STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-15 (Rev. 2020)

Contact Information for General Questions

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FORM N-15 (Rev. 2020)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-15. Form N-15 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-15 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-15. If you will produce 2D barcodes for Form N-15, 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-15 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-15: 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-15 (Rev. 2020): 10 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier font. Exceptions: On page 2 line 30, the "Alimony paid" variable data field is 10 pt Courier font and 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 sixth 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.
- Page 3, white space beginning at row 52, column 60 through row 59, column 82 should not contain any data, text, or stray marks.

6. Variable Data Delimiters

• Period of Residency dates and the Date of Death should 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 tax year ending and date of death tax year)

• Taxpayer's Social Security Number and/or spouse's social security number should 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.
- 7. Dollar Amounts
 - · 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.

SCANNABLE SPECIFICATIONS

123456789

1. Layout

- The form was designed on a 6x10 grid. See exhibits. There are a couple areas of the form that do not require optical character recognition, and therefore do not meet the 6x10 design:
 - 1. Page 2, Line 30 Name and SSN of recipient of alimony payment; and
 - 2. 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 positions:
 - 1. Pages 1 though 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 24, 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.

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-15 (Rev. 2020) cannot be filed until 2021.

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 5.
- 3. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four pages.
- The tolerance is 1mm (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.

white	white
space	space

- 4. QR Code
 - A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
 - Placement of the QR code is as follows (see exhibit for exact placement):
 - 1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.
 - 2. Pages 2 through 4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 7.
 - Height of the QR code is 0.5 inch.
 - Length of the QR code is 0.5 inch.

Form N-15 (Rev. 2020) General Information and Scannable Specifications

- 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: N15_T 2020A 01 VIDXX

The required QR code for page 2 is: N15_T 2020A 02 VIDXX

The required QR code for page 3 is: N15_T 2020A 03 VIDXX

The required QR code for page 4 is: N15_T 2020A 04 VIDXX

The QR code includes the form number (N15), 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-15. The following defines the technical specifications for producing 2D barcodes for Form N-15. 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 labelled "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 lavout for the data encoded in the 2D barcode is defined in Appendix A, "2D Barcode Layout -N-15/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-15. If you did not receive the acetate overlays, please contact the Forms Coordinator.

APPENDIX A. 2D Barcode Layout - N-15 / 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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Required entry if married filing joint or married filing separate, otherwise null. Field should be		1							
	34	1			Primary Deceased Date of Death - Year	2	N		
35 1 First 4 Characters of Spouse Last Name 4 A all Capital Letters.									
	35	1			First 4 Characters of Spouse Last Name	4	Α	all Capital Letters.	

Field	Page	Form	Colum		Мах			
#		Line #	n	Description	Length	Туре	Field Business Rules	Changes
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Required entry if married filing joint or married filing separate, otherwise null. Do not include	
36	1			Spouse SSN	9	N	hyphens, spaces or other delimiters in this field.	
37	1			Spouse Deceased Checkbox	1	С	"X" or null	
38	1			Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
39	1			Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
40	1			Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
41	1			Care Of	40	AN		
42	1			Street Address	40	AN	Field should be all CAPITAL LETTERS.	
40	4			0.4	04			
43	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:	
44	1			LL C. State Code	2			
44				U.S. State Code	2	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	
45	1			ZIP (Postal) Code	10	AN	than 9 digits.	
40	'				10		Only populate if a foreign address. If the country does not use State or Province names then	
46	1			Foreign State or Province	25	А	this field should be NULL. Field should be all CAPITAL LETTERS.	
47	1			Country	13	A	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	
	· ·			oounty			"X" or null. One of the filing status checkboxes must be marked. There should be only one	
48	1	1		Filing Status Checkbox: Single	1	С	filing status checkbox marked.	
	-			· ······g · ······· •·····g···		-	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
49	1	2		Filing Status Checkbox: Married filing joint	1	С	filing status checkbox marked.	
				5 - 55			"X" or null. One of the filing status checkboxes must be marked. There should be only one	
50	1	3		Filing Status Checkbox: Married filing separate	1	С	filing status checkbox marked.	
							"X" or null. One of the filing status checkboxes must be marked. There should be only one	
51	1	4		Filing Status Checkbox: Head of Household	1	С	filing status checkbox marked.	
							"X" or null. One of the filing status checkboxes must be marked. There should be only one	
52	1	5		Filing Status Checkbox: Qualifying Widower	1	С	filing status checkbox marked.	
53	1	4a		HOH Qualifying Person. This field appears below line 4.	21	Α	Null if no value	
54	1	5a		QW Year Spouse Died	4	N	Null if no value	
55	1	6a(i)		Primary Regular Exemption	1	С	"X" or null.	
56	1	6a(ii)		Primary Over 65 Exemption	1	С	"X" or null.	
57	1	6b(i)		Spouse Regular Exemption	1	С	"X" or null.	
58	1	6b(ii)		Spouse Over 65 Exemption	1	С	"X" or null.	
59	1	6a/b		Total of Primary and Spouse exemptions.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b. 0 if no value.	
60	1	6c		Exemptions for Dependent Children	2	N	0 if no value	
61	1	6d		Exemptions for Other Dependents	2	N	0 if no value	
62	1	6e		Total Exemptions Claimed	2	N	0 if no value	
							For all numeric fields use whole numbers (no decimals) unless otherwise specified in	
63	2	7a		Wages Total	9	N	the field business rule. For all numeric fields do not include commas.	
64	2	7a 7b		Wages Hawaii	9	N	une nera pasmess rare. For all numeric neras do not include commas.	
65	2	7b 8b		Interest Income Hawaii	9	N		
66	2	9b		Dividends Hawaii	9	N		
67	2	10b		State Refund Hawaii	9	N		
68	2	11b		Alimony Received Hawaii	9	N		
	-				5			
69	2	12a		Business Farm Income Total - negative indicator checkbox	1	С	"X" or null.	
	-					-	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
70	2	12a		Business Farm Income Total	9	N	field.	
71	2	12b		Business Farm Income Hawaii - negative indicator checkbox	1	С	"X" or null.	
							· · · · · · · · · · · · · · · · · · ·	

Field	Daga	Form	Colum		Max			
#		Line #	n	Description	Length	Туре	Field Business Rules	Changes
							If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
72	2	12b		Business Farm Income Hawaii Capital Gain Hawaii - negative indicator checkbox	9	N	field.	
73	2	13b		Capital Gain Hawali - negative indicator checkbox	1	С	"X" or null. If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
74	2	13b		Capital Gain Hawaii	9	Ν	field.	
75	2	14b		Supplemental Gain Hawaii - negative indicator checkbox	1	C	"X" or null.	
							If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
76	2	14b		Supplemental Gain Hawaii	9	Ν	field.	
77	2	15b		IRA Distribution Hawaii	9	N		
78	2	16b		Pension Hawaii	9	N		
79	2	17b		Rents and Royalties Hawaii - negative indicator checkbox	1	С	"X" or null.	
80	2	17b		Rents and Royalties Hawaii	9	N	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this field.	
81	2	18b		Unemployment Compensation Hawaii	9	N		
82	2	19b		Other Income Hawaii - negative indicator checkbox	1	C	"X" or null.	
				- J		-	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
83	2	19b		Other Income Hawaii	9	Ν	field.	
84	2	20b	-	Total Income Hawaii - negative indicator checkbox	1	С	"X" or null.	
							If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
85	2	20b		Total Income Hawaii	9	N	field.	
86 87	2	26a 31b		Deductible part of Self-Employment Tax Total Payments to Housing Account Hawaii	9	N N		
88	2	31b 32b		Military Reserve Pay Hawaii	9	N		
89	3	33b		Exceptional Tree Deduction Hawaii	9	N		
90	3	34b		Total Adjustments Hawaii	9	N		
	-			,				
91	3	35a		Adjusted Gross Income Total - negative indicator checkbox	1	С	"X" or null.	
							If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
92	3	35a		Adjusted Gross Income Total	9	N	field.	
93	3	35b		Adjusted Cress Income Heureji, negative indicator sheekhev	4	с	"X" or null.	
93	3	350		Adjusted Gross Income Hawaii - negative indicator checkbox	-	U	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
94	3	35b		Adjusted Gross Income Hawaii	9	N	field.	
0.	Ű	005			Ū			
95	3	36		Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null.	
96	3	36		Federal Adjusted Gross Income	9	Ν		
							Line 35B divided by Line 35A. Must include a decimal point. The "Max Length" value includes	
							the decimal point (for example 0.41). Compute to three decimal places, then round to 2. If	
							Line 35A is zero or a negative number, and Line 35B is a positive number, enter 1.00 on Line	
							37. If line 35B is zero or a negative number, enter 0.00 on Line 37. If both Line 35A and 35B	
97	3	37		Hawaii AGI to Total AGI Ratio	4	N	are negative, enter 0.00 on Line 37. If Line 35B is greater than Line 35A, enter 1.00 on Line 37. If column A is not completed, enter 0.00 on Line 37.	
97	3			Dependent Indicator	4	C	"X" or null.	
99	3	 38a		Medical and Dental Expenses	9	N		
100	3	38b		Taxes	9	N		
101	3	38c		Interest Expense	9	Ν		
102	3	38d		Contributions	9	Ν		
103	3	38e		Casualty and Theft Loss	9	Ν		
104	3	38f		Miscellaneous Deductions	9	N		
105	3	39		Total Itemized Deductions	9	N		
106	3	40a		Standard Deduction	9	N		
107 108	3	40b 41		Prorated Standard Deduction Hawaii AGI Less Deductions - negative indicator checkbox	9	N C	"X" or null.	
100	3	41		Hawaii AGI Less Deductions - negative indicator checkbox	9	N		
100	~				5			
110	3	42a(i)		Primary Disability Indicator. This field appears below line 42a.	1	С	"X" or null.	
		. /						
111	3	42a(ii)		Spouse Disability Indicator. This field appears below line 42a.	1	С	"X" or null.	
112	3	42a		Total Exemptions	9	N		

	Page		Colum		Max	_		
#		Line #	n	Description	Length		Field Business Rules	Changes
113	3	42b		Prorated Exemptions	9	N		
114	3	43		Taxable Income	9	N		
						-		
115	3	44(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	1	С	"X" or null.	
116	3	44		Tax Liability	9	N	0 if no value	
117	3	44a		Net Capital Gain	9	N	0 if no value	
118	3	45		Refundable Food/Excise/Tax Credit	9	N	0 if no value	
119	3	45a		Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	
120	3	46		Low Income Household Renters Credit	9		0 if no value	
120	3	40		Child and Dependent Care Expenses	9	N	0 if no value	
122	3	48		Child Passenger Restraint Credit	9	N	0 if no value	
122	3	40		Total Refundable Credits - Sch CR	9	N	0 if no value	
124	3	50		Total Refundable Credits	9	N		
12-1	0	00			0			
125	3	51		Tax Less Refundable Credits - negative indicator checkbox	1	С	"X" or null.	
126	3	51		Tax Less Refundable Credits	9	N		
127	4	52		Total Nonrefundable Credits - Sch CR	9	N		
	•				~			
128	4	53		Tax Less Nonrefundable Credits - negative indicator checkbox	1	С	"X" or null.	
129	4	53		Tax Less Nonrefundable Credits	9	Ň		
130	4	54		Withholding	9	N		
131	4	55a		Form N-200V -N-1	5	N		Description Changed
132	4	55b		Form N-288A	5	N		
133	4	55		Estimated tax payments	9	N		
134	4	56		Estimated tax from previous tax year	9	Ν		
135	4	57		Extension Payment	9	N		
136	4	58		Total Payments	9	N		
137	4	59		Amount Overpaid	9	N		
138	4	60a		Primary School Repairs and Maintenance Donation	1	С	"X" or null.	
139	4	60a		Spouse School Repairs and Maintenance Donation	1	С	"X" or null.	
140	4	60b		Primary Public Libraries Donation	1	С	"X" or null.	
141	4	60b		Spouse Public Libraries Donation	1	С	"X" or null.	
142	4	60c		Primary Domestic Violence Donation	1	С	"X" or null.	
143	4	60c		Spouse Domestic Violence Donation	1	С	"X" or null.	
144	4	61		Total Donations	2	N		
145	4	62		Overpaid minus Donations	9	N		
146	4	63		Estimated Tax apply to the following tax year	9	N		
147	4	64a	1	Refunded to you	9	Ν		
148	4	64a(i)	1	Foreign (non-U.S.) bank account checkbox	1	С	"X" or null. If "X" then Form Lines 64b, 64c(i) or (ii) and 64d should be null.	
149	4	64b		Routing Number	9	Ν	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
150	4	64c(i)		Account Type Checking	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
151	4	64c(ii)	-	Account Type Savings	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
152	4	64d	-	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
153	4	65	1	Amount you owe	9	Ν		
154	4	66		Payment Amount	9	N		
155	4	67(i)		Form N210 attached checkbox	1	С	"X" or null.	
156	4	67		Estimated Tax Penalty	9	N		
157	4			Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
158	4			Primary HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
159	4			Primary HI Election Campaign - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
160	4			Spouse HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
161	4			Spouse HI Election Campaign - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
162	CR1	1		Capital Goods Excise Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
163	CR1	2		Fuel Tax Credit	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
164	CR1	3		Motion Picture and Film Tax Credit	9	Ν		Part I and Part 2 reordered on form, Renumbered, New Line Number

Field	Page	Form	Colum		Мах			
#	•	Line #		Description	Length	Туре	Field Business Rules	Changes
				2 compton	_0gt.:	. , , , , , , , , , , , , , , , , , , ,		Part I and Part 2 reordered on form, Renumbered, New
165	CR1	4a(1)		Solar Checkbox	1	С	"X" or null	Line Number
	0.01						N/A 1	Part I and Part 2 reordered on form, Renumbered, New
166	CR1	4a(2)		Wind Checkbox	1	С	"X" or null	Line Number Part I and Part 2 reordered on form, Renumbered, New
167	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	9	Ν		Line Number
107					Ű			Part I and Part 2 reordered on form, Renumbered, New
168	CR1	5		Important Agricultural Land Tax Credit	9	N		Line Number
								Part I and Part 2 reordered on form, Renumbered, New
169	CR1	6		Tax Credit for Research Activities	9	N		Line Number
170	CR1	7a		Other refundable credits-pro rata share of taxes paid on sale of real property	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
170	UNI	1 d		Other refundable credits-credit from regulated investment	9	IN		Part I and Part 2 reordered on form, Renumbered, New
171	CR1	7b		company	9	N		Line Number
	-							Part I and Part 2 reordered on form, Renumbered, New
172	CR1	7c		Other Refundable Credits Total	9	N		Line Number
]	ΙΤ	_				l		Part I and Part 2 reordered on form, Renumbered, New
173	CR1	8		Total Refundable Credits	9	N		Line Number
174	CR2	9		IncomeTax Paid to another state	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
1/4	0112	3		וווסטוויט דמא ד מוע נט מווטנווטו זנמנט	9	IN		Part I and Part 2 reordered on form, Renumbered, New
175	CR2	10		Enterprise Zone Tax Credit	9	N		Line Number
	-							Part I and Part 2 reordered on form, Renumbered, New
176	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied	9	N		Line Number
					_			Part I and Part 2 reordered on form, Renumbered, New
177	CR2	11	С	Carryover of Energy Conservation Tax Credit - Carryover	9	N		Line Number, New Amount Field
178	CR2	12	Ь	Carryover of the High Tech Business Investment Tax Credit -	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
170	0112	12	D	Carryover of the High Tech Business Investment Tax Credit -	3	IN		Part I and Part 2 reordered on form, Renumbered, New
179	CR2	12	с	Carryover	9	N		Line Number, New Amount Field
				Carryover of Individual Development Account Contribution				Part I and Part 2 reordered on form, Renumbered, New
180	CR2	13	b	Tax Credit - Applied	9	N		Line Number
				Carryover of Individual Development Account Contribution				Part I and Part 2 reordered on form, Renumbered, New
181	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
182	CR2	14	b	Applied	9	Ν		Line Number
102	0112	14	D	Carryover of Tech Infrastructure Renovation Tax Credit -	3	IN		Part I and Part 2 reordered on form, Renumbered, New
183	CR2	14	с	Carryover	9	N		Line Number, New Amount Field
				Carryover of the Hotel Construction and Remodeling Tax				Part I and Part 2 reordered on form, Renumbered, New
184	CR2	15	b	Credit - Applied	9	Ν		Line Number
405	CD2	15		Carryover of the Hotel Construction and Remodeling Tax	9	м		Part I and Part 2 reordered on form, Renumbered, New
185	CR2	15	С	Credit - Carryover Carryover of Residential Construction and Remodel Tax	9	N		Line Number, New Amount Field Part I and Part 2 reordered on form, Renumbered, New
186	CR2	16	b	Credit - Applied	9	N		Line Number
				Carryover of Residential Construction and Remodel Tax	-			Part I and Part 2 reordered on form, Renumbered, New
187	CR2	16	С	Credit - Carryover	9	Ν		Line Number, New Amount Field
				Carryover of the Renew Energy Tech Income Tax Credit -				Part I and Part 2 reordered on form, Renumbered, New
188	CR2	17	b	Applied	9	N		Line Number
189	CR2	17	c	Carryover of the Renew Energy Tech Income Tax Credit -	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, New Amount Field
103	URZ	17	C		ษ	IN		Part I and Part 2 reordered on form. Renumbered. New
190	CR2	18	а	Attach Form N-586 - New	9	Ν		Line Number, Description changed
					-			Part I and Part 2 reordered on form, Renumbered, New
191	CR2	18	b	Attach Form N-586 - Applied	9	Ν		Line Number, Description changed
	0.000	40						Part I and Part 2 reordered on form, Renumbered, New
192	CR2	18	С	Attach Form N-586 - Carryover	9	N		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
193	CR2	19	а	Attach Form N-884 - New	9	N		Line Number, Description changed
193	0112	10	a		3			End Humber, Description changed

		-						
Field #		Form Line #	Colum n	Description	Max Length	Туре	Field Business Rules	Changes
m	π			Description	Length	Type		Part I and Part 2 reordered on form, Renumbered, New
194	CR2	19	b	Attach Form N-884 - Applied	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
195	CR2	19	с	Attach Form N-884 - Carryover	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
196	CR2	20	а	Attach Form N-330 - New	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
197	CR2	20	b	Attach Form N-330 - Applied	9	N		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
198	CR2	20	С	Attach Form N-330 - Carryover	9	N		Line Number, Description changed
199	CR2	21a(1)		Solar Checkbox	1	с	"X" or null	Part I and Part 2 reordered on form, Renumbered, New Line Number
199	UNZ	21a(1)		Solar Checkbox	1	C		Part I and Part 2 reordered on form, Renumbered, New
200	CR2	21a(2)		Wind Checkbox	1	с	"X" or null	Line Number
200	UIL	210(2)				Ŭ		Part I and Part 2 reordered on form, Renumbered, New
201	CR2	21	а	Attach Form N-342 - New	9	Ν		Line Number, Description changed
	-							Part I and Part 2 reordered on form, Renumbered, New
202	CR2	21	b	Attach Form N-342 - Applied	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
203	CR2	21	С	Attach Form N-342 - Carryover	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
204	CR2	22	а	Attach Form N-348 - New	9	N		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
205	CR2	22	b	Attach Form N-348 - Applied	9	Ν		Line Number, Description changed
	CR2	22	_	Attack Form N 249 Community	9	N		Part I and Part 2 reordered on form, Renumbered, New
206	UR2	22	С	Attach Form N-348 - Carryover	9	Ν		Line Number, Description changed Part I and Part 2 reordered on form, Renumbered, New
207	CR2	23	а	Attach Form N-350 - New	9	Ν		Line Number, Description changed
207	0112	20	a		5			Part I and Part 2 reordered on form, Renumbered, New
208	CR2	23	b	Attach Form N-350 - Applied	9	Ν		Line Number, Description changed
	-							Part I and Part 2 reordered on form, Renumbered, New
209	CR2	23	С	Attach Form N-350 - Carryover	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
210	CR2	24	а	Attach Form N-352 - New	9	N		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
211	CR2	24	b	Attach Form N-352 - Applied	9	N		Line Number, Description changed
	0.00			AU 1 5 N 050 0	9			Part I and Part 2 reordered on form, Renumbered, New
212	CR2	24	С	Attach Form N-352 - Carryover	9	N		Line Number, Description changed
213	CR2	25	а	Attach Form N-354 - New	9	Ν		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
213	GIVE	25	a	Allaci i offit N-334 - New	3	IN		Part I and Part 2 reordered on form, Renumbered, New
214	CR2	25	b	Attach Form N-354 - Applied	9	Ν		Line Number, Description changed
			-		Ť			Part I and Part 2 reordered on form, Renumbered, New
215	CR2	25	с	Attach Form N-354 - Carryover	9	Ν		Line Number, Description changed
								Part I and Part 2 reordered on form, Renumbered, New
216	CR2	26	а	Attach Form N-356 - New	9	N		Line Number, Description changed
	Τ							Part I and Part 2 reordered on form, Renumbered, New
217	CR2	26	b	Attach Form N-356 - Applied	9	N		Line Number, Description changed
	0.52			A				Part I and Part 2 reordered on form, Renumbered, New
218	CR2	26	С	Attach Form N-356 - Carryover	9	N		Line Number, Description changed
219	CR2	27	а	Attach Form N-358 - New	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
219	UK2	21	а		9	IN		Part I and Part 2 reordered on form, Renumbered, New
220	CR2	27	h	Attach Form N-358 - Applied	9	Ν		Line Number, Description changed
220	5112	21		·····				Part I and Part 2 reordered on form. Renumbered. New
221	CR2	27	с	Attach Form N-358 - Carryover	9	Ν		Line Number, Description changed
				Attach Form N 225 Nou:				Part I and Part 2 reordered on form, Renumbered, New
222	CR2	28	а	Attach Form N-325 - New	9	Ν		Line Number, Description changed

Field #	•	Form Line #	Colum n	Description	Max Length	Туре	Field Business Rules	Changes
223	CR2	28	b	Attach Form N-325 - Applied	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number, Description changed
224	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
	CR2		b	Total Nonrefundable Credits	9	N		Part I and Part 2 reordered on form, Renumbered, New Line Number
226	N-311	L10		Refundable Food/Excise Tax Credit	4	Ν		Renumbered
227	X1	Part I L12		Low-Income Household Renters Credit	4	N		Renumbered
228	X2	Part II L28		Credit for Child and Dependent Care Expenses	4	N		Renumbered
229				End of Record Trailer	5	А	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	Renumbered

Retur	n Fie	elds tha	t are NOT Included in the 2D Barcode	
	4	-	First Time Filer Checkbox	
	4	-	Address or Name Change Checkbox	
			ITIN Applied For. This will be entered in the space below the	
			area reserved for the barcode, and may be for either the	
	1		taxpayer or spouse.	
	1	3	MFS Spouse Name. This field appears below line 3.	
			Spouse meets qualifications Checkbox. This is the checkbox	
	1		below line 6b.	
			Table of dependent names, social security numbers, and	
	1	6d	relationship	
	2	8a	Interest Income Total	
	2	9a	Dividends Total	
	2	10a	State Refund Total	
	2	11a	Alimony Received Total	
	2	13a	Capital Gain Total - negative indicator checkbox	"X" or null.
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this
	2	13a	Capital Gain Total	field.
	2	14a	Supplemental Gain Total - negative indicator checkbox	"X" or null.
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this
	2	14a	Supplemental Gain Total	field.
	2	15a	IRA Distribution Total	
	2	16a	Pension Total	
	2	17a	Rents and Royalties Total - negative indicator checkbox	"X" or null.
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this
	2	17a	Rents and Royalties Total	field.
	2	18a	Unemployment Compensation Total	
	2	19a	Other Income Total - negative indicator checkbox	"X" or null.
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this
	2	19a	Other Income Total	field.
	2	20a	Total Income Total - negative indicator checkbox	"X" or null.
	-			If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this
	2	20a	Total Income Total	field.
	2	21a	Certain Business Expenses Total	
	2	21b	Certain Business Expenses Hawaii	
	2	22a	IRA Deduction Total	
	2	22b	IRA Deduction Hawaii	
	2	23a	Student Loan Interest Total	
	2	23b	Student Loan Interest Hawaii	
	2	24a	Health Savings Account Deduction Total	
	2	24b	Health Savings Account Deduction Hawaii	
	2	25a	Moving Expenses Total	
	2	25b	Moving Expenses Hawaii	
	2	26b	Deductible part of Self-Employment Tax Hawaii	
	2	27a	Self-Employed Health Insurance Total	

Field	Page	Form	Colum		Мах			
#		Line #		Description	Length	Туре	Field Business Rules	Changes
	2	27b		Self-Employed Health Insurance Hawaii				
	2	28a		Self-Employed SEP Total				
	2	28b		Self-Employed SEP Hawaii				
	2	29a		Penalty on Early Savings Withdrawal Total				
	2	29b		Penalty on Early Savings Withdrawal Hawaii				
	2	30a		Alimony Paid Total				
	2	30b		Alimony Paid Hawaii				
	2	31a		Payments to Housing Account Total				
	2	32a		Military Reserve Pay Total				
	3	33a		Exceptional Tree Deduction Total				
	3	34a		Total Adjustments Total				
				Tax source checkbox group (Tax Table, Tax Rate Schedule,				
	3	44		Capital Gains Tax Worksheet)				
				Amended Return: Amount Paid (Overpaid) on Original Return-				
	4	68		negative indicator checkbox				
	4	68		Amended Return: Amount Paid (Overpaid) on Original Return				

Field	Page	Form	Colum		Max			
#		Line #		Description	Length	Туре	Field Business Rules	Changes
				Amended Return: Balance Due (Refund) on Amended Return-				
	4	69		negative indicator checkbox				
	4	69		Amended Return: Balance Due (Refund) on Amended Return				
	4			Designee Name				
	4			Designee Phone Number				
	4			Designee Identification Number				
	4			Signature Date				
	4			Occupation				
	4			Daytime Phone Number				
	4			Spouse Signature Date				
	4			Spouse Occupation				
	4			Spouse Daytime Phone Number				
	4			Preparer Signature Date				
	4			Preparer Self Employed Checkbox				
	4			Preparer Name				
	4			Preparer Federal El No				
	4			Preparer Firm Name and Address				
	4			Preparer Phone Number				

APPENDIX A. 2D Barcode Layout - N-15 / Sch CR / Sch X / N-311 Set zero values for zero

APPENDIX B. 2D Testing Cases - N-15 / Sch CR / Sch X / N-311 Please provide data for each field indicated in the Vendor Test.

Jse a	i carria	age re	eturn f	or the fi	ield delimiter.	For Software Developers t	hat do not support the N-311	and Sch X please disreg	ard the request for the test of	ata. ot suport certain fields plea	ase omit it from your test case (e	vample is marked with X* in
iold	Pag	e Fo		Colum		Test 0 - Max Length and F	happing. Flease submit data	as indicated for the field	/ If your application doesn'n	or suport certain news piez	ise offici it from your test case (e	
#	#	Lir	ne #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
1			-		Header Version Number	T1	T1	T1	T1	T1	T1	2
2	ALL				Software Developer Code	99	99 N15	99	99 N15	99	1234	4 6
3			-		Form Number Form Year	N15 2020	2020	N15 2020	2020	N15 2020	N15 2020	4
_							_	_		_		
5			-		2D Specification Version	0	0	0	0	0	99	2
6					Software Version	0	0	0	0	0	123456789012345	15
7	1				Fiscal Year Begin Month	09	01		01		03	2 0
			-			03	01				00	
8	1				Fiscal Year Begin Day	1	15		01		01	2 0
9	1				Fiscal Year Begin Year	20	20		20		20	2 0
10	1				Fiscal Year End Month	12	12		11		06	2 0
	1		-								00	
11	1		-		Fiscal Year End Day	31	31		30		30	2 0
12	1				Fiscal Year End Year	20	20		20		20	2 0
13					Resident Status Checkbox: Part-Year Resident	X	х		х	~	X	1 0
14 15	1				Resident Status Checkbox: Nonresident Resident Status Checkbox: Nonresident Alien			x		^	X	1 0
6 7	1	+ .			Military Spouses Residency Relief Act (MSRRA) Checkbox Composite Checkbox		X	+	-	x	X	1 0
18	1		-		Amended Return Checkbox			x			Х	1 0
9 20	1	-	-	-	NOL Carryback Checkbox IRS Adjustment Checkbox			X	x		X	1 0
									~		MAXLENGTHFIRSTNAMEST	
21 22	1				Primary First Name Primary Middle Initial	KEALAKEKUA	KAWENAULAOKALANI	ITO	JANE	JUN WOOK	RINGZ	25 0 1 0
						5	n				MAXLENGTHLASTNAMEST	
23	1	_	-		Primary Last Name Primary Suffix	ONETEST	TWOTEST JR	THREETEST	FOURTEST	FIVETEST	RINGERLONGLASTTP ESQ	35 0 3 -1
24			-				MARY-		^		Log	3 -1
05			-		Constant Name		KAWENAULAOKALANILA				MAXLENGTHFIRSTNAMESP	25 0
25		-			Spouse First Name		NI	MFSPOUSEFIRST			OUSEZ	25 0
26	1				Spouse Middle Initial		A				м	1 0
27	1				Spouse Last Name		TESTWO	SPTHREE			MAXLENGTHLASTNAMEST RINGERLONGLASTSP	35 0
28	1				Spouse Suffix		3RD				JR	2 0
29 30	1		-		First 4 Characters of Primary Last Name Primary SSN	ONET 400007955	TWOT 575661122	THRE 575661123	FOUR 575661124	FIVE 575661125	MAXL 575661125	4 0 9 0
31	1		-		Primary Deceased Checkbox	100001000	01000THEE	010001120	х	010001120	1	1 0
32 33	1				Primary Deceased Date of Death - Month Primary Deceased Date of Death - Day				11 15		06 15	2 0 2 0
34	1		-	-	Primary Deceased Date of Death - Year				18		20	2 0
25	1				First 4 Characters of Consume Lant Name		TEST	SPTH				4 0
35			-		First 4 Characters of Spouse Last Name		IESI	SPIN			MAXL	4 0
36 37	1				Spouse SSN		576557442	576614423			576456789	9 0
37 38	1			-	Spouse Deceased Checkbox Spouse Deceased Date of Death - Month		X 01				1 08	1 0 2 0
9	1				Spouse Deceased Date of Death - Day		09				10	2 0
10	1				Spouse Deceased Date of Death - Year		18				20 PROFESSIONAL	2 0
											ACCOUNTANCY	
11	1				Care Of		X		X		CORPORATION 123 123 MAX AVENUE OF	40 0
											THE AMERICAN MUSIC	
42	1		-		Street Address	х	x	х	x	x	BEZ	40 0
13	1				City	x	x	x	x	x	MAXIMUM CITY LIMITEZX	21 0
14	1				U.S. State Code	х	х			х	ZZ	2 0
15	1		_		ZIP (Postal) Code	x	x	X (If available)	x	x	967000001	10 0
	Ė										BRITISH COLUMBIA	
16 17	1	+	-	-	Foreign State or Province Country			X	X		BRITISHZ CANADA123456Z	25 0 13 0
	<u>ا</u>										C. SWIDHIEDHOOL	
18	1	-	1		Filing Status Checkbox: Single	X					Х	1 0
19	1		2		Filing Status Checkbox: Married filing joint		x				x	1 0
		T	3									
50	1		3		Filing Status Checkbox: Married filing separate			*		-	^	1 0
51			4									

Field #	Page #	Form CLine #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
52	1	5		Filing Status Checkbox: Qualifying Widower					x	x	1 (
53	1	4a		HOH Qualifying Person. This field appears below line 4.				x		ABCDEFGHIJKLMNOPQ RSTU	21 (
54	1	5a		QW Year Spouse Died					х	9999	4 (
55 56	1	6a(i)		Primary Regular Exemption		X	х	X	X	X	1 (
50	1	6a(ii) 6b(i)		Primary Over 65 Exemption Spouse Regular Exemption		X	x	^	^	x	1 0
58	1	6b(ii)		Spouse Over 65 Exemption		X	~			x	1 (
59	1	6a/b		Total of Primary and Spouse exemptions.		Х	х	х	х	4	1 (
60	1	6c		Exemptions for Dependent Children		X	v		X	98	2
61 62	1	6d 6e		Exemptions for Other Dependents Total Exemptions Claimed		v	X	v	X	97 99	2 0
02		Ue		Total Exemptions claimed		^	^	^	^	99	2
63	2	7a		Wages Total	х	Х	х	Х		123456799	9 (
64 65	2	7b 8b		Wages Hawaii Interest Income Hawaii	X	X	×	X	v	123456798 123456796	9 (
66	2	9b			Х	^	x	x	^	123456794	9 (
67	2	10b			x		~	x		123456796	9 0
68	2	11b		Alimony Received Hawaii	Х					123456798	9 (
	-										
69	2	12a		Business Farm Income Total - negative indicator checkbox			X	X		X	1 (
70	2	12a		Business Farm Income Total		x	х	х	x	123456790	9 (
71	2	12b		Business Farm Income Hawaii - negative indicator checkbox			х	Х		х	1 (
72	2	12b		Rusingga Farm Income Howeii		×	~	×	×	123456780	9 (
73	2	12b 13b		Business Farm Income Hawaii Capital Gain Hawaii - negative indicator checkbox	x	x	^	^	^	123430700 X	1 0
	-					r.				1	
74	2	13b		Capital Gain Hawaii	X	х	х	х		123456782	9 (
75	2	14b		Supplemental Gain Hawaii - negative indicator checkbox	-	x				x	1 (
76	2	14b		Supplemental Cain Hawaii		×	×			123456784	9 (
76	2	14b 15b		Supplemental Gain Hawaii IRA Distribution Hawaii		x	^			123456786	9 (
78	2	16b		Pension Hawaii		x				123456788	9 0
79	2	17b		Rents and Royalties Hawaii - negative indicator checkbox		Х				х	1 (
80	2	17b	Į.	Ponto and Povaltico Hawaii		×	~			123456770	9 (
80	2	17b 18b		Rents and Royalties Hawaii Unemployment Compensation Hawaii	-	^	^	x		123456770 123456772	9 (
82	2	19b		Other Income Hawaii - negative indicator checkbox	X			^		X	1 0
83	2	19b		Other Income Hawaii	X		х			123456774	9 (
84	2	20b	'	Total Income Hawaii - negative indicator checkbox	X					x	1 (
85	2	20b		Total Income Hawaii	×	×	x	x	x	123456776	9 (
86	2	26a		Deductible part of Self-Employment Tax Total		x		x		123456767	9 (
87	2	31b		Payments to Housing Account Hawaii		Х				123456758	9 (
88	2	32b			X	X		х		123456740	9 (
89 90	3	33b 34b		Exceptional Tree Deduction Hawaii Total Adjustments Hawaii	X X	Y		Y	x	123456742 123456744	9 (
30	3	340			~	~		~	~	120400144	5
91	3	35a		Adjusted Gross Income Total - negative indicator checkbox	х					х	1 (
92	3	35a		Adjusted Gross Income Total	X	X	х	х	х	123456745	9 (
93	3	35b		Adjusted Gross Income Hawaii - negative indicator checkbox	x					×	1 (
		555		A agastos erece moorrie navaii - negative indicator crecitoro	P	1					
94	3	35b		Adjusted Gross Income Hawaii	х	х	х	х	х	123456746	9 (
			T								
95	3	36		Federal Adjusted Gross Income - negative indicator checkbox	X	×	×	v	×	A 102456747	1 (9 (
96	3	36		Federal Adjusted Gross Income	^	^	^	^	^	123456747	9 (
										1	
97	3	37		Hawaii AGI to Total AGI Ratio	¥	Y	Y	x	x	0.00	1 :
97	3			Hawaii AGI to Total AGI Ratio Dependent Indicator	X	^	^	^	^	X.00	1 .
99	3	38a		Medical and Dental Expenses			X*			123456748	9 (
100	3	38b		Taxes		X*	X*	X*		123456749	9 (
101	3	38c		Interest Expense		X* X*	X*	X*		123456730	9 (
102		38d 38e		Contributions Casualty and Theft Loss		^	X* X*	^		123456731 123456732	9 (
103	3	38f		Miscellaneous Deductions		X*	X*	X*		123456733	9 (
105	3	39		Total Itemized Deductions		X*	X*	X*		123456734	9 (
106	3	40a		Standard Deduction	X*	X*	X*	X*	x	123456735	9 (
107	3	40b 41		Prorated Standard Deduction	X* X	X*	X*	X*	X	123456736 X	9 (
		41		Hawaii AGI Less Deductions - negative indicator checkbox Hawaii AGI Less Deductions	X	x	х	х	х	123456737	9 (
109						r.	[*		[*		
109		42a(i)		Primary Disability Indicator. This field appears below line 42a.		х				х	1
109 110	3		Т								
110	3		1					1	1	18	1 (
110 111	3	42a(ii)		Spouse Disability Indicator. This field appears below line 42a.		×	×	Y	×	102456729	
110 111 112	3	42a(ii) 42a		Total Exemptions		× ×	x x	x x	x	123456738	9 (
111	3 3 3	42a(ii)		Total Exemptions Prorated Exemptions	X	× × × ×	x x x	x x x	x x x	123456738 123456739 123456720	

Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
116	3	44		Tax Liability	х	х	х	x	х	123456721	9 0
117 118	3	44a 45		Net Capital Gain Refundable Food/Excise/Tax Credit		x		x		123456722 123456723	9 0 9 0
								~		99	
119 120	3	45a 46		Refundable Food/Excise Tax Credit - Count Low Income Household Renters Credit		x		x		99 123456724	2 0 9 0
121	3	47		Child and Dependent Care Expenses		x		х		123456725	9 0
122	3	48		Child Passenger Restraint Credit	X	x	~			123456726	9 0 9 0
123 124	3	49 50		Total Refundable Credits - Sch CR Total Refundable Credits	X	x	X	x		123456727 123456728	9 0
125 126	3 3	51 51		Tax Less Refundable Credits - negative indicator checkbox Tax Less Refundable Credits	X	X	×	×	Y	X 123456729	1 0 9 0
120	4	52		Total Nonrefundable Credits - Sch CR	^	^	x	x	x	123456710	9 0
128 129	4	53 53		Tax Less Nonrefundable Credits - negative indicator checkbox Tax Less Nonrefundable Credits	X	x	x	x	х	X 123456711	1 0 9 0
130	4	54		Withholding	X	x	x	X	~	123456712	9 0
131 132	4	55a		Form N-200V -N-1		х	v	X		12313 12314	5 0 5 0
132	4	55b 55		Form N-288A Estimated tax payments		x	x	X		123456715	9 0
134	4	56		Estimated tax from previous tax year		x		x		123456716	9 0
135 136	4	57 58		Extension Payment Total Payments	Y	X	×	×	X	123456717 123456718	9 0 9 0
137	4	59		Amount Overpaid	X	x	x	^	^	123456719	9 0
138	4	60a	-	Primary School Repairs and Maintenance Donation	х	x	х			x	1 0
139 140	4	60a 60b		Spouse School Repairs and Maintenance Donation Primary Public Libraries Donation	x	x	x			X	1 0 1 0
141	4	60b		Spouse Public Libraries Donation		x	ľ.			x	1 0
142 143	4	60c 60c	-	Primary Domestic Violence Donation Spouse Domestic Violence Donation	x	x	x			x	1 0 1 0
143	4	60C		Total Donations	X	x	x			18	2 0
145	4	62		Overpaid minus Donations	X	X	X			123456110	9 0
146 147	4	63 64a		Estimated Tax apply to the following tax year	Y	X	~			123456111 123456112	9 0 9 0
147	4	64a(i)		Refunded to you Foreign (non-U.S.) bank account checkbox	^	^	x			X	1 0
149	4	64b		Routing Number		х				123456113	9 0
150 151	4	64c(i) 64c(ii)		Account Type Checking Account Type Savings		×				X	1 0 1 0
152	4	64d		Account Number		x				12345678901234567	17 0
153	4	65		Amount you owe				X	х	123456114	9 0
154 155	4	66 67(i)		Payment Amount Form N210 attached checkbox				X	X X	123456117 X	9 0 1 0
156	4	67		Estimated Tax Penalty				x	X	123456115	9 0
157	4	-		Preparer Identification Number	Y.	X			х	123456116	9 0 1 0
158 159	4			Primary HI Election Campaign - YES checkbox Primary HI Election Campaign - NO checkbox	X	x	x	х	х	X	1 0
160	4	-		Spouse HI Election Campaign - YES checkbox		х				х	1 0
161	4			Spouse HI Election Campaign - NO checkbox						x	1 0
162	CR1	1		Capital Goods Excise Tax Credit					x	456789101	9 0
163	CR1	2		Fuel Tax Credit					x	456789102	9 0
164	CR1	3		Motion Picture and Film Tax Credit			x			456789103	9 0
165	CR1	4a(1)		Solar Checkbox				x		x	1 0
166	CR1	4a(2)		Wind Checkbox	X					x	1 0
167	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	x			x		456789104	9 0
168	CR1	5		Important Agricultural Land Tax Credit			x			456789015	9 0
169	CR1	6		Tax Credit for Research Activities Other refundable credits-pro rata share of taxes paid on sale of			x		x	456789106	9 0
170	CR1	7a		real property				x		456789107	9 0
171	CR1	7b		Other refundable credits-credit from regulated investment company				x		456789108	9 0
172	CR1	7c		Other Refundable Credits Total				x		456789109	9 0
173	CR1	8		Total Refundable Credits	x		x	x	x	456789110	9 0
174	CR2	9		IncomeTax Paid to another state					x	567890101	9 0
175	CR2	10		Enterprise Zone Tax Credit					x	567890102	9 0
176	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied					x	567890103	9 0
177	CR2	11	с	Carryover of Energy Conservation Tax Credit - Carryover					x	567890104	9 0
178	CR2	12	b	Carryover of the High Tech Business Investment Tax Credit - Applied		x				567890105	9 0
179	CR2	12	c	Carryover of the High Tech Business Investment Tax Credit - Carryover		x				567890106	9 0
180	CR2	13	b	Carryover of Individual Development Account Contribution Tax Credit - Applied		x				567890107	9 0
	CR2			Carryover of Individual Development Account Contribution Tax		×					
181	CR2	13	C	Credit - Carryover		X	1			567890108	9 0

Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	1
182	CR2	14	ь	Carryover of Tech Infrastructure Renovation Tax Credit - Applied		x				567890109	9	0
183	CR2	14	с	Carryover of Tech Infrastructure Renovation Tax Credit - Carryover		x				567890110	9	0
184	CR2	15	b	Carryover of the Hotel Construction and Remodeling Tax Credit - Applied		x				567890111	9	0
185	CR2	15	с	Carryover of the Hotel Construction and Remodeling Tax Credit - Carryover		x				567890112	9	0
186	CR2	16	b	Carryover of Residential Construction and Remodel Tax Credit - Applied		x				567890113	9	0
187	CR2	16	с	Carryover of Residential Construction and Remodel Tax Credit - Carryover		x				567890114	9	0
188	CR2	17	b	Carryover of the Renew Energy Tech Income Tax Credit - Applied		x				567890115	9	0
189	CR2	17	с	Carryover of the Renew Energy Tech Income Tax Credit - Carryover		x				567890116	9	0
190	CR2	18	а	Attach Form N-586 - New					x	567890117	9	0
191	CR2	18	ь	Attach Form N-586 - Applied					x	567890118	9	0
192	CR2	18	с	Attach Form N-586 - Carryover					x	567890119	9	0
193	CR2	19	а	Attach Form N-884 - New					x	567890120	9	0
194	CR2	19	b	Attach Form N-884 - Applied					x	567890121	9	0
195	CR2	19	с	Attach Form N-884 - Carryover					x	567890122	9	0
196	CR2	20	а	Attach Form N-330 - New		x				567890123	9	0
197	CR2	20	b	Attach Form N-330 - Applied		x				567890124	9	0
198	CR2	20	с	Attach Form N-330 - Carryover		x				567890125	9	0
199	CR2	21a(1)		Solar Checkbox		x				x	1	0
200	CR2	21a(2)		Wind Checkbox					x	x	1	0
201	CR2	21	а	Attach Form N-342 - New		x			x	567890126	9	0
202	CR2	21	b	Attach Form N-342 - Applied		x			x	567890127	9	0
203	CR2	21	с	Attach Form N-342 - Carryover		x			x	567890128	9	0
204	CR2	22	а	Attach Form N-348 - New					x	567890129	9	0
205	CR2	22	b	Attach Form N-348 - Applied					x	567890130	9	0
206	CR2	22	c	Attach Form N-348 - Carryover					x	567890131	9	0
207	CR2	23	а	Attach Form N-350 - New		x				567890132	9	0
208	CR2	23	b	Attach Form N-350 - Applied		x				567890133	9	0
209	CR2	23	с	Attach Form N-350 - Carryover		x				567890134	9	0
210	CR2	24	а	Attach Form N-352 - New		x				567890135	9	0
211	CR2	24	b	Attach Form N-352 - Applied		x				567890136	9	0
212	CR2	24	с	Attach Form N-352 - Carryover		x				567890137	9	0
213	CR2	25	а	Attach Form N-354 - New		x			x	567890138	9	0
214	CR2	25	b	Attach Form N-354 - Applied		x			x	567890139	9	0
215	CR2	25	с	Attach Form N-354 - Carryover		x			x	567890140	9	0
216	CR2	26	а	Attach Form N-356 - New		x		x		567890141	9	0
217	CR2	26	ь	Attach Form N-356 - Applied		x		x		567890142	9	0
218	CR2	26	с	Attach Form N-356 - Carryover		x		x		567890143	9	0
219	CR2	27	а	Attach Form N-358 - New		x		x		567890144	9	0
220	CR2	27	b	Attach Form N-358 - Applied		x		x		567890145	9	0
221	CR2	27	с	Attach Form N-358 - Carryover		x		x		567890146	9	0
222	CR2	28	а	Attach Form N-325 - New		x				567890147	9	0
223	CR2	28	ь	Attach Form N-325 - Applied		x				567890148	9	0
224	CR2	28	c	Attach Form N-325 - Carryover		x				567890149	9	0
225	CR2	29	b	Total Nonrefundable Credits	×	×		x	x	567890150	9	0
226		L10		Refundable Food/Excise Tax Credit		x		x		1231	4	0

0

_	_	_									
Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
227	X1	Part I L12		Low-Income Household Renters Credit		x				1232	4
228	X2	Part II L28		Credit for Child and Dependent Care Expenses		×		x		1233	4
229	742	220		End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5
		-			EOD	EOD	EOD	EOD	EOD	EOD	5
Retur				NOT Included in the 2D Barcode		T		1		-	
	4	-		First Time Filer Checkbox	×		~	-			
	4	-		Address or Name Change Checkbox ITIN Applied For. This will be entered in the space below the			*			-	
	1			area reserved for the barcode, and may be for either the taxpayer or spouse.							
	1	3		MFS Spouse Name. This field appears below line 3.						-	
		-		Spouse meets qualifications Checkbox. This is the checkbox							
	1	-		below line 6b.			х				
	1	6d		Table of dependent names, social security numbers, and relationship							
	2	8a		Interest Income Total		Х	х	Х	x		
	2	9a		Dividends Total	X		х	Х		4	
	2	10a		State Refund Total	X			X		_	
	2	11a		Alimony Received Total	X	×					
	2	13a		Capital Gain Total - negative indicator checkbox	X	*				-	
	2	13a		Capital Gain Total	x	x	×	×			
	2	14a		Supplemental Gain Total - negative indicator checkbox	^	~	<u>^</u>	<u>^</u>	х		
	2	14a		Supplemental Gain Total		х	х		х	_	
	2	15a		IRA Distribution Total		х	х				
	2	16a		Pension Total		X	х				
	2	17a		Rents and Royalties Total - negative indicator checkbox		X					
	2	17a		Rents and Royalties Total		Y	¥				
	2	18a		Unemployment Compensation Total		A A	<u>^</u>	х		-	
	2	19a		Other Income Total - negative indicator checkbox	Х						
	2	19a		Other Income Total	X		х				
	2	20a		Total Income Total - negative indicator checkbox	X					_	
	2	20a		Total Income Total	Y	Y	¥	¥	¥		
	2	20a		Certain Business Expenses Total	x	^	^	^	^		
	2	21b		Certain Business Expenses Hawaii						-	
	2	22a		IRA Deduction Total		х					
	2	22b		IRA Deduction Hawaii		х					
	2	23a		Student Loan Interest Total					X	_	
	2	23b 24a		Student Loan Interest Hawaii Health Savings Account Deduction Total		x			X		
	2	24a 24b		Health Savings Account Deduction Hawaii		^				-	
	2	25a		Moving Expenses Total	Х					-	
	2	25b		Moving Expenses Hawaii	X]	
	2	26b		Deductible part of Self-Employment Tax Hawaii		х		Х			
	2	27a		Self-Employed Health Insurance Total		x				4	
	2	27b		Self-Employed Health Insurance Hawaii	-	x	+	-	+	-	
+	2	28a 28b		Self-Employed SEP Total Self-Employed SEP Hawaii		X				-	
+	2	28b 29a	-	Self-Employed SEP Hawali Penalty on Early Savings Withdrawal Total		X	1	1		-	
	2	29b		Penalty on Early Savings Withdrawal Hawaii		x	1		1	1	
	2	30a		Alimony Paid Total		X					
	2	30b		Alimony Paid Hawaii		х					
	2	31a		Payments to Housing Account Total		X				4	
\vdash	2	32a		Military Reserve Pay Total	X	х		х		4	
\vdash	3	33a		Exceptional Tree Deduction Total	X	v	+	~	v	-	
\vdash	3	34a		Total Adjustments Total Tax source checkbox group (Tax Table, Tax Rate Schedule,	X	Х.		х	^	-	
	3	44		Capital Gains Tax Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Rate Schedule)	X (Capital Gains)	X (Tax Table)		
	4	68		Amended Return: Amount Paid (Overpaid) on Original Return- negative indicator checkbox						1	
	4	68		Amended Return: Amount Paid (Overpaid) on Original Return			1			1	
L			ı		-1	1	1	1	1		

Field	Page	Form	Colum									
#		Line #		Description		Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
	4	69		Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox								
	4	69		Amended Return: Balance Due (Refund) on Amended Return				x				
	4			Designee Name				x				
	4			Designee Phone Number				х				
	4			Designee Identification Number				x				
	4	-		Signature Date	Х		х	х	х	х		
	4	-		Occupation	Х		х	х	х	х		
	4	-		Daytime Phone Number	Х		х	х	х	х		
	4			Spouse Signature Date			х					
	4			Spouse Occupation			х					
	4			Spouse Daytime Phone Number			х					
	4			Preparer Signature Date			х			х		
	4			Preparer Self Employed Checkbox			х			х		
	4			Preparer Name			x		1	x	1	
	4			Preparer Federal El No			х			х		
	4			Preparer Firm Name and Address			x			x		
	4			Preparer Phone Number			x			x		

6 8 10 12	14 16 18	20 22 24	26 28 30 32	34 36 38 4	40 42 44	46 48	50 52 54	56 58 60	62 64	66 68 70	72	74 76	6 78	80 8	2 32 8
FORM		STATE OF	HAWAII D	EPARTMENT	OF TAXA	TION		DO NOT	WRITE I	N THIS AF	REA			3	
N-15		Indivi	idual Inc	ome Tax	c Retu	m								5	
Rev. 2020)			NT and											6	
		RESIDE				ESI								7	
Place			Calendar	' Year 202	U									8	;
QR Code				OR										9	,
Here	Tax Yea	r 12 -	- 12 - 1	2 thru	12 -	12	- 12							1	0
														1	.1
X Part-Ye	ar Resident	X	Nonresident	X No	onresident A	lien o	r Dual-Status	Alien	X M	SRRA	X	C	ompos	site 1	2
(Enter per	iod of Hawaii res	idency above)												1	3
			DEFICE USE ONLY											1	4
Δ	DED Return													1	5
Δ	arryback justment													1	6
A	me Filer													1	7
X FIRST II														1	8
														1	9
		Curlana it												2	20
D		Submit	a Photo	copy										2	.1
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AL LA			OUR 202		A.L.			IPORTAN ⁻	r Cor	nplete th	is Se	ction	n 🔶		25
	INC	OME TA	X RETUR				Enter the	first four lett	ers						26
No. Fred N			All Murilian	Nieros		Louis	of your las		ttoro				vvv		27
Your First N		MEVVV	M.I. Your Last		vvvvv	Suffix	Use ALL	CAPITAL le	liers				XXX		28
Spouse's Fi		AMEXXX	MI LAS	T NAMEX. Last Name	ллллл	MI Suffix	Your Socia Security N			123 -	45		670		29
	SE 1ST		MI LAS		vvvvv	MI	Security N	uniber		123 -	45	-	678		50
	e Instructions, p		MT TRP	I INAMEA	^^^^		Deceased	IX D	ate of De	ath 12	_	12	_ 1	.2 3	
			MAILING		cvvvvv	vvv							T		2
			d street, including Ru		JAAAAA			first four lett					+++-		3
			IG OR HO		ESSXXX	xxx	of your Sp	ouse's last CAPITAL le	name. tters				XXX	v	54 5
City town or				tate Postal/ZIP			-								6
CTTY	XXXXXX	XXXXXXX			99-999	9	Spouse's Security N			123 -	45	_	678		
		vince and/or State		Country		_									8
FORE	IGN AD	DRESSXX	XXXXXXXX	X COUI	NTRYXX	XXX	Deceased	X D	ate of De	ath 12	-	12	- 1		
														4	10
			(Place an X ir	oniv ONE bo	x)									4	1
1 X	Single				4	Х	Head of hou			U I			, ,	4	12
2 X	Married filin	g joint return (even if only one	e had income).			person is a						id's full	4	13
3 X	Married filing	g separate ret	turn. Enter spo	use's SSN and			name. 🕨 Ç	UALIFY	ING	PERSO	NXX	X		4	4
			name above. E											4	15
	name here.	MFS SPC	DUSE'S N	AMEXXXX	XXX ⁵	Х	Qualifying w	vidow(er) (se	ee page s			ons)		4	6
							Enter the ye	ar vour spo	use died	1212				4	17
CAUTIC	Mulfwou oop k		lenendent en enet		turn (quab ca)	0115 1201				ha aura ta n		V bolc	au line 2	4	8
	-		lependent on anoth					place an X on		he numbe			w ine 3	/· 4	9
										and 6b			1	. 5	50
	Spouse		X											5	1
lf yo	u placed an X	on lines 3 and 6	6b above, see the	Instructions on p	bage 9 and if t	your sp	ouse meets the	qualifications	, place an	X here	X			5	52
6C Depender			6 dependents		ident's social				1					5	3
	d last name		achment		ty number		3. Relation			umber of			10		54
			NAMEXXX		5-6789		RELATIC			nildren liste	∋a 6		12	5	5
			C NAMEXX		5-6789		RELATIC			umber of		d 🕨	12		6
THI			NAMEXXX		5-6789		RELATIC		other c	ependents	jÖ			5	57
			C NAMEXX		5-6789		RELATIC								8
FIF			NAMEXXX		5-6789		RELATIC					$\left + \right +$	+++		59
			ENT NAME		5-6789		RELATIC						12		50
	6e Total r	umber of exe	mptions claime	d. Add numbe	rs entered ir	ו boxe	s <mark>6a thru 6d</mark> a	above	• • • • • • • • • • • • • • • • • • • •		6	e 🔻		0	
															52
umañ Readable ¹ t	ovt 14 ro 16 18	20 22 24	26 28 30 32	34 36 38 4	40 42 44	46 48	50 52 54	56 58 60	62 64	66 68 70	72	74 70	6 78	80 8	53 32
		$D^{20}NO^{22}XX$								66 ORM N	-15 (REV	/ 202	0) 6	

	Place QR Co			6700	100		6700
	Here		- 45	- 6789 TP'S 1ST NA	123 MFXXX		- 6789 ST NAMEX
		Name(s) as sh	own on retu				
				ol. A - Total Income		Co	ol. B - Hawaii Income
				100456700			100456700
!		Wages, salaries, tips, etc. (attach Form(s) W-2)		123456789	7		123456789
	8	Interest income from the worksheet on page 41 of the Instructions		123456789	8		123456789
;	9	Ordinary dividends		123456789	9		123456789
	10	State income tax refund from the worksheet on					
		page 41 of the Instructions		123456789	10		123456789
	4.4			123456789	11		123456789
	11	Alimony received			11		
2	12	Business or farm income or (loss)	x	123456789	12	x	123456789
		Capital gain or (loss) from the worksheet on					
		page 41 of the Instructions	X	123456789	13	X	123456789
	14	Supplemental gains or (losses)	X	122456700		v	
		(attach Schedule D-1)	A	123456789	14	X	123456789
	15	IRA distributions		123456789	15		123456789
		Pensions and annuities (see Instructions and			15		
		attach Schedule J. Form N-11/N-15/N-40)		123456789	16		123456789
	17	Rents, royalties, partnerships, estates, trusts, etc	X	123456789	17	X	123456789
				122456700			122456790
		Unemployment compensation (insurance) Other income (state nature and source)		123456789	18		123456789
	19	OTHER INCOMEXXXXXXXX	x	123456789	19	x	123456789
	20	Add lines 7 through 19 Total Income >	x	123456789	20	X	123456789
	21	Certain business expenses of reservists, performing					
		artists, and fee-basis government officials		123456789	21		123456789
	22	IRA deduction		123456789	22		123456789
	23	Student loan interest deduction from the worksheet		125150705	~~~~~		
		on page 46 of the Instructions		123456789	23		123456789
	24	Health savings account deduction		123456789	24		123456789
				122456700			123456789
		Moving expenses (attach Form N-139)		123456789	25		
		Deductible part of self-employment tax		123456789	26		123456789
	27	Self-employed health insurance cleduction		123456789	27		123456789
	28	Self-employed SEP, SIMPLE, and qualified plans		123456789	28		123456789
	29	Penalty on early withdrawal of savings		123456789	29		123456789
		Alimony paid (Enter name and SS No. of recipient)			23		
		SPOUSE NAMEXX 123-45-6789		123456789	30		123456789
		31 Payments to an individual housing account		123456789	31		123456789
		32 First \$6,943 of military reserve or Hawaii					
		national guard duty pay		123456789	32		123456789

Plac		Sedunity Num		rdur Spo	DUSE'S S	
QR Co		45 - 6	789	123	- 4	5 - 6789
Her			P'S 1ST NAM			
	Nanhe(s) as shown		POUSE 1ST N			
22	Exceptional trees deduction (attach affidavit)				1.1.1	
3.5	(see page 21 of the Instructions)	1	23456789	33		123456789
				- 35		
34	Add lines 21 through 33 Total Adjustments >	1	23456789	34		123456789
	HER ADJUSTMENTSXXXXXXXXXXXXXXX			34		
	Line 20 minus line 34 Adjusted Gross Income > X	1	23456789	35	x	123456789
00						
36	Federal adjusted gross income (see page 21 of the Instru-	ctions)	36 X 1	2345	6789	
37	Ratio of Hawaii AGI to Total AGI. Divide line 35. Column B. by line 35.	Column A (Con	pute to 3 decimal places ar	d round to	o 2 decima	I places) 37 1.00
	CAUTION: If you can be claimed as a dependent on anot					• • • • • • • • • • • • • • • • • • • •
38	If you do not itemize deductions, enter zero on line 39 and go to line 40					
	38a Medical and dental expenses					
		8a	123456789			
	38b Taxes (from Worksheet NR-2 or PY-2)	Bb	123456789			TOTAL ITEMIZED
						DEDUCTIONS
	38c Interest expense (from Worksheet NR-3 or PY-3)	80	123456789		39	If your Hawaii adjusted gross
						income is above a certain amount, you may not be
	38d Contributions (from Worksheet NR-4 or PY-4) 38	Bcl	123456789			able to deduct all of your
	38e Casualty and theft losses					itemized deductions. See the Instructions on page 27. Enter
	(from Worksheet NR-5 or PY-5)	Be	123456789			total here and go to line 41.
	38f Miscellaneous deductions					
	(from Worksheet NR-6 or PY-6)	8f	123456789			123456789
40a	If you checked filing status box: 1 or 3 enter \$2,200;		123456789			
	2 or 5 enter \$4,400; 4 enter \$3,212 4	Ua				
4 0 b	Multiply line 40a by the ratio on line 37	Prorated S	tandard Deduction >	40b		123456789
41	Line 35, Column B minus line 39 or 40b, whichever applies	s. (This line M	UST be filled in)	41	X	123456789
42a	Multiply \$1,144 by the total number of exemptions claimed on line 6e. If	f you and/or your	spouse are blind, deaf,			
	or disabled, place an X in the applicable box(es), and see the Instructio	ins.				
	X Yourself X Spouse	2a	123456789			
4 2 b	Multiply line 42a by the ratio on line 37	Proi	ated Exemption(s) >	42b		123456789
						100456500
43						123456789
44	Tax. Place an X if from: X Tax Table; X Tax Rate			ax Work	sheet o	n page 44 of the Instructions.
	(X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-3	12, N-338, N-344				
	N-586, N-615, or N-814 is included.)		Tax 🕨	44		123456789
44a				100		
	the net capital gain from line 8 of that worksheet		44a	123	4567	
45						
		45	123456789			
46						
		46	123456789			
47						
		47	123456789			
48						
		48	123456789			
	49 Total refundable tax credits from					
	Schedule CR (attach Schedule CR)	49	123456789			
	50 Add lines 45 through 49	Total R	efundableCredits 🕨	50		123456789
	51 Line 44 minus line 50 If line 51 is zero or less, see instruction is a set of the	والمالية الماسة		56 58	Х	123456789

		- Your Socialis	edutity Number			<u>rour Sp</u>	buse's SS			
Place QR Co					+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	100				
Here		123 -	45 - 678			123		- 678		
		Nanhe(s) as shown						AST NA		
			SPC	JUSE	LST NA	АМЕХ		AST NA	MEX	
50	Total nonrefundable tax credits (at	ttach Schedula (CP)				52		123	456789	,
5/2				****	••••••	52				
53	Line 51 minus line 52				alance 🕨	53	x	123	456789)
	Hawaii State Income tax withheld	(attach W-2s)								
	(see page 33 of the Instructions fo	· · · · · · · · · · · · · · · · · · ·	4	12345	56789					
55	2020 estimated tax payments on									
	Forms N-200V 1234567 ;	N-288A 1234567	55	12345	56789			TO	TAL	
									ENTS	
56	Amount of estimated tax applied fro	m 2019 return 5	6	12345	56789		58	Add lines 54	through 57.	
				10047				100	456789	
57	Amount paid with extension			1234	20189			123	+ 20/05	
59	If line 58 is larger than line 53, ent							122	456789	2
60	(line 58 minus line 53) (see Instruc			olf S-		59				
60	Contributions to (see page 33 of 60a Hawaii Schools Repairs and				ouse C _{\$2}					
	60b Hawaii Public Libraries Fund				- <u></u> ∌∠ Σ \$5					
	60c Domestic and Sexual Violence / Ch				ς 2 \$5					
61	Add the amounts of the Xs on line	•				61			12	2
62	Line 59 minus line 61					62		123	456789)
63	Amount of line 62 to be applied to									
	your 2021 ESTIMATED TAX	6		12345						
					or 64d.					
64lo	Routing number 123456	6789 <u>6</u> 4	c Type: X	Checking		Saving	S			
		6789 64 678901234567	с Туре: Х	Checking		Savings	3	123	456789)
64d	Account number 123456	678901234567		······	X	64a	3			
64d 65	Account number 123456	678901234567 us line 58)	·····	······································	X		3 		456789	
64d	Account number 123456 AMOUNT YOU OWE (line 53 minu PAYIMENT AMOUNT Submit payn	678901234567 us line 58) nent online at hitax.hawai	·····	······································	X	64a 65	3	123	456789)
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		15 In ²⁰²⁰⁾ NONRES	ndividual SIDENT ar	Incon nd PA ndar Yea	RTMENT OF TAXA ne Tax Retu RT-YEAR R ar 2020 OR thru 12 -	rn ESII	DENT	WRITE IN THIS ARE	A -	
	x x x x x	Part-Year Resident (Enter period of Hawaii residency a AMENDED Return NOL Carryback IRS Adjustment First Time Filer Do NOT Sub	FOR OFFICE USE	ONLY		Alien or	Dual-Status Alien	X MSRRA	x c	Composite
3E•	ł	ATTACH A COPY		2020 F			♦ IMPORTANT	- — Complete this	s Sectio	n ♦
W-2 HEF		Your First Name TP'S 1ST NAME	M.I. You	r Last Name	JAMEXXXXXX	Suffix	Enter the first four lette of your last name. Use ALL CAPITAL let			XXXX
ORM		Spouse's First Name	M.I. Spo	ouse's Last N	ame	MI Suffix	Your Social Security Number	123 -	45 -	6789
OF F		SPOUSE 1ST NAI Care Of (See Instructions, page 8.)	MEX MI I	AST 1	JAMEXXXXXX	MI	Deceased X Da	ate of Death 12	- 12	- 12
ATTACH COPY 2 OF FORM W-2 HERE	F	CARE OF NAME Present mailing or home address (Nu TAXPAYER'S MA City, town or post office CITYXXXXXXXXX f Foreign address, enter Province an FOREIGN ADDRE	umber and street, includ ILING OR XXXXXXXXX d/or State	HOME State	ute)	XXX 9	Enter the first four letter of your Spouse's last r Use ALL CAPITAL let Spouse's Social Security Number Deceased X Da	name.		XXXX 6789 - 12
R HERE •	1 2 3		return (even if onl rate return. Enter of last name abo	y one had spouse's ve. Enter	SSN and spouse's full	x x	Head of household (with person is a child but not name. > QUALIFY Qualifying widow(er) (se Enter the year your spot	your dependent, ent ING PERSON e page 9 of the Instr	er the chi	
• ATTACH CHECK OR MONEY ORDER HERE	6a 6b	X Spouse		X Ag X Ag	e 65 or over e 65 or over		nts'), DO NOT place an X on li	Enter the number of on 6a and 6b	of Xs	ow line 37. 1
HECK OR I	6c and 6d	1. First and last name FIRST DEPEND	nore than 6 dependents use attachment ENT NAMEX DENT NAME	XXX I	2. Dependent's social security number 123 - 45 - 6789 123 - 45 - 6789		3. Relationship RELATIONSHIP RELATIONSHIP	Enter number of your children listed	6c 🕨	12
• ATTACH C			ENT NAMEX DENT NAME ENT NAMEX	XXX XXX XXX	123-45-6789 123-45-6789 123-45-6789 123-45-6789	P F	RELATIONSHIP RELATIONSHIP RELATIONSHIP RELATIONSHIP	Enter number of other dependents.	6d 🖡	12
							6a thru 6d above		6e 🕨	12

Human Readable text here

Form N-15 (Rev. 2020)

	Col. A - Total Incor	me Col. B - Hawaii Income
QR Code Here	TP'S 1S	123 - 45 - 6789 T NAMEXXX MI LAST NAMEX 1ST NAMEX MI LAST NAMEX
Place	Your Social Security Number	Your Spouse's SSN

7 8	Wages, salaries, tips, etc. (attach Form(s) W-2) Interest income from the worksheet on page 41 of		123456789	7		123456789
0	the Instructions		123456789	8		123456789
9	Ordinary dividends		123456789	9		123456789
10	State income tax refund from the worksheet on page 41 of the Instructions		123456789	10		123456789
11	Alimony received		123456789	11		123456789
12	Business or farm income or (loss)	х	123456789	12	х	123456789
13	Capital gain or (loss) from the worksheet on page 41 of the Instructions	х	123456789	13	x	123456789
14	Supplemental gains or (losses) (attach Schedule D-1)	x	123456789	14	x	123456789
15	IRA distributions		123456789	15		123456789
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)		123456789	16		123456789
17	Rents, royalties, partnerships, estates, trusts, etc	x	123456789	17	x	123456789
18	Unemployment compensation (insurance)		123456789	18		123456789
19	Other income (state nature and source) OTHER INCOMEXXXXXXXX	x	123456789	19	x	123456789
20	Add lines 7 through 19 Total Income >	x	123456789	20	x	123456789
21	Certain business expenses of reservists, performing artists, and fee-basis government officials		123456789	21		123456789
22	IRA deduction		123456789	22		123456789
23	Student loan interest deduction from the worksheet on page 46 of the Instructions		123456789	23		123456789
24	Health savings account deduction		123456789	24		123456789
25	Moving expenses (attach Form N-139)		123456789	25		123456789
ST 26	ORAGEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		123456789	26		123456789
27	Self-employed health insurance deduction		123456789	27		123456789
28	Self-employed SEP, SIMPLE, and qualified plans		123456789	28		123456789
29	Penalty on early withdrawal of savings		123456789	29		123456789
30	Alimony paid (Enter name and SS No. of recipient) SPOUSE NAMEXX 123-45-6789		123456789	30		123456789
	31 Payments to an individual housing account		123456789	31		123456789
	32 First \$6,943 of military reserve or Hawaii national guard duty pay		123456789	32		123456789

Form N-15 (Rev. 2020)

Di		Your Social Security	Number	Your Spo	ouse's SSN
Plac		100 15	CTOO		
QR C Her		123 - 45			- 45 - 6789
IIIII		(s) as shown on retu	10		MI LAST NAMEX
	Name	(s) as shown on retur	SPOUSE 1ST	NAMEX	MI LAST NAMEX
33	Exceptional trees deduction (attach affidavit)				
	(see page 21 of the Instructions)		123456789	33	123456789
	(1 3)				
34	Add lines 21 through 33 Total Adjustm	ents 🕨	123456789	34	123456789
	HER ADJUSTMENTSXXXXXXXXXXXXXXXXX			04	
	Line 20 minus line 34 Adjusted Gross Inc		123456789	35	X 123456789
35	Life 20 minus inte 34 Aujusted Gross inc	one 🗡		35	
		6 1 1 1 1 1	36 X	12345	6789
36	Federal adjusted gross income (see page 21	of the Instructions)		12010	0,09
	1 00				
37	Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places)37 1.00				
	CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 21, and place an X here. X				
38	If you do not itemize deductions, enter zero on line 39 a	nd go to line 40a. Otherw	ise go to page 21 of the Instructi	ons and ente	er your Hawaii itemized deductions here.
	38a Medical and dental expenses				
	(from Worksheet NR-1 or PY-1)	38a	12345678	9	
	38b Taxes (from Worksheet NR-2 or PY-2)		12345678	9	TOTAL ITEMIZED
					DEDUCTIONS
	38c Interest expense (from Worksheet NR-3 or P	V-3) 38 0	12345678	9	39 If your Hawaii adjusted gross
					income is above a certain
	20d Contributions (from Monkolast ND 4 or		12345678	9	amount, you may not be able to deduct all of your
	38d Contributions (from Worksheet NR-4 or	P 1-4) 300	12010070		itemized deductions. See the
	38e Casualty and theft losses		12345678	a	Instructions on page 27. Enter
	(from Worksheet NR-5 or PY-5)	38e	12343070	9	total here and go to line 41.
	38f Miscellaneous deductions		10045670	0	100456700
	(from Worksheet NR-6 or PY-6)	38f	12345678	9	123456789
40a	If you checked filing status box: 1 or 3 enter \$	2 200.		_	
404	2 or 5 enter \$4,400; 4 enter \$3,212		12345678	9	
	2 01 5 enter \$4,400, 4 enter \$5,212	40a			
40b	Multiply line 40a by the ratio on line 37	Prora	ted Standard Deduction	≻ 40b	123456789
41	Line 35, Column B minus line 39 or 40b, whic	hever applies. (This li	ne MUST be filled in)	41	X 123456789
42a	Multiply \$1,144 by the total number of exemptions claim				
	or disabled, place an X in the applicable box(es), and se	•			
	X Yourself X Spouse		12345678	9	
42b	Multiply line 42a by the ratio on line 37		Drorotod Examplian(a)	A06	123456789
420				¥ 420	
40	Translate the same time of minute line (0) (but		Touch to the second	> 40	123456789
43	Taxable Income. Line 41 minus line 42b (but	,			
44	Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 of the Instructions.				
	(X Place an X if tax from Forms N-2, N-103, N-1				100456500
	N-586, N-615, or N-814 is included.)		Тах	▶ 44	123456789
44a	If tax is from the Capital Gains Tax Worksheet	, enter			
	the net capital gain from line 8 of that workshe	et	44a	1234	456789
45	Refundable Food/Excise Tax Credit				
	(attach Form N-311) DHS, etc. exemptions	12 45	12345678	9	
46	Credit for Low-Income Household				
	Renters (attach Schedule X)		12345678	9	
47	Credit for Child and Dependent Care				
-11	Expenses (attach Schedule X)	A7	12345678	9	
40	Credit for Child Passenger Restraint		12010070	-	
48	0	40	10015670	a	
	System(s) (attach a copy of the invoice)	48	12345678	ש	
	49 Total refundable tax credits from		100/5/70	a	
1	Schedule CR (attach Schedule CR)		12345678		
	50 Add lines 45 through 49	Τα	otal Refundable Credits	▶ 50	123456789
	51 Line 44 minus line 50. If line 51 is zero or les	s, see Instructions	Adjusted Tax Liability	> 51	X 123456789
Human	Readable text here ID NO XX				FORM N-15 (REV. 2020)
					(

Place QR Code 123 - 45 - 6789 123 - 45 - 6789 Here TP'S 1ST NAMEXXX MI LAST NAMEX SPOUSE 1ST NAMEX MI LAST NAMEX 123456789 52 123456789 х 53 54 Hawaii State Income tax withheld (attach W-2s) 123456789 (see page 33 of the Instructions for other attachments).... 54 55 2020 estimated tax payments on Forms N-200V 1234567 ; N-288A 1234567 55 123456789 123456789 58 Add lines 54 through 57. 56 Amount of estimated tax applied from 2019 return......56 123456789 123456789 Amount paid with extension...... 57 57 59 If line 58 is larger than line 53, enter the amount OVERPAID 123456789 (line 58 minus line 53) (see Instructions)..... 59 60 Contributions to (see page 33 of the Instructions): Yourself Spouse X _{\$2} 60a Hawaii Schools Repairs and Maintenance Fund х \$2 Х \$5 Х \$5 60b Hawaii Public Libraries Fund Х Х 60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5 12 61 123456789 62 Line 59 minus line 61 62 Amount of line 62 to be applied to 63 123456789 Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 34 of Instructions. Place an X here X if this refund will 64a ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d. 123456789 64c Type: X Checkina х Savings 64b Routing number 123456789 12345678901234567 64d Account number 64a 123456789 AMOUNT YOU OWE (line 53 minus line 58). 65 65 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or 66 123456789 67 Estimated tax penalty. (See page 35 of Instr.) Do not include this amount 123456789 in line 59 or 65. Check this box if Form N-210 is attached > X 67 х 123456789 68 х 123456789 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)...... 69 69 If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 35 of the Instructions. Designee's name DESIGNEE'S NAMEXXXX Phone no. (123) 123-4567 Identification number 12-3456789 HAWAII ELECTION X X Note: Placing an X in the "Yes" Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No CAMPAIGN FUND box will not increase your tax X х If joint return, does your spouse want \$3 to go to the fund? Yes No or reduce your refund. (See page 36 of the Instructions) DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS 12-12-12 12-12-12 SPOUSE OCCUPATIONXX (123)123-4567 TAXPAYER OCCUPATIONXX (123)123-4567 Preparer's > self-employed 🚬 123456789 12-12-12 Print Preparer's Name Federal E.I. No. 🕨 PRINT PREPARER'S NAME HEREXXXXX 12-3456789 FIRM'S NAME OR PREPARER'S NAME Phone No. (123)123 - 4567ADDRESS AND ZIP CODEXXXXXXXXX

Form N-15 (Rev. 2020)