STATE OF HAWAII - DEPARTMENT OF TAXATION TAX CREDITS FOR HAWAII RESIDENTS

2020

Both pages of Schedule X **must** be attached to Form N-11 or N-15

Place
QR Code
Here

Name(s) as shown on Form N-11 or N-15 Your social security number
NAMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PART I: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS
1 Is your adjusted gross income (Form N-11, line 20; or Form N-15, line 35, Column A) less than \$30,000?
If "No," STOP. You cannot claim this credit. If "Yes," go to Question 2.
2 Are you a resident who was present in Hawaii more than nine months of the taxable year? If "No," STOP. You cannot claim this credit. If "Yes," go to Question 3.
3 Can you be claimed as a dependent by another taxpayer? If "Yes," STOP. You cannot claim this credit. If "No," go to line 4.
4 Enter required information for each rental unit that was fully subject to real property tax. Do not list rental units that were wholly or partially exempt from real property tax. If you occupied
more than one qualified unit, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only your share of the rent.
Address (give Apt. No., if any)_ADDRESS_XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Occupied From MONTH XXXXXXXXXX, 2020, To MONTH XXXXXXXXXX, 2020. Total rent paid for this period. \$ 999999999 month
Owned by (or agent for owner) NAME AND ADDRESS OF OWNER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Owned by (or agent for owner) AND ADDITION OF OWNER AMAXAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMA
5 Add up your share of rent paid during the taxable year for all the units you have listed
6 Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance) 6 999999999999.0
7 Line 5 minus line 6. If this amount is \$1,000, or less, STOP. You cannot claim this credit
8 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS that meet all of the following: a) Resident of Hawaii, b) Present
in Hawaii for more than nine months in 2020, and c) Cannot be claimed as a dependent by another taxpayer. Include minor children receiving more than half of their support from public agencies which you can claim as dependents.
Name
8 NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NAME 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NAME 3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Enter the number of qualified persons listed above
9 If you are a qualified exemption and you are age 65 or over, enter 1. Otherwise, enter -0
10 If you are married filing jointly or married filing separately where your spouse is not filing a Hawaii
return, had no income, and was not the dependent of someone else; and your spouse is a qualified
exemption; and your spouse is age 65 or over; enter 1. Otherwise, enter -0
11 Add lines 8 through 10
12 Multiply the number of exemptions on line 11 by \$50 and enter the result here and on Form N-11, line 29;
or Form N-15, line 46. This is your credit for low-income household renters. (Whole dollars only)
PART II: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES
You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed
in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. 🛙
Section A: Care Provider Information
Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column,
or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.
1(a) Care(b) Address(c) Identification number(d) Hawaii Tax(e) Amount paidprovider's name(number, street, city, state, and Postal/ZIP code)(SSN or FEIN)I.D. No.
CARE PROVIDER XX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CARE PROVIDER XX ADDRESS XXXXXXXXXXXXXXXXXX 99999999999999999
CARE PROVIDER XX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Section B: Dependent Care Benefits — (If you did not receive dependent care benefits, skip to line 21) 2 Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee
should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner include amounts
should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership

5

4 (9999999999.00)

9999999999.00

4 Enter the amount, if any, you forfeited or carried forward to 2021. (See the Instructions)

5 Combine lines 2 through 4.....

		9999999999.00			
7	7 Enter the smaller of line 5 or 6	9999999999.00			
8	8 Enter your earned income. (See the Instructions)	9999999999.00			
9	9 If married filing jointly, enter your spouse's earned income (if you or your spouse				
	was a student or disabled, see the Instructions); if married filing separately,				
		99999999999.00			
10	IO Enter the smallest of line 7, 8, or 9. 10 9	9999999999.00			
11	1 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your				
	spouse's earned income on line 9)	9999999999.00		L	
12	12 Is any amount on line 2 from your sole proprietorship or partnership?				
	No. Enter -0				
	Yes. Enter the amount here		12	9999999999	9.00
13	13 Line 5 minus line 12 13 9	9999999999.00			
14	14 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the ap				
	your return		14	9999999999	9.00
15	15 Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 1	14 from the smaller of			
	line 10 or 11. If zero or less, enter -0		15	9999999999	9.00
16	16 Taxable benefits. Line 13 minus line 15. If zero or less, enter -0 Also, include this amount on Fo	Form N-15, line 7.			
	On the dotted line next to line 7, write "DCB." (Form N-11 filers, see the Instructions)		16	9999999999	9.00
	I7 Enter \$2,400 (\$4,800 if two or more qualifying persons)		17	9999999999	9.00
18	18 Add lines 14 and 15		18	9999999999	9.00
19	19 Line 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If you paid				
2020, see the Instructions for line 28.			19	9999999999	9.00
20	20 Complete line 21. Do not include in column (d) any benefits shown on line 18. Then, add the amo				
	and enter the total here		20	9999999999	
Se	Section C: Credit for Child and Dependent Care Expenses — (Generally, married perso	and much file a joint ratu			
	(denerality, married person	sons must life a joint retu	rn to		-
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