must sign Date
		10/10	/ = 0			
		12/12				12/12/12
Your Occupation			one Number	Your Spouses		Daylime Phone Number
TAXPAYER OCCU	PATIONXX	(123) 123	-4567	SPOUSE (	OCCUPATION	XX (123)123-4567
Preparer's Signature				Date	/ 1 O Check if	Preparers identification number
Signature Signature				12/12	/12 self-employed	X 123456789
Print Preparer's Name	DD TAU		C NINNT		XXX Federal E	12-1234567
Information				HEREXXX		12-1234567
				RER'S NAI	HOODS NO.	(123) 123-4567
				EXXXXXXX	X X	(123)123-456/
lif sell-employed), Address, and ZIP (	code ADDICE	SO AND Z	II COD			
Address, and ZiP (	Code ADDING	SS AND Z	II COD			

STATE OF HAWAII — DEPARTMENT OF TAXATION

## Individual Income Tax Return RESIDENT



DO NOT WRITE IN THIS AREA

Place QR Code Here

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

THIS SPACE

RESERVED

# Do NOT Submit a Photocopy!!

Your First Name

МΙ Your Last Name 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

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 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 ◆

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

Deceased X

Date of Death 12 - 12 - 12

FOREIGN PROVINCEXXXXXXXX COUNTRYXXXXXX

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

X 1 Single

X

(Place an X in only ONE box)

X

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.

 $\mathbf{x}$ X 6b

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

1

12

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

6c	Dependents:	If more than	4 dependents	2. Dependent's social	
and	1. First and last nam	ne use att	achment	security number	3. Relationship
6d	FIRST I	DEPENDENT	NAMEXXXX	123-45-6789	RELATIONSHIP
	SECOND	DEPENDENT	NAMEXXX	123-45-6789	RELATIONSHIP
	THIRD D	EPENDENT	NAMEXXXX	123-45-6789	RELATIONSHIP
	FOUR	TH DEPEND	ENT NAME	123-45-6789	RELATIONSHIP

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

Enter number of other dependents.....6d

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

X

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

123 - 12 - 1234

123 - 12 - 1234

#### **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)	1234567	89			
9	Interest on out-of-state bonds	1004567	0 0			
	(including municipal bonds)9	1234567	89			
10	Other Hawaii additions to federal AGI	1004567	0.0			
	(see page 12 of the Instructions)	1234567	89			
11	Add lines 8 through 10Total Hawaii additions to federal A	GI 11	12	345	6789	
12	Add lines 7 and 11			12	x	123456789
13	Pensions taxed federally but not taxed by Hawaii					
	(see page 14 of the Instructions)	1234567	89			
14	Social security benefits taxed on federal return14	1234567	89			
15	First \$6,943 of military reserve or Hawaii national					
	guard duty pay15	1234567	89			
		1004567	0 0			
16	Payments to an individual housing account	1234567	89			
17	Exceptional trees deduction (attach affidavit)	1234567	9 Q			
4.0	(see page 15 of the Instructions)	1234367	09			
18	Other Hawaii subtractions from federal AGI	1234567	89			
10	(see page 15 of the Instructions)	1254507				
19	Add lines 13 through 18					
	Total Hawaii subtractions from fodoral A	CI 10	12	345	6789	
	Total Hawaii subtractions from federal A	GI 19	12	345	6789	
20	Line 12 minus line 19				6789 <b>X</b>	123456789
	Line 12 minus line 19	Hawaii AG	il >	20	х	123456789
CAUT	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, s	Hawaii AG	on p	<b>20</b> age 17	х	123456789
	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	Hawaii AG	on p	<b>20</b> age 17	х	123456789
CAUT 21	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	Hawaii AG	on p	<b>20</b> age 17	х	123456789
CAUT	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	see the Instructions to page 17 of the li	on p	<b>20</b> age 17	х	123456789
CAUT 21	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	Hawaii AG	on p	<b>20</b> age 17	х	123456789 ace an X here. <b>X</b>
21 21a	Line 12 minus line 19	to page 17 of the li	on ponstruction	<b>20</b> age 17	х	123456789
CAUT 21	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	see the Instructions to page 17 of the li	on ponstruction	<b>20</b> age 17	X	123456789  ace an X here. X  TOTAL ITEMIZED DEDUCTIONS
21 21a 21b	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	to page 17 of the li	s on ponstruction of the second points of the secon	<b>20</b> age 17	X	123456789  ace an X here. X  TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f.
21 21a 21b	Line 12 minus line 19	Hawaii AG see the Instructions to page 17 of the II  12345678	s on ponstruction of the second points of the secon	<b>20</b> 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
21 21a 21b 21c	Line 12 minus line 19	Hawaii AG see the Instructions to page 17 of the II  12345678	s on p nstruction 8 9 8 9	<b>20</b> 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
21 21a 21b	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so the state of the st	see the Instructions to page 17 of the Instructions 12345678	s on p nstruction 8 9 8 9	<b>20</b> 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 21d	Line 12 minus line 19	see the Instructions to page 17 of the Instructions 12345678	s on p nstruct	<b>20</b> 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
21 21a 21b 21c	Line 12 minus line 19	Hawaii AG  see the Instructions to page 17 of the II  12345678  12345678  12345678	s on p nstruct	<b>20</b> 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 AG  see the Instructions to page 17 of the II  12345678  12345678  12345678	**************************************	<b>20</b> 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 AG  see the Instructions to page 17 of the II  12345678  12345678  12345678  12345678	**************************************	<b>20</b> 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 AG  see the Instructions to page 17 of the II  12345678  12345678  12345678  12345678	**************************************	<b>20</b> 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 total here and go to line 24.  123456789
21a 21b 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AG  see the Instructions to page 17 of the II  12345678  12345678  12345678  12345678  12345678	s on p pnstruct	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 AG  see the Instructions to page 17 of the II  12345678  12345678  12345678  12345678  12345678	s on p pnstruct	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.  123456789
21a 21b 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AG  see the Instructions to page 17 of the II  12345678  12345678  12345678  12345678  12345678	s on p pnstruct 89 89 89 89	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

123 - 12 - 1234

123 - 12 - 1234

O.F.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XXXXXXXX
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)	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	If tax is from the Capital Gains Tax Worksheet, enter			
	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) <b>DHS, etc.</b> exemptions 12 <b>28</b> 123456789			
29	Credit for Low-Income Household			
23	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
			х	123456789
34	Line 27 minus line 33. If line 34 is zero or less, see InstructionsAdjusted Tax Liability ➤	34	Λ	123430709
35	Total nonrefundable tax credits (attach Schedule CR)	35		123456789
				10045550
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)  37 123456789			
	(see page 28 of the Instructions for other attachments)			
38	2020 estimated tax payments			
30	2020 estimated tax payments			
39	Amount of estimated tax applied from 2019 return 39 123456789			
40	Amount paid with extension			
41	Add lines 37 through 40	41		123456789
				102456700
42	If line 41 is larger than line 36, enter the amount <b>OVERPAID</b> (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			
	43bHawaii Public Libraries FundX\$5X\$543cDomestic and Sexual Violence / Child Abuse and Neglect FundsX\$5X\$5			
44	43c       Domestic and Sexual Violence / Child Abuse and Neglect Funds       X       \$5       X       \$5         Add the amounts of the Xs on lines 43a through 43c and enter the total here	44		12
	Add the amounts of the As on these total thought too and effet the lotal field			
	<b>45</b> Line 42 minus line 44	45		123456789
		-		

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURXXXX

Amount of line 45 to be applied to your 123456789 Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, 47a 123456789 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. 123456789 47c Type: X 47b Routing number Checkina Savings 12345678901234567 47d Account number 123456789 AMOUNT YOU OWE (line 36 minus line 41). PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or 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 X 123456789 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 123456789 X No 53 Did you file a federal Schedule C? X Yes If yes, enter Hawaii gross receipts your main business activity: SCHEDULE C BUSIN vour main business product: SCHEDULE C PROD AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 123456789 54 Did you file a federal Schedule E If yes, enter Hawaii gross rents received for any rental activity? X No X Yes 123-123-1234-12 AND your HI Tax I.D. No. for this activity GE 123456789 X No 55 Did you file a federal Schedule F? X Yes If yes, enter Hawaii gross receipts your main business activity: SCHEDULE F BUSIN 123-123-1234-12 your main business product: SCHEDULE F PROD AND your HI Tax I.D. No. for this activity GE 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** Note: Placing an X the "Yes" Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No box wiil not increase your **CAMPAIGN FUND** If joint return, does your spouse want \$3 to go to the fund? Yes X 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, HAS 12/12/12 12/12/12 (123)123-4567 SPOUSE OCCUPATIONXX TAXPAYER OCCUPATIONXX (123)123-4567self-employed 12/12/12 123456789 Print Preparer's Name Preparer's Federal E.I. No. 12-1234567 PRINT PREPARER'S NAME HEREXXXXXX FIRMS NAME OR PREPARER'S NAME

ADDRESS AND ZIP CODEXXXXXXXX

(123)123-4567

Phone No.