# STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Form N-11 (Rev. 2021)

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

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# FORM N-11 (Rev. 2021)

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

FORM: 8 pt Arial bold
 N-11: 18 pt Arial bold
 REV. 2021: 8 pt Arial

- 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. 2021): 10 pt Arial bold

### 4. Variable Data

- All variable data fields must utilize 12 pt Courier New font. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier New.
- All variable data fields require exact placement. On page 1 line 6d, the last line for the fourth dependent name begins at the beginning of column 13 and should rest at the top of row 61 to avoid encroaching in the bottom left registration mark area.
- · Print all alpha characters uppercase.
- Use a bold X (X) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

### 5. For Office Use Only Area

- · Use horizontal lines.
- · Boxes should not be printed.

### 6. Variable Data Delimiters

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

MM - DD - YY

(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the day, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the fiscal beginning and ending tax year and date of death tax year)

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

123 - 45 - 6789

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

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

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

123 - 456 - 7890 - 01

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

### 7. Dollar Amounts

123456789

- Do not use commas as thousand separators.
- · Do not use leading dollar signs.
- · Amounts are right justified.
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

### 8. Negative Amounts

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

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

- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form N-11 (Rev. 2021) cannot be filed until 2022.

### 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 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

### 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.

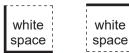
- There are two registration marks on each page.
  - Page 1: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 4.



- 2. Pages 2 through 4: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6.
- 3. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four pages.



- The tolerance is 1 mm (¼ of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the registration mark.



### 4. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
  - 1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 9.
  - 2. Pages 2 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 2021A 01 VIDXX

The required QR code for page 2 is: N11 T 2021A 02 VIDXX

The required QR code for page 3 is: N11\_T 2021A 03 VIDXX

The required QR code for page 4 is: N11\_T 2021A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2021), 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 below the QR code utilizing 6 pt Arial font. Placement of the human readable text is as follows (see exhibits for exact placement):
  - 1. Page 1: Column 6, row 10
  - 2. Pages 2 4: Column 6, row 9
- 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. Form Serial Number

- The form serial number MUST be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is: N111C0S1

The required form serial number for page 2 is: N112C0S1

The required form serial number for page 3 is: N113C0S1

The required form serial number for page 4 is: N114C0S1

• Please note that the sixth digit is the number 0.

### 7. 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 delimite

Use a	carriag	e return	for the f	ield delimiter.		<b>.</b>		
	<b>D</b>		0.1	T		Data 1	ypes: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.	T
Field #		Form Line #	Colum	Description	Length		Field Business Rules	Changes
1				Header Version Number	2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	Changes
•							Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved	
2	ALL			Software Developer Code	4	AN	space on each page of the return.	
3				Form Number	6	Α	"N11"	
4	1			Form Year	4	N	The tax year for which the return is being filed. "2021" for example.	Date updated
							"0". Indicates the version of the 2D specification for the form that is being used. This number	
5				2D Specification Version	2	Ν	will increment for each change to the specification.	
							A software vendor defined version number that reflects the software and form revision used to	
6				Software Version	15		produce this barcode.	
							Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
7	1			Fiscal Year Begin Month	2	N	include slashes "/" in this field.	
_					_		Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
8	1			Fiscal Year Begin Day	2	N	include slashes "/" in this field.	
	4			E' IV - B - V -			Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
9	1			Fiscal Year Begin Year	2	N	include slashes "/" in this field.	
40	4			Final Van Find Manth		N.I	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
10	ı			Fiscal Year End Month	2	N	include slashes "/" in this field. Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
11	<sub>1</sub>			Fiscal Year End Day	2	N	include slashes "/" in this field.	
11	<u>'</u>			prisoar rear Linu Day			Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
12	<sub>1</sub>			Fiscal Year End Year	2	N	include slashes "/" in this field.	
13	1			Amended Return Checkbox	1		"X" or null.	
14	1			NOL Carryback Checkbox	1 1		"X" or null.	
15	1			IRS Adjustment Checkbox	1 1		"X" or null.	
	•			in to 7 tagaseament of teethal			The total width of this name (First MI Last) is 40, truncate the first name and last name as	
16	1			Primary First Name	25	Α	needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	
17	1			Primary Middle Initial	1		Field should be all CAPITAL LETTERS.	
	ĺ			,				
18	1			Primary Last Name	35	Α	Field should be all CAPITAL LETTERS.	
19	1			Primary Suffix	2	Α	Field should be all CAPITAL LETTERS.	
							Required entry if married filing joint, otherwise null. The total width of this name (First MI Last)	
							is 40, truncate the first name and last name as needed to fit within this overall form space.	
20	1			Spouse First Name	25	Α	Field should be all CAPITAL LETTERS.	
21	1			Spouse Middle Initial	1	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
00					0.5		B	
22	1			Spouse Last Name	35		Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
23	1			Spouse Suffix First 4 Characters of Primary Last Name	2	A	Field should be all CAPITAL LETTERS.	
24 25	1			Primary SSN	9	N N	Do not include hyphens, spaces or other delimiters in this field.	
26	1			Primary Deceased Checkbox	1	C	"X" or null	<u> </u>
27	1			Primary Deceased Checkbox  Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
28	1			Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.  Do not include slashes "/" and dashed "-" in this field.	
29	1			Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.  Do not include slashes "/" and dashed "-" in this field.	
	•						Required entry if married filing joint or married filing separate, otherwise null. Field should be all	
30	1			First 4 Characters of Spouse Last Name	4	Α	Capital Letters.	
				,	<u> </u>	-	Required entry if married filing joint or married filing separate, otherwise null. Do not include	1
31	1			Spouse SSN	9	Ν	hyphens, spaces or other delimiters in this field.	
32	1			Spouse Deceased Checkbox	1		"X" or null	
33	_1			Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
34	1			Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
35	1			Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
36	1			Care Of	40	AN		
							E. I. I. III WARITAL CETTERS	
37	1			Street Address	40	AN	Field should be all CAPITAL LETTERS.	

	Page		Colum			Data		
#	#	Line #	n	Description	Length	Туре	Field Business Rules	Changes
38	1			City	21	Α	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	
39	,			U.S. State Code	2	Α	U.S. state codes are published by the USPS at: http://www.usps.com/ncsc/lookups/usps_abbreviations.html	
39	-			U.S. State Code		Α	Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer	
40	1			ZIP (Postal) Code	10	AN	than 9 digits.	
							Only populate if a foreign address. If the country does not use State or Province names then	
41	1			Foreign State or Province	25	A	this field should be NULL. Field should be all CAPITAL LETTERS.	
42	1			Country	13	Α	Only populate if a foreign address. Field should be all CAPITAL LETTERS.  "X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
43	1	1		Filing Status Checkbox: Single	1	С	status checkbox marked.	
				· ·			"X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
44	1	2		Filing Status Checkbox: Married filing joint	1	С	status checkbox marked.	
45	,	3		Filing Status Checkbox: Married filing separate	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
45	-	3		Filling Status Checkbox. Married lilling separate	'	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
46	1	4		Filing Status Checkbox: Head of Household	1	С	status checkbox marked.	
							"X" or null. One of the filing status checkboxes must be marked. There should be only one filing	
47	1	5		Filing Status Checkbox: Qualifying Widower	1	С	status checkbox marked.	
48	1	4a		HOH Qualifying Person. This field appears below line 4.	21	Α	Null if no value	
49	1	4а 5а		QW Year Spouse Died	4	N	Null if no value	
50	1	6a(i)		Primary Regular Exemption	1		"X" or null	
51	1	6a(ii)		Primary Over 65 Exemption	1		"X" or null	
52	1	6b(i)		Spouse Regular Exemption	1		"X" or null	
53	1	6b(ii)		Spouse Over 65 Exemption  Number of Primary and Spouse Exemptions. This is the field	1	С	"X" or null	
54	1	6a/b		that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	
55	1	6c		Exemptions for Dependent Children	2	N	0 if no value	
56	1	6d		Exemptions for Other Dependents	2		0 if no value	
57	1	6e		Total Exemptions Claimed	2	N	0 if no value	
58	2	7		Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	
30	۷	,		r ederal Adjusted Gross income - negative indicator checkbox	'		For all numeric fields, use whole numbers (no decimals) unless otherwise specified in	
							the field business rule. For all numeric fields, do not include commas.	
50	_	_					If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
59 60	2	7 8		Federal Adjusted Gross Income Difference in state/federal wages	9		negative sign in this field.  0 if no value	
61	2	9		Interest on out of state bonds	9	N	0 if no value	
62	2	10		Other HI Additions	9		0 if no value	
63	2	11		Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	
64	2	12		Total Income - negative indicator checkbox	1	С	"X" or null	
65	2	12		Total Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
66	2	13		Pensions Taxed Federally	9		0 if no value	
67	2	14		Social Security Benefits	9	N	0 if no value	
68	2	15		National Guard Duty Pay	9	N	0 if no value	
69	2	16		Individual Housing Acct	9		0 if no value	
70	2	17		Exceptional Tree	9		0 if no value	
71 72	2	18 19		Other Hawaii Subtractions Total Subtractions	9	N N	0 if no value 0 if no value	
73	2	20		HI Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
				•			If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative	
74	2	20		HI Adjusted Gross Income	9		sign in this field.	
75	2	21		Dependent Indicator.	1		"X" or null	
76 77	2	21a 21b		Medical and Dental Taxes	9	N N	0 if no value 0 if no value	
78	2	21c		Interest Expense	9		0 if no value	
79	2	21d		Contributions	9		0 if no value	
80	2	21e		Casualty and Theft Losses	9	N	0 if no value	
81	2	21f		Miscellaneous deductions	9		0 if no value	
82	2	22		Total Itemized Deductions	9	N	0 if no value	
83	2	23		Standard Deduction	9	N	0 if no value	

Field #	Page #	Form Line #	Colum	Description	Max Length	Data	Field Business Rules	Changes
#	#	Line #	n	Description	Lengin	туре	Field Dusiliess Rules	Changes
84	2	24		Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox	1	С	"X" or null	
85	2	24		Subtotal (Line 20 – Line 22 or 23)	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
86	3	25		Total Exemptions	9		0 if no value	
87	3	25a		Primary Disability Indicator. This field appears below line 25.	1	С	"X" or null	
00	2	05h		Chausa Disability Indicator. This field appears below line 25	,	0	"V" or pull	
88 89	3	25b 26		Spouse Disability Indicator. This field appears below line 25.  Taxable Income	9		"X" or null 0 if no value	
00		20		Tuxuble interne		- 1 1	o ii no valde	
90	3	27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	1		"X" or null	
91	3	27		Tax Liability	9		0 if no value	
92	3	27a 28		Net Capital Gain Refundable Food/Excise Tax Credit	9		0 if no value 0 if no value	
94	3	28a		Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	
95	3	29		Low-Income Household Renters Credit	9		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 99	3	32 33		Total Refundable Credits - Sch CR Total Refundable Credits	9	N N	0 if no value	
100	3	34		Tax Less Refundable Credits - negative indicator	1		"X" or null	
101	3	34		Tax Less Refundable Credits	9	N		
102	3	35		Total Nonrefundable Credits - Sch CR	9	N		
103	3	36		Tax Less Nonrefundable Credits - negative indicator	1	C	"X" or null	
104 105	3	36 37		Tax Less Nonrefundable Credits Withholding	9	N N		
106	3	38		Estimated tax payments	9	N		
107	3	39		Estimated tax from previous tax year	9	N		
108	3	40		Extension Payment	9	N		
109	3	41		Total Payments	9	N		
110	3	42		Amount Overpaid	9	N		
111 112		43a(i) 43a(ii)		Primary School Repairs and Maintenance Donation Spouse School Repairs and Maintenance Donation	1		"X" or null "X" or null	
113		43b(i)		Primary Public Libraries Donation	1		"X" or null	
114	3	43b(ii)		Spouse Public Libraries Donation	1		"X" or null	
115	3	43c(i)		Primary Domestic Violence Donation	1		"X" or null	
116	3	43c(ii)		Spouse Domestic Violence Donation	1		"X" or null	
117 118	3	44 45		Total Donations Overpaid minus donations	9	N N		
119	4	46		Estimated Tax apply to the following tax year	9	N		
120	4	47a		Refunded to you	9	N		
121	4	47a(i)		Refund will be deposited to a foreign bank, checkbox	1		"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	
122	4	47b		Routing Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols.	
123 124	4	47c(i) 47c(ii)		Account Type Checking Account Type Savings	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.  "X" or null. Either the checking or savings checkbox may be checked, but not both.	
125	4	47c(II)		Account Number	17		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
126	4	48		Amount you owe	9	N	, , , , , , , , , , , , , , , , , , , ,	
127	4	49		Payment Amount	9	N		
128	4	50(i)		Form N210 attached checkbox	1		"X" or null	
129 130	4	50 53(i)		Estimated Tax Penalty Federal Schedule C - YES checkbox	9	N C	"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	
		F0/ "		Fordered Oak adula O TOM Harry "T. 112			this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
133 134	4	53(vi) 54(i)		Federal Schedule C TSM Hawaii Tax ID  Federal Schedule E - YES checkbox	12	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 of NO checkbox, but not both.	
136	4	54(iii)		Federal Schedule E Hawaii Gross Rents	9	N	The state of the s	
		` '					Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
	,	F 4 (1)		5			this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
137 138	4	54(iv) 55(i)		Federal Schedule E TSM Hawaii Tax ID Federal Schedule F - YES checkbox	12		include hyphens, spaces or other delimiters in this field. "X" or null. Check the YES or NO checkbox, but not both.	
139	4	55(ii)		Federal Schedule F - YES Checkbox Federal Schedule F - NO checkbox	1		"X" or null. Check the YES of NO checkbox, but not both.	
140	4	55(iii)		Federal Schedule F Hawaii Gross Receipts	9	N		

Field	Daga	Form	Colum		Max	Data	<u> </u>	
rieia   #	#	Form Line #	n	Description	Length			Changes
<i>π</i>		Lille #	-"	Description	Length	турс	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	Onunges
							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	1			Preparer Identification Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
143	4			Primary HI Election Campaign - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
144	4			Primary HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
					1			
145	4			Spouse HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
146	4			Spouse HI Election Campaign - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
	CR1	1		Capital Goods Excise Tax Credit	9	N		
	CR1	2		Fuel Tax Credit	9	N		
	CR1	3		Motion Picture and Film Tax Credit	9	N		
		4a(1)		Solar Checkbox	1		"X" or null	
				Wind Checkbox	1	С	"X" or null	
	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	9	N		
	CR1	5		Important Agricultural Land Tax Credit	9	N		
154	CR1	6		Tax Credit for Research Activities	9	N		
				Other refundable credits-pro rata share of taxes paid on sale of				
155	CR1	7a		real property	9	Ν		
				Other refundable credits-credit from regulated investment				
156	CR1	7b		company	9	Ν		
157	CR1	7c		Other Refundable Credits Total	9	N		
158	CR1	8		Total Refundable Credits	9	N		
	CR2	9		IncomeTax Paid to another state	9	N		
	CR2	10		Enterprise Zone Tax Credit	9	N		
	CR2	11	b	Carryover of Energy Conservation Tax Credit - Applied	9	N		
	CR2	11		Carryover of Energy Conservation Tax Credit - Carryover	9	N		
				Carryover of the High Tech Business Investment Tax Credit -				
163	CR2	12		Applied	9	N		
	J. 12			Carryover of the High Tech Business Investment Tax Credit -		- ' '		
164	CR2	12	С	Carryover	9	N		
104	CINZ	12	C	Carryover of the Cesspool Upgrade - Applied Carryover of	9	11		
				Individual Development Account Contribution Tax Credit				
405	CDO	13	L	Applied	_	N.		Description Change
165	CRZ	13	D		9	N		Description Change
400	000	40		Carryover of the Cesspool Upgrade Carryover of Individual				Description Observed
166	CR2	13		Development Account Contribution Tax Credit - Applied	9	N		Description Change
				Carryover of Tech Infrastructure Renovation Tax Credit -	_			
167	CR2	14		Applied	9	N		
	_			Carryover of Tech Infrastructure Renovation Tax Credit -				
168	CR2	14	С	Carryover	9	N		
				Carryover of the Hotel Construction and Remodeling Tax Credit -				
169	CR2	15		Applied	9	N		
				Carryover of the Hotel Construction and Remodeling Tax Credit -				
170	CR2	15		Carryover	9	N		
				Carryover of Residential Construction and Remodel Tax Credit -				
171	CR2	16	b	Applied	9	Ν		
				Carryover of Residential Construction and Remodel Tax Credit -				
172	CR2	16		Carryover	9	N		
				Carryover of the Renew Energy Tech Income Tax Credit -				
173	CR2	17		Applied	9	N		
		•	-	Carryover of the Renew Energy Tech Income Tax Credit -	-			
174	CR2	17	С	Carryover	9	N		
	CR2			Attach Form N-586 - New	9	N		
	CR2	18		Attach Form N-586 - Applied	9	N		
	CR2	18		Attach Form N-586 - Carryover	9	N		
	CR2	19		Attach Form N-884 - New	9	N		
	CR2	19		Attach Form N-884 - New Attach Form N-884 - Applied				
					9	N		
	CR2			Attach Form N-884 - Carryover	9	N		
	CR2	20		Attach Form N-330 - New	9	N		
	CR2	20		Attach Form N-330 - Applied	9	N		
	CR2	20		Attach Form N-330 - Carryover	9	N		
184		21a(1)		Solar Checkbox	1		"X" or null	
		21a(2)		Wind Checkbox	1		"X" or null	
		21	а	Attach Form N-342 - New	9	N		
186	CR2							
186 187	CR2	21	b	Attach Form N-342 - Applied	9	N		
186 187 188		21 21	b c	Attach Form N-342 - Applied Attach Form N-342 - Carryover Attach Form N-348 - Applied				

Field	Page	Form	Colum		Max	Data		
#		Line #	n	Description	Length		Field Business Rules	Changes
190	CR2			Attach Form N-348 - Carryover	9	N	Ticia Busilioss Italios	Renumbered
	CR2	23		Attach Form N-352 - New	9	N		Renumbered, New Line Number
	CR2			Attach Form N-352 - Applied	9	N		Renumbered, New Line Number
193	CR2	23		Attach Form N-352 - Carryover	9	N		Renumbered, New Line Number
194	CR2	24		Attach Form N-354 - New	9	N		Renumbered, New Line Number
195	CR2	24		Attach Form N-354 - Applied	9	N		Renumbered, New Line Number
196	CR2	24		Attach Form N-354 - Applied Attach Form N-354 - Carryover	9	N		Renumbered, New Line Number
197	CR2	25		Attach Form N-356 - New	9	N		Renumbered, New Line Number
198	CR2	25		Attach Form N-356 - Applied	9	N		Renumbered, New Line Number
190	CR2	25		Attach Form N-356 - Carryover	9	N		Renumbered, New Line Number
200	CR2	26		Attach Form N-358 - New	9			Renumbered, New Line Number
	CR2	26			_	N		Renumbered, New Line Number
	CR2			Attach Form N-358 - Applied	9	N		
202		26		Attach Form N-358 - Carryover	9	N		Renumbered, New Line Number
203	CR2	27	a	Attach Form N-325 - New	9	N		Renumbered, New Line Number
204	CR2	27	D	Attach Form N-325 - Applied	9	N		Renumbered, New Line Number
205	CR2	27		Attach Form N-325 - Carryover	9	N		Renumbered, New Line Number
206	CR2	28	b	Total Nonrefundable Credits	9	N		Renumbered, New Line Number
207	N311			Refundable Food/Excise Tax Credit	4	N		Renumbered
	,,,	Part I						
208	X1	L12		Low-Income Household Renters Credit	4	N		Renumbered
1	.,_	Part II						
209	X2	L28		Credit for Child and Dependent Care Expenses	4	N		Renumbered
								L
210				End of Record Trailer	5	Α	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	Renumbered
Retui	rn Fie	lds tha	t are	NOT Included in the 2D Barcode				
	1			First Time Filer Checkbox				
				ITIN Applied For. This will be hand written in the space below				
	1			the area reserved for the barcode.				
	1	3a		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				
				· ·				
				Tax source checkbox group (Tax Table, Tax Rate Schedule,				
	2	27		Form N-168, Form N-615, Cap. Gains Worksheet)				
	_			Amended Return: Amount Paid (Overpaid) on Original Return-				
	4	51		negative indicator checkbox				
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return				
	г	<u> </u>		Amended Return: Balance Due (Refund) on Amended Return-				
	4	52		negative indicator checkbox				
	-	02		110gaaro maioator onconbox				
	4	52		Amended Return: Balance Due (Refund) on Amended Return				
	4	53d		Schedule C business activity/product				
	4	55d		Schedule C business activity/product Schedule F business activity/product				
$\vdash$	4			Designee Name				
$\vdash$	4			Designee Name  Designee Phone Number				
	4							
	4			Designee Identification Number				
	4			Signature Date				
	4			Occupation				
	4			Daytime Phone Number				
	4			Spouse Signature Date				
	4			Spouse Occupation				
	4			Spouse's Daytime Phone Number				
	4			Preparer Signature Date				
	4			Preparer Self Employed Checkbox				
	4			Preparer Name				
	4			Preparer Firm Name and Address				
	4			Preparer Phone Number				

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

Appendix B: 2D Testing Cases - N-11 / Sch CR / Sch X / N-311

Set zero values for zero

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 Mapping. Please submit data as indicated for the field

		Τ_			^ lest 6 - Max Length a	and Mapping. Please submit	data as indicated for the fie	IQ			_
ield   #	Page #	Form Line #	Colum	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Le
1				Header Version Number	T1	T1	T1	T1	T1	T1	- Max 20
2	ALL			Software Developer Code	99	99	99	99	99	1234	
3				Form Number	N11	N11	N11	N11	N11	N11	
4	1		-	Form Year	2021	2021	2021	2021	2021	2021	
5				2D Specification Version	0	0	0	0	0	12	
6				Software Version	0	0	0	0	0	123456789012345	15
_											
7	1			Fiscal Year Begin Month	03					6	_ 1
	4			Figure Voor Bogin Day	04					1	
8				Fiscal Year Begin Day	01		+			1	⊣ '
9	1			Fiscal Year Begin Year	19					18	2
	'			Tiscal Teal Begin Teal	10					10	
10	1			Fiscal Year End Month	2					12	2
-	•									·-	_
11	1			Fiscal Year End Day	28					31	2
				•							
12	1			Fiscal Year End Year	20					18	2
3	1			Amended Return Checkbox			Х		Х	Х	1
4	1			NOL Carryback Checkbox			X			X	1
5	1			IRS Adjustment Checkbox					Х	X	1
										MAXLENGTHPRIMAR'	
16	1			Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	FIRSTNAME	25
7	1			Primary Middle Initial	A				D	M	1
										MAXIMUMLENGTHPR	
40	4			Deire and and Name	TONEL ACT	TTMODDII	TUDEEL ACT	TFOURLAST	TEN/ELACT	MARYLASTNAMEAAA	
18	1			Primary Last Name Primary Suffix	TONELAST	TTWOPRIL	THREELAST	IFOURLAST	TFIVELAST	AAAA	35
19	ı			Primary Sullix	JR					JRRRRRRRR	10
										MAXILENGTHSPOUSE	_
20	1			Spouse First Name		TESTTWOSPF	TESTTHRESPF			FIRSTNAME	25
20				opouse i not itaine		12011110011	TEOTITIKEOIT			T II C II V II VIE	
21	1			Spouse Middle Initial		c				М	1
+										MAXIMUMLENGTHSP	, T
										OUSELASTNAMEAAA	
22	1			Spouse Last Name		TESTTWOSPL	SPMFSLAST			BBBCC	35
23	1			Spouse Suffix		SR				SRRRRRRRR	10
24	1			First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL	4
5	1			Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789	9
6	1			Primary Deceased Checkbox				X		X	1
7	1			Primary Deceased Date of Death - Month				06		11	2
8	1			Primary Deceased Date of Death - Day				21		12	2
9	1			Primary Deceased Date of Death - Year				19		19	$ \frac{2}{}$
,	4			First 4 Characters of Consume Land Nove		TECT	CDME			MAYI	
30	1			First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4
31	1			Spouse SSN		576557442	576661124			223456789	
32	1			Spouse Deceased Checkbox		X	370001124			X	9
3	1			Spouse Deceased Checkbox Spouse Deceased Date of Death - Month		03				10	2
4	1			Spouse Deceased Date of Death - Month Spouse Deceased Date of Death - Day		10				17	2
5	1			Spouse Deceased Date of Death - Day  Spouse Deceased Date of Death - Year		18				18	$\frac{1}{2}$
	- '	<del>  -</del>	_ <del></del>	Speado Boodada Baio of Bealth - Teal						CARE OF MAX	
										LENGTH	
										AAABBBCCCDDDEEE	=
36	1			Care Of	l <sub>x</sub>					FFFGGG	40
-	•			- <del>-</del> -	, ,					123 MAX STREET	<b>-</b>
										LENGTH	
										AAABBBCCCDDDEEE	<b>=</b>
		Ī	Ī	Street Address	i	1	•	•	•		

Field #		Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Lengt
20	4			C.14.	V	V	V		V	MAX CITY LENGTH	0.4
38	1			City	X	X	X	X	X	AAAAA	21
39	1			U.S. State Code	х	х			х	us	2
40	1			ZIP (Postal) Code	x	х	х	х	х	ZIP CODE 1	10
44	1			Foreign State or Province						MAXIMUMLENGTHFO	25
41 42	1			Country Country			Х	X		REIGNSTATE MAXLENGTHCTRY	25 13
43	1	1		Filing Status Checkbox: Single	х					1	1
44	1	2		Filing Status Checkbox: Married filing joint		х				х	1
45	1	3		Filing Status Checkbox: Married filing separate			х			х	1
46	1	4		Filing Status Checkbox: Head of Household				x		x	1
47	1	5		Filing Status Checkbox: Qualifying Widower					x	x	1
48	1	4a		HOH Qualifying Person. This field appears below line 4.				x		MAXLENGTHHOHQUA LIFYNG	21
49	1	5a		QW Year Spouse Died					Х	1234	4
50	1	6a(i)		Primary Regular Exemption		X	X	Х	X	X	1
51 52	1	6a(ii) 6b(i)		Primary Over 65 Exemption Spouse Regular Exemption		X	V			X V	1 1
53	1	6b(ii)		Spouse Over 65 Exemption		X	^			X	- ' - 1
	-	0.5()		Number of Primary and Spouse Exemptions. This is the field							1 '
54	1	6a/b		that appears to the right of lines 6a and 6b.		Х	х	Х	х	4	1
55	1	6c		Exemptions for Dependent Children		Х		X	Х	90	2
56	1	6d		Exemptions for Other Dependents			X		.,	91	2
57	1	6e		Total Exemptions Claimed	X	X	X	X	X	92	$\frac{1}{2}$
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	8		Difference in state/federal wages	Х					111456789	9
61	2	9		Interest on out of state bonds	Х			Х		111156789	9
62	2	10		Other HI Additions	Х	Х		X		122256789	9
63	2	11		Total HI Additions	Х	Х		Х		122226789	9
64	2	12		Total Income - negative indicator checkbox			X			X	1
65	2	12		Total Income	x	x	x	x	x	123356789	9
66	2	13		Pensions Taxed Federally		Х				123336789	9
67	2	14		Social Security Benefits		Х				123333789	9
68	2	15		National Guard Duty Pay	Х	Х			X	123446789	9
69	2			Individual Housing Acct		X				123444489	9
70	2			Exceptional Tree	\ <u>\</u>				X X	123455789	9
71	2	18		Other Hawaii Subtractions	X	V			V	123455589	9
72 73	2	19 20		Total Subtractions HI Adjusted Gross Income - negative indicator checkbox	X	X	X		X	123456689 X	9
74	2	20		HI Adjusted Gross Income	×	x	x	x	x	123456669	9
75	2	21		Dependent Indicator.	Х					Х	1
76	2	21a		Medical and Dental		Х			Х	123456779	9
77	2	21b		Taxes		X			Х	123456777	9
78	2	21c		Interest Expense		X			Х	123456788	9
79	2	21d		Contributions		Х			Х	123456799	9
80	2	21e		Casualty and Theft Losses		Х			Х	323456789	9
81	2	21f		Miscellaneous deductions		X			Х	423456789	9
82	2	22		Total Itemized Deductions		Х			Х	523456789	9
	2	23		Standard Deduction	X		x	X	x	623456789	9

Field #		Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Lengt
84	2	24		Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox			х			х	1
05	2	24		Subtotal (Line 20 – Line 22 or 23)	V	v	V	V		723456789	0
85 86	3	24 25		Total Exemptions	X	X	X	X	X	823456789	9 9
				·		, , , , , , , , , , , , , , , , , , ,				V	
87	3	25a		Primary Disability Indicator. This field appears below line 25.		X				X	- 1 1 · · · · · · · · · · · · · · · · ·
88	3	25b		Spouse Disability Indicator. This field appears below line 25.		X				X	1
89	3	26		Taxable Income	X	X		X	X	923456789	9
90	3	27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	X					Х	1
91	3	27		Tax Liability	X	X		X	X	123456781	9
92	3	27a		Net Capital Gain		V	V	X		123456782	$\frac{1}{2}$
93 94	3	28 28a		Refundable Food/Excise Tax Credit Refundable Food/Excise Tax Credit - Count		X	^	^		123456783 99	۹ و
95	3	20a 29		Low-Income Household Renters Credit		^	- ly	+		123456784	
96	3	30		Child and Dependent Care Expenses			^_		Y	123456785	ا »
97	3	31		Child Passenger Restraint Credit		Y			Y Y	123456786	٠ .
98	3	32		Total Refundable Credits - Sch CR	X	^	X	X	X	123456787	9
99	3	33	<del></del>	Total Refundable Credits	X	X	X	X	X	123456788	9
100	3	34		Tax Less Refundable Credits - negative indicator	X		X		<u>'</u>	X	1
101	3	34		Tax Less Refundable Credits	X	x	X	x	Х	443456789	9
02	3	35		Total Nonrefundable Credits - Sch CR	X	X		X	X	553456789	9
103	3	36		Tax Less Nonrefundable Credits - negative indicator	X		x			X	<b>1</b> 1
104	3	36		Tax Less Nonrefundable Credits	X	x	X	x	Х	663456789	9
05	3	37		Withholding	X	x		х	Х	773456789	9
06	3	38		Estimated tax payments				X	Х	883456789	9
07	3	39		Estimated tax from previous tax year				X		993456789	9
80	3	40		Extension Payment			X	Х		123456100	9
09	3	41		Total Payments	Χ	X	X	X	Х	123456200	9
10	3	42		Amount Overpaid	Χ	X	X		Х	123456300	9
111	3	43a(i)		Primary School Repairs and Maintenance Donation	X	X				X	1
112		43a(ii)		Spouse School Repairs and Maintenance Donation	· ·	X				X	1
113	3	43b(i)		Primary Public Libraries Donation Spouse Public Libraries Donation	X	X				X	-
114		43b(ii) 43c(i)		Primary Domestic Violence Donation	V	X				X	-
115 116	3	43c(ii)		Spouse Domestic Violence Donation	Λ	<u>^</u>				X	-
117	3	44		Total Donations	V	^  v			+	18	$\frac{1}{2}$
118	3	45		Overpaid minus donations	X X	l'x	l <sub>X</sub>		X	123456400	- 6
119	4	46		Estimated Tax apply to the following tax year	Λ				x	123456500	$\dashv$ $\ddot{\circ}$
120	4	47a		Refunded to you	X	X	x		X	123456600	$\dashv$ $\overset{\circ}{q}$
121	4	47a(i)		Refund will be deposited to a foreign bank, checkbox	Λ		x		<u> </u>	X	$\dashv$
122	4	47b		Routing Number	X				X	123456700	9
123	4	47c(i)		Account Type Checking	X			1		X	1
24	4	47c(ii)		Account Type Savings					x	X	1
25	4	47d		Account Number	X				X	12345678901234500	17
26	4	48		Amount you owe				Х		123456999	9
127	4	49		Payment Amount				Х			0
128	4	50(i)		Form N210 attached checkbox				Х		X	1
129	4	50		Estimated Tax Penalty				X		123444489	9
130	4	53(i)		Federal Schedule C - YES checkbox					X	X	1
31	4	53(ii)		Federal Schedule C - NO checkbox	Χ	X	X	Х		X	1
32	4	53(iii)		Federal Schedule C Hawaii Gross Receipts					Х	123455559	9
133	4	53(vi)		Federal Schedule C TSM Hawaii Tax ID					l <sub>x</sub>	123456789012	12
34	4	54(i)		Federal Schedule E - YES checkbox				X		χ	1
35	4	54(ii)		Federal Schedule E - NO checkbox	X	X	X	<u></u>	x	X	1
36	4	54(iii)		Federal Schedule E Hawaii Gross Rents				Х		123456767	9
137	4	54(iv)		Federal Schedule E TSM Hawaii Tax ID				x		123456789015	12
138	4	55(i)		Federal Schedule F - YES checkbox			X			χ	1
139	4	55(ii)		Federal Schedule F - NO checkbox	X	X	, · ·	X	X	X	1
140	4	55(iii)		Federal Schedule F Hawaii Gross Receipts	• •	<u> </u>	X	<u> </u>		122346789	<b>⊣</b> '9

Field #		Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Leng
444	,	FF(::)		Fordered Cohedula F TOM Haves "Toy ID			V			400450700040	40
141	4	55(vi)		Federal Schedule F TSM Hawaii Tax ID			X		V	123456789016	12
142 143	4			Preparer Identification Number Primary HI Election Campaign - YES checkbox		V	X		X V	123455789	9
144	4			Primary HI Election Campaign - NO checkbox	(	^	l <sub>Y</sub>	Y	^	Y	
145	4			Spouse HI Election Campaign - YES checkbox	\	ly	<u> ^</u>	^		Y Y	-
146	4			Spouse HI Election Campaign - NO checkbox						X	-
147	CR1	1		Capital Goods Excise Tax Credit			+		X	456789101	<del>-</del>   '9
148		2		Fuel Tax Credit					X	456789102	9
				Motion Picture and Film Tax Credit			x			456789103	9
		4a(1)		Solar Checkbox				x		X	$ \frac{1}{1}$
		4a(2)		Wind Checkbox	ζ					X	i
	CR1			Renew Energy Tech Income Tax Credit-July 2009	(			Х		456789104	9
	CR1			Important Agricultural Land Tax Credit			x			456789015	9
154	CR1			Tax Credit for Research Activities			Х		x	456789106	9
				Other refundable credits-pro rata share of taxes paid on sale of							
155	CR1	7a		real property				X		456789107	9
				Other refundable credits-credit from regulated investment							
56	CR1	7b		company		<u> </u>		X		456789108	9
	CR1	7c	-	Other Refundable Credits Total				X		456789109	9
58		8	-	Total Refundable Credits	(		X	X	X	456789110	9
59				IncomeTax Paid to another state					Х	567890101	9
60				Enterprise Zone Tax Credit					Х	567890102	9
61				Carryover of Energy Conservation Tax Credit - Applied					Х	567890103	9
62	CR2	11		Carryover of Energy Conservation Tax Credit - Carryover					X	567890104	9
				Carryover of the High Tech Business Investment Tax Credit -							
63	CR2	12	b	Applied		x				567890105	9
				Carryover of the High Tech Business Investment Tax Credit -							
64	CR2	12	С	Carryover		x				567890106	9
				Carryover of the Cesspool Upgrade - Applied Carryover of							
				Individual Development Account Contribution Tax Credit -							
165	CR2	13	b	Applied		x				567890107	9
				Carryover of the Cesspool Upgrade Carryover of Individual							
166	CR2	13	С	Development Account Contribution Tax Credit - Applied		x				567890108	9
				Carryover of Tech Infrastructure Renovation Tax Credit -							
167	CR2	14	b	Applied		x				567890109	9
				Carryover of Tech Infrastructure Renovation Tax Credit -							
168	CR2	14	С	Carryover		x				567890110	9
				Carryover of the Hotel Construction and Remodeling Tax Credit							
169	CR2	15	b	Applied		X				567890111	9
				Carryover of the Hotel Construction and Remodeling Tax Credit							
170	CR2	15	С	Carryover		x				567890112	9
				Carryover of Residential Construction and Remodel Tax Credit -							
71	CR2	16	b	Applied		x				567890113	9
				Carryover of Residential Construction and Remodel Tax Credit -							
72	CR2	16	С	Carryover		X				567890114	9
				Carryover of the Renew Energy Tech Income Tax Credit -							
73	CR2	17	b	Applied		X		<u> </u>		567890115	9
				Carryover of the Renew Energy Tech Income Tax Credit -							
	CR2		С	Carryover		X		<u> </u>		567890116	9
			а	Attach Form N-586 - New					X	567890117	9
	CR2		b	Attach Form N-586 - Applied					X	567890118	9
			С	Attach Form N-586 - Carryover					X	567890119	9
78	CR2		а	Attach Form N-884 - New					X	567890120	9
<b>7</b> 9	CR2		b	Attach Form N-884 - Applied					Х	567890121	9
30	CR2		С	Attach Form N-884 - Carryover					X	567890122	9
31	CR2		а	Attach Form N-330 - New		X				567890123	9
82	CR2		b	Attach Form N-330 - Applied		X				567890124	9
83	CR2	20	С	Attach Form N-330 - Carryover		Х				567890125	9
84	CR2	21a(1)		Solar Checkbox		Х				Х	1
85	CR2	21a(2)		Wind Checkbox		1			Х	Х	1
	CR2			Attach Form N-342 - New		Х			Х	567890126	9
	CR2			Attach Form N-342 - Applied		Х			Х	567890127	9
88			C	Attach Form N-342 - Carryover		X			x	567890128	9
		22	<del></del> -	Attach Form N-348 - Applied		1	+	1	T <sub>V</sub>	567890130	9

191   CR2   23   a   Addin From NSQ2 - Pelow	X		Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
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0 CR2   28    a   Antich Form N-355 - New   X	X						X		X		
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2   GR   2   6   C   Allath Form N-393 - Carryover   X   X   S67984	Name						X		X		
CREAT   27	X			b	Attach Form N-358 - Applied		X		X		567890145
	Section   Sect	<b>2</b> CR2	26	С	Attach Form N-358 - Carryover		Х		X		567890146
GREQ   27    b   Allaset Form N-325 - Applied   X	Section   Sect	3 CR2	27				Х				567890147
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Part	Mathematical Expenses   Math							l.,			1,000
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4         53d         Schedule C business activity/product         X           4         55d         Schedule F business activity/product         X           4          Designee Name         X           4          Designee Phone Number         X           4          Designee Identification Number         X           4          Signature Date         X           4          Occupation         X           4          Daytime Phone Number         X	ity/product  X  X  X  X  X  X  X  X  X  X  X  X  X	4	51		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return-			X X		X	_ - -
4         55d         Schedule F business activity/product         X         Schedule F business activity/product           4          Designee Name         X         X           4          Designee Phone Number         X         X           4          Designee Identification Number         X         X           4          Signature Date         X         X         X         X           4          Occupation         X         X         X         X         X           4          Daytime Phone Number         X         X         X         X         X	ity/product X X X X X X X X X X X X X X X X X X X	4	51 52		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox			X		X	_ - -
4          Designee Name         X           4          Designee Phone Number         X           4          Designee Identification Number         X           4          Signature Date         X           4          Occupation         X           4          Daytime Phone Number         X	X X	4	51 52 52		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return			X X		X X X	_ _ _
4          Designee Name         X           4          Designee Phone Number         X           4          Designee Identification Number         X           4          Signature Date         X           4          Occupation         X           4          Daytime Phone Number         X	X X	4	51 52 52 53d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product			X X		X X X	_ _ _
4      Designee Phone Number     X       4      Designee Identification Number     X       4      Signature Date     X       4      Occupation     X       4      Daytime Phone Number     X		4	51 52 52 53d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product			X X X		X X X	_ _ _ _
4          Designee Identification Number         X <t< td=""><td>  X</td><td>4 4 4 4 4 4</td><td>51 52 52 53d 55d</td><td></td><td>Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product</td><td></td><td></td><td>X X X</td><td>X</td><td>X X X</td><td>- - - -</td></t<>	X	4 4 4 4 4 4	51 52 52 53d 55d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product			X X X	X	X X X	- - - -
4          Signature Date         X	X	4 4 4 4 4 4	51 52 52 53d 55d 		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name			X X X	X	X X X	- - - - -
4 Occupation X X X X X X X X X X X X X X X X X X X		4 4 4 4 4 4	51 52 52 53d 55d 		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number			X X X	X X X	X X X	- - - - - -
4 Daytime Phone Number X X X X X	X	4 4 4 4 4 4	51 52 52 53d 55d 		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number		V	X X X	X X X	X X X	- - - - - - -
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4 Spouse Occupation X		4 4 4 4 4 4 4 4 4	51 52 52 53d 55d   		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date	X X X	X X X X	X X X X X X X X X X X X X X	X X X X X	X X X X	- - - - - - - -
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4 Preparer Self Employed Checkbox X	X X	4 4 4 4 4 4 4 4 4 4 4 4 4	51 52 52 53d 55d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number Preparer Signature Date Preparer Self Employed Checkbox	XXXX	X X X X X	X X X X X X X X X X X X X X	X X X X X	X X X X X X	- - - - - - - - - - - -
4          Preparer Self Employed Checkbox         X         X           4          Preparer Name         X         X	X	4 4 4 4 4 4 4 4 4 4 4 4 4	51 52 52 53d 55d         		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number Preparer Signature Date Preparer Self Employed Checkbox Preparer Name	X	X X X X X	X  X  X  X  X  X  X  X  X  X  X  X  X	X X X X X	X X X X X X	
4      Spouse Occupation     X       4      Spouse's Daytime Phone Number     X	Number X	4 4 4 4 4 4 4 4 4	51 52 52 53d 55d   		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number	X X X	X X X	X X X X X X X X X X X X	X X X X X	X X X X	- - - - - - - - -
4 Preparer Signature Date	TO THE PARTY OF TH	4 4 4 4 4 4 4 4 4	51 52 52 53d 55d     		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number	X X X	X X X X X	X X X X X X X X X X X X X	X X X X X	X X X X	
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	X X	4 4 4 4 4 4 4 4 4 4 4 4	51 52 52 53d 55d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number Preparer Signature Date	X X X	X X X X X	X X X X X X X X X X X X X X	X X X X X	X X X X X X	- - - - - - - - - - -
4 Preparer Self Employed Checkbox X	X X	4 4 4 4 4 4 4 4 4 4 4 4	51 52 52 53d 55d		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number Preparer Signature Date Preparer Self Employed Checkbox	X	X X X X X	X  X  X  X  X  X  X  X  X  X  X  X  X	X X X X X	X X X X X X X X X X X	- - - - - - - - - - - -
4 Preparer Self Employed Checkbox X	X	4 4 4 4 4 4 4 4 4 4 4 4	51 52 52 53d 55d         		Amended Return: Amount Paid (Overpaid) on Original Return Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox  Amended Return: Balance Due (Refund) on Amended Return Schedule C business activity/product Schedule F business activity/product Designee Name Designee Phone Number Designee Identification Number Signature Date Occupation Daytime Phone Number Spouse Signature Date Spouse Occupation Spouse's Daytime Phone Number Preparer Signature Date Preparer Self Employed Checkbox Preparer Name	X	X X X X X	X  X  X  X  X  X  X  X  X  X  X  X  X	X X X X X	X X X X X X X	- - - - - - - - - - - -

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man I	readable t	ext here Fiscal Yea Beginning		and Ending 12	- 12	2 – 12		
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X 	First	Γime Filer				SPA	ACE	
	<b>C</b> )	o NOT Sul	bmit a Photoco	opy!!		RESE	RVED	
	our First	Name	M.I. Your Last Nam	ne	Suffix			
		PAYER 'S FI	RST MI LAST  M.I. Spouse's Last	NAMEXXXXXXX Name	JR Suffix	Enter the first four letter of your last name.		
		JSE'S FIRS		E'S LASTXXX	JR	Use ALL CAPITAL let Your Social Security Number	123 - 12 -	1234
(	Present m TAX Dity, town	ailing or home address (NPAYER IS MA	MAILING ADDRE Number and street, including Rural F AILING OR HOME State DSTOFFICE XX and/or State	Route)		Deceased X Date  Enter the first four letter of your Spouse's last in Use ALL CAPITAL letter Spouse's Social Security Number  Deceased X Date	ers name.	ABCD 1234
	FOR	EIGN PROVI	INCEXXXXXXXXX	COUNTRYXXX	XXX			
1 2 3	X	7	(Place an X in on t return (even if only one ha arate return. Enter spouse	4 ad income).	X		qualifying person). If the your dependent, enter the	
			s of last name above. Ente		X	QUALIFY	ING PERSONXXX pe page 8 of the Instruction	
						Enter the year your spor	use died 1234	
	Х	ION: If you can be clain Yourself	ned as a dependent on another p	Age 65 or over			ine 6a, but be sure to place an X  Enter the number of Xs  on <b>6a</b> and <b>6b</b>	
6a 6b			s 3 and 6b above, see the Ins		your sp	pouse meets the qualification	ns, place an X here X	
	If you	1				3. Relationship	Enter number of	12
6b	Depend		more than 4 dependents use attachment	2. Dependent's social security number		o. Italatanana	Vour Children listed <b>b</b> o	
6b	Depend 1 First FI SE	lents: and last name  RST DEPEND  COND DEPEN	use attachment		9 E	RELATIONSHIP RELATIONSHIP RELATIONSHIP RELATIONSHIP	your children listed 6c Enter number of other dependents6d	12

2	6 8	10 12 14 16 18 20 22 24 26 28 30 32 3	34 36 38 40 42	44 46 48 50 52 54 56 58	60 62 64	66 68 70 72 74 76 78	2
3			34 36 38 40 42	44 40 48 30 32 34 30 38	00 02 04	66 68 70 72 74 76 78	3
4	Form I	N-11 (Rev. 2021)				Page 2 of	<b>4</b> 4
5	Place	You	r Social Security Nu	ımber Your S	Spouse's SS	N	5
6	QR Co		3 - 12 - 1	23/1 12	3 - 12	- 1234	6
7	Here			NAME(S) AS SH			7
9	Human F	Readable text here Name(s) as	s shown on return	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			8
10							10
11					ROUND T	O THE NEAREST DOLLA	
12							12
13	7	Federal adjusted gross income (AGI) (see page 11	of the Instructions	7	Х	123456789	13
14		Difference in state/federal wages due to COLA, EF	_				14
15		etc. (see page 11 of the Instructions)		123456789			15
16	9	Interest on out-of-state bonds					16
17		(including municipal bonds)	9	123456789			17
18	10	Other Hawaii additions to federal AGI		100156500			18
19		(see page 11 of the Instructions)	10	123456789			19
20				1024	F 6700		20
21	11	Add lines 8 through 10Total Hawaii ad	dditions to federal	AGI 11 1234	56789		21
22		<del></del>			x	123456789	22
23		Add lines 7 and 11			Λ		23
24	13	Pensions taxed federally but not taxed by Hawaii	13	123456789			24
25	HH	(see page 13 of the Instructions)	13				25
27	14	Social security benefits taxed on federal return	14	123456789			27
28		First \$7,152 of military reserve or Hawaii national					28
29		quard duty pay	15	123456789			29
30							30
31	16	Payments to an individual housing account	16	123456789			31
32		Exceptional trees deduction (attach affidavit)					32
33		(see page 14 of the Instructions)	17	123456789			33
34	18	Other Hawaii subtractions from federal AGI					34
35		(see page 14 of the Instructions)	18	123456789			35
36	19	Add lines 13 through 18		1024	F 6 7 0 0		36
37		Total Hawaii subtrac	tions from federal	AGI 19 1234	56789		37
38					v	123456789	38
39	20	Line 12 minus line 19			X	123430709	39
41	CAUTI	ION: If you can be claimed as a dependent on and	other person's return	n, see the Instructions on page	15. and place	e an X here. 💌	40
42		If you do not itemize your deductions, go to line 23				V 7	42
43		and enter your itemized deductions here.	below. Otherwise	go to page 15 of the instruction	3		43
44	21a	Medical and dental expenses					44
45		(from Worksheet A-1)	21a	123456789			45
46						TOTAL ITEMIZED	46
47	21b	Taxes (from Worksheet A-2)	21b	123456789		DEDUCTIONS	47
48	ЩП				22	Add lines 21a through 21f.	48
49	21c	Interest expense (from Worksheet A-3)	21¢	123456789		f your Hawaii adjusted gross ncome is above a certain	49
50						amount, you may not be	50
51	21d	Contributions (from Worksheet A-4)	21d	123456789		able to deduct all of your temized deductions. See the	51
52	$\Box$			102450700		nstructions on page 20. Enter	52
53	21e	Casualty and theft losses (from Worksheet A-5)	21e	123456789		total here and go to line 24.	53
54		<del></del>		122156700		122156700	54
55	21f	Miscellaneous deductions (from Worksheet A-6)	21f	123456789		123456789	55
56							56
57	23	If you checked filing status box: 1 or 3 enter \$2,200	U:	Cton doud Doublet		123456789	57
58		2 or 5 enter \$4,400; 4 enter \$3,212		Standard Deduction > 23			58
59 60	HH	24 Line 20 minus line 22 or 23, whichever app	dies (This line MUS	ST be filled in) 24	х	123456789	60
60		Line 20 milius inie 22 of 23, whichever app	ones. (THIS IITIE IVIUS	51 DC IIIICU III)	27		61
62							62
63							63
4 64	%112	$2\overset{10}{\text{C}}0\overset{13}{\text{S}}1^{14}$	$^{34}$ $^{36}$ $^{38}$ $^{40}$ $^{42}$ $^{42}$	44 46 48 50 52 54 56 58	60 62 64	FORM N-11 (REV. 202	80 82 1) 64
65							65

Form				3
	N-11 (Rev. 2021)		Page 3 d	of 4 4
		lumber Your Spouse's		5
Plac				6
QR C		1234   123 - 12		7
Her		NAME(S) AS SHOWN ON		8
Human	Readable text here Name(s) as shown on return	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	9
25	Multiply \$1.144 by the total number of exemptions claimed on line 6e	, i		10
	If you and/or your spouse are blind, deaf, or cisabled, place an X in the			11
	and see page 20 of the Instructions.	ilo dipliodolo box, co,		12
	X Yourself X Spouse	25	123456789	13
	A Yoursell A Spouse			
26	Taxable Income. Line 24 minus line 25 (but not less than zero)	7	123456789	14
26				15
27		or X Capital Gains Iax		16
+++	Worksheet on page 33 of the Instructions.	+++++++++++++++++++++++++++++++++++++++	<del></del>	17
+++	( X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-3		102456700	18
+++	N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	Tax ➤ 27	123456789	19
2.7a	If tax is from the Capital Gains Tax Worksheet, enter	100456500	<del></del>	20
	the net capital gain from line 14 of that worksheet27a	123456789		21
				22
				23
28	Refundable Food/Excise Tax Credit			24
	(attach Form N-311) DHS, etc. exemptions 1228	123456789		25
29		<del>++++=================================</del>	+++++++++++++++++++++++++++++++++++++++	26
20		123456789	<del></del>	
			+++++++++++++++++++++++++++++++++++++++	27
30		100456700	+++++++++++++++++++++++++++++++++++++++	28
1	Care Expenses (attach Schedule X)30	123456789	<del></del>	29
31		100456500	<del></del>	30
	System(s) (attach a copy of the invoice)31	123456789	<del></del>	31
32	Total refundable tax credits from	<del></del>		32
Щ	Schedule CR (attach Schedule CR)32	123456789		33
Щ				34
33	Add lines 28 through 32	tal Refundable Credits > 33	123456789	35
				36
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions	Adjusted Tax Liability > 34 X	123456789	37
				38
35	Total nonrefundable tax credits (attach Schedule CR)	35	123456789	39
3.5	Old Hornesumable tax credits (attach software Gry			40
26	0	Balance > 36 X	123456789	
36		Balance > 36 X		41
37		123456789	+++++++++++++++++++++++++++++++++++++++	42
+++	(see page 25 of the Instructions for other attachments)		<del></del>	43
1	<del></del>	102456790	<del></del>	44
38	2021 estimated tax payments	123456789	<del></del>	45
		1001500		46
39	Amount of estimated tax applied from 2020 return39	123456789		47
				48
40	Amount paid with extension40	123456789		49
				50
41	Add lines 37 through 40	Total Payments > 41	123456789	51
	Add iii 63 97 dii 3dgii 19			52
			<del></del>	53
49	OVEDBAID (ine /1 m	ninus line 36) (see Instructions) . 42	123456789	
42				54
43		Yourself Spouse	+++++++++++++++++++++++++++++++++++++++	55
+++	43a Hawaii Schools Repairs and Maintenance Fund	X \$2 X \$2	<del></del>	56
+++	43b Hawaii Public Libraries Fund	<b>X</b> \$5 <b>X</b> \$5	<del></del>	57
	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	X \$5 X \$5		58
44	Add the amounts of the Xs on lines 43a through 43c and enter the tot	otal here44	12	59
				60
			123456789	61
	45 Line 42 minus line 44	45		01
	45 Line 42 minus line 44	45		62
	45 Line 42 minus line 44	45		

orm r	N-11 (Rev. 2021)								F	Page 4 of 4
			Your	Social Securit	y Number		Your Spou	se's SSN		
Place R Co			100	10	1004		100	10	1004	
R Co Here			123	- 12 -	==0=			12 -		
			Jame(s) as	shown on retu	ale to				TURXXXX	8
	Readable text here		allicio, do	310//11 3111353	XXXXXX	XXXXX.	XXXXXX.	XXXXXX	XXXXXX	g
46	Amount of line 45 to be a				1122	15670				1
	2022 ESTIMATED TAX.			46		345678	9			1
47a	Amount to be REFUNDE		45 minus lir	ne 46) If filing	Jate,	++++			10245670	Ω 1
	see page 23 of Instruction	ons		,	<b></b>		47a		12345678	9
+++										1
+++	X Place an X in this b	box if this refund	will ultimate	ely be deposite	ed to a foreign (r	non-U.S.) b	ank. Do not	t complete I	ines 47b, 47c, or	47d. 1
		10245/	C700		<del></del>					1
47b	Routing number	123456	1/89	47c Type	e: X Check	king <b>X</b>	Savings			1
+		10	245670	2010245						1
47d				9012345	6/	++++			10045670	Ω 1
48	AMOUNT YOU OWE (lir			,	<del> </del>	<del>     </del>	48		12345678	9 2
49	PAYMENT AMOUNT Su								10045670	
+	money order payable to	"Hawaii State Ta	x Collector."	<i>n</i>	4-4-4-4-4-4-1-1-1		49		12345678	9 2
50		, , , , ,								2
+++	Instructions.) Do not incl			an X in	100	45670				2
+	this box if Form N-210 is	s attached 🔪 🗴	4	50		345678	9			2
+++					11111111				10045650	2
51	AMENDED RETURN ONLY -	- Amount paid (over	paid) on origin	nal return. (See Ir	nstructions) (attach ?	Sch. AMD)	51	X	12345678	9 2
111									10045070	Ω 2
52	AMENDED RETURN ONLY -	<ul> <li>Balance due (refur</li> </ul>	nd) with amend	ded return. (See	Instructions) (attach	Sch AMD).	52	X	12345678	9 2
##		++++++								3
1					11111111				- 1 - 5 - 7 0	3
	Did you file a federal Sch			No	If yes, enter	<b>Hawaii</b> gro	oss receipts		12345678	9 3
	your main business activi					ШШ				3
	your main business produ				r HI Tax I.D. No. f	for this acti	vity <b>GE</b>	123-	-123-1234	-12 g
1					11111111					3
54	Did you file a federal Sch				yes, enter H <b>awai</b>	ii gross ren	nts received		12345678	9
44	for any rental activity?	X_	Yes X	No	11111111					3
44				AND your	r HI Tax I.D. No. 1	for this acti	ivity <b>GE</b>	123-	-123-1234	-12 g
44										3
	Did you file a federal Sch			No	If yes, enter	<b>Hawaii</b> gro	oss receipts		12345678	9 4
	your main business activi			<u>U</u> SIN					- 7004	10
	your main business produ			R, AND your	r HI Tax I.D. No. f	for this acti	vity <b>GE</b>	123-	-123-1234	-12 <sub>4</sub>
Щ					<u> </u>					4
	If designating another p			with the Haw	aii Department o	f Taxation,	complete the	e following.	This is not a full p	power of 4
	attorney. See page 25 c	of the Instructions	ıs.						1	4
	Designee's name	DESIGNEE'		EXXXX p	1	23) 456-78	<sup>391</sup> Identific	cation numb	12-34	56789 4
	VAII ELECTION	Do you want \$	3 to go to th	ne Hawaii Ele	ection Campaign I	Fund?	X Ye	es X		ng an X the "Yes" 4
	IPAIGN FUND page 25 of the Instructions)	If joint return, c	does your sr	pouse want \$'	3 to go to the fun	nd?	<b>X</b> Ye	es <u>X</u>	No tax or reduce	
	DECLARATION — I declare, un of my knowledge and belief, is									and, to the best
	of my knowledge and belief, i.e.	a true, correct, and co.	inplete return,	Date	for trie laxable year -	stateu, pursuu. nuse's signal	nt to trie riawan.	nconie ia. Lu.	V Chapter 255, 1175.	5
										5
				12-12-1					12-12	
	Your Occupation			Daytime Phone		ur \$pouse's (			Daylime Pho	
	TAXPAYER OCC	CUPATIONX	(X (12:	3)123-4	.567 SPO	USE O	CCUPAT	IONXX	(123) 123	-4567 <sub>5</sub>
12 12 13 13 11 11	Prenarer's					ate	Oheck	if	Preparer's dentifica	
	The state of the s					2-12-	12 self-em	iployed X	1234567	
	Signature									
	Signature P			ADEDIC	NAME HER	REXXXX.	XX Federa	al E.I. No. 🚩	12-12345	67
	Paid Print Preparer's Preparer's Nam	me PRINT	T PREPA	HUTL D						
	Paid Print				PREPARER'	S NAM	E			
	Print Preparer's Preparer's Nam	or yours FIR		ME OR P				: No. (1	L23)123-4	
PLEASE SIGN HERE	Print Preparer's Nam Firms name (b)	or yours FIR	RMS NAN	ME OR P	PREPARER'			(1	23) 123-4	567
PLEAGE SIGN HERE	Print Preparer's Nam Firms name (b)	or yours FIR	RMS NAN	ME OR P	PREPARER'			(1	23) 123-4	567

QR Code Here

Human Readable text here

STATE OF HAWAII — DEPARTMENT OF TAXATION

# Individual Income Tax Return RESIDENT



DO NOT WRITE IN THIS AREA

Calendar Year 2021

**Fiscal Year** 12 - 12 - 12 12 - 12 - 12 Beginning

X AMENDED Return

X NOL Carryback

x IRS Adjustment

X First Time Filer

FOR OFFIC	E USE ON	LY		
_	_	_	_	 _

# Do NOT Submit a Photocopy!!

THIS SPACE RESERVED

Your First Name МΙ Your Last Name Suffix ◆ IMPORTANT — Complete this Section ◆ TAXPAYER'S FIRST MΙ LAST NAMEXXXXXXX JR Enter the first four letters Spouse's First Name M.I. Spouse's Last Name Suffix of your last name. Use ALL CAPITAL letters ABCD SPOUSE'S FIRSTXX MI SPOUSE'S LASTXXX JR Your Social 123 - 12 - 1234 Care Of (See Instructions, page 7.) Security Number 12 - 12 - 12 C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXX Deceased X Date of Death Present mailing or home address (Number and street, including Rural Route) Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters ABCD TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX City, town or post office State Postal/ZIP code Spouse's Social Security Number 123 - 12 - 1234 CITY, TOWN, POSTOFFICE XX ZIP CODE 12 - 12 - 12 Deceased X Date of Death If Foreign address, enter Province and/or State Country FOREIGN PROVINCEXXXXXXXX COUNTRYXXXXXX (Place an X in only ONE box) X X Single Head of household (with qualifying person). If the qualifying X 2 Married filing joint return (even if only one had income). person is a child but not your dependent, enter the child's full Married filing separate return. Enter spouse's SSN and name the first four letters of last name above. Enter spouse's full QUALIFYING PERSONXXXX name here. MFS SPOUSE'S NAMEXXXXXXXX 5 Qualifying widow(er) (see page 8 of the Instructions) Enter the year your spouse died 1234 CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21. X 1 on **6a** and **6b** ..... X 6b Age 65 or over..... If you placed an X on lines 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, place an X here X 6c Dependents: If more than 4 dependents 2. Dependent's social Enter number of and 1. First and last name use attachment security number 3. Relationship 12 your children listed... 6c FIRST DEPENDENT NAMEXXXX 123-45-6789 RELATIONSHIP Enter number of RELATIONSHIP SECOND DEPENDENT NAMEXXX 123-45-6789 12

ATTACH CHECK OR MONEY ORDER HERE

ATTACH COPY 2 OF FORM W-2 HERE

THIRD

DEPENDENT NAMEXXXX

FOURTH DEPENDENT NAME

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

123-45-6789

123-45-6789

12

other dependents.....6d

RELATIONSHIP

RELATIONSHIP

Place QR Code Here Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

### **ROUND TO THE NEAREST DOLLAR**

7						
7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)			7	X	123456789
8	Difference in state/federal wages due to COLA, ERS,					
	etc. (see page 11 of the Instructions)8	12345678	39			
9	Interest on out-of-state bonds					
	(including municipal bonds)9	12345678	39			
10	Other Hawaii additions to federal AGI					
	(see page 11 of the Instructions)10	12345678	39			
	,					
11	Add lines 8 through 10Total Hawaii additions to federal AG	I 11	123	345	6789	
40	A 118 - 7 - 144			40	х	123456789
12	Add lines 7 and 11			12	Λ	123430703
13	Pensions taxed federally but not taxed by Hawaii	12345678	a a			
	(see page 13 of the Instructions)13	12343070	) )			
		12345678	0			
	Social security benefits taxed on federal return14	120400/0	ンン			
15	First \$7,152 of military reserve or Hawaii national	12345678	2 a			
	guard duty pay <b>15</b>	120400/0	נ נ			
		12345678	2 Q			
16	Payments to an individual housing account16	12343070	) )			
17	Exceptional trees deduction (attach affidavit)	12345678	0			
	(see page 14 of the Instructions)17	12343070	) 9			
18	Other Hawaii subtractions from federal AGI	12345678	0			
	(see page 14 of the Instructions)18	12343070	) 9			
19	Add lines 13 through 18		10	215	6789	
	Total Hawaii subtractions from federal AG	I 19	12.	345	0 / 0 3	
20	Line 12 minus line 19				<b>X</b>	123456789
	Line 12 minus line 19	Hawaii AGI	>	20	х	123456789
	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so	Hawaii AGI	on pa	<b>20</b> age 15	х	123456789
	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so lif you do not itemize your deductions, go to line 23 below. Otherwise go to	Hawaii AGI	on pa	<b>20</b> age 15	х	123456789
CAUT	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so If you do not itemize your deductions, go to line 23 below. Otherwise go to and enter your itemized deductions here.	Hawaii AGI	on pa	<b>20</b> age 15	х	123456789
CAUT	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so If you do not itemize your deductions, go to line 23 below. Otherwise go to and enter your itemized deductions here.  Medical and dental expenses	ee the Instructions to page 15 of the In	on pa	<b>20</b> age 15	х	123456789
21	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so If you do not itemize your deductions, go to line 23 below. Otherwise go to and enter your itemized deductions here.	Hawaii AGI	on pa	<b>20</b> age 15	х	123456789
21 21 21a	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In	on pa	<b>20</b> age 15	х	123456789
21	Line 12 minus line 19  ION: If you can be claimed as a dependent on another person's return, so If you do not itemize your deductions, go to line 23 below. Otherwise go to and enter your itemized deductions here.  Medical and dental expenses	ee the Instructions to page 15 of the In	on pa	<b>20</b> age 15	<b>X</b>	123456789  Jace an X here. X  TOTAL ITEMIZED DEDUCTIONS
21 21 21a	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678	on panstruc	<b>20</b> age 15	<b>X</b>	123456789  Vace an X here. X  TOTAL ITEMIZED DEDUCTIONS  Add lines 21a through 21f.
21 21 21a	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In	on panstruc	<b>20</b> age 15	<b>X</b>	123456789  Vace an X here. X  TOTAL ITEMIZED DEDUCTIONS  Add lines 21a through 21f. If your Hawaii adjusted gross
21a 21b 21c	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678 12345678	on penstruc	<b>20</b> age 15	<b>X</b>	123456789  Face an X here. X  TOTAL ITEMIZED DEDUCTIONS  Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be
21 21a 21b	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678	on penstruc	<b>20</b> age 15	<b>X</b>	123456789  Face an X here. X  TOTAL ITEMIZED DEDUCTIONS  Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain
21a 21b 21c	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678 12345678 12345678	on parastruction on par	<b>20</b> age 15	<b>X</b>	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 20. Enter
21a 21b 21c 21d	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678 12345678	on parastruction on par	<b>20</b> age 15	<b>X</b>	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
21a 21b 21c 21d	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In  12345678  12345678  12345678  12345678	on perstruction of the state of	<b>20</b> age 15	<b>X</b>	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 20. Enter total here and go to line 24.
21a 21b 21c 21d	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In 12345678 12345678 12345678	on perstruction of the state of	<b>20</b> age 15	<b>X</b>	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 20. Ente
21a 21b 21c 21d 21d 21e	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In  12345678  12345678  12345678  12345678	on perstruction of the state of	<b>20</b> age 15	<b>X</b>	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 20. Ente total here and go to line 24.
21a 21a 21b 21c 21d 21d	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In  12345678  12345678  12345678  12345678  12345678	on perstruction of the struction of the	20 age 15 ctions	<b>X</b>	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 20. Enter total here and go to line 24.  123456789
21a 21a 21b 21c 21d 21d 21e 21f	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In  12345678  12345678  12345678  12345678  12345678	on perstruction of the struction of the	20 age 15 ctions	<b>X</b>	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 20. Enter total here and go to line 24.
21a 21a 21b 21c 21d 21d 21e 21f	Line 12 minus line 19	Hawaii AGI ee the Instructions to page 15 of the In  12345678  12345678  12345678  12345678  12345678	on perstruction of the struction of the	20 age 15 ctions	<b>X</b>	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 20. Enter total here and go to line 24.  123456789
AU7 21 21a 21b 21c 21c 21d 21e 21f	Line 12 minus line 19	Hawaii AGI see the Instructions to page 15 of the In  12345678  12345678  12345678  12345678  12345678	on particular of the state of t	20 age 15 ctions	<b>X</b>	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 20. Ente total here and go to line 24.  123456789

Place QR Code Here

123 - 12 - 1234 123 - 12 - 1234 NAME(S) AS SHOWN ON RETURXXXX Human Readable text here

and see page 20 of the Instructions.		0-		123456789
X Yourself X Spouse		25		123430709
Taxable Income. Line 24 minus line 25 (but not less than zero)	Capital Gains Tax			123456789
N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	Tax >	27		123456789
If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet27a	123456789			
Refundable Food/Excise Tax Credit (attach Form N-311) <b>DHS, etc.</b> exemptions 12 <b>28</b>	23456789			
Credit for Low-Income Household  Renters (attach Schedule X)29	123456789			
(	23456789			
Credit for Child Passenger Restraint  System(s) (attach a copy of the invoice)	123456789			
	23456789			
Add lines 28 through 32Total Refur	idable Credits >	33		123456789
Line 27 minus line 33. If line 34 is zero or less, see Instructions Adjuste	d Tax Liability >	34	X	123456789
Total nonrefundable tax credits (attach Schedule CR)		35		123456789
Line 34 minus line 35	Balance >	36	X	123456789
Hawaii State Income tax withheld (attach W-2s) (see page 25 of the Instructions for other attachments)	23456789			
2021 estimated tax payments <b>38</b>	23456789			
Amount of estimated tax applied from 2020 return39	23456789			
Amount paid with extension40	23456789			
Add lines 37 through 40To	otal Payments >	41		123456789
If line 41 is larger than line 36, enter the amount <b>OVERPAID</b> (line 41 minus line 3	6) (see Instructions)	42		123456789
Contributions to (see page 22 of the Instructions): Yours 43a Hawaii Schools Repairs and Maintenance Fund X 43b Hawaii Public Libraries Fund X	self         Spouse           \$2         X         \$2           \$5         X         \$5	-		
<b>43c</b> Domestic and Sexual Violence / Child Abuse and Neglect Funds	\$5 <b>X</b> \$5			1.0
Add the amounts of the Xs on lines 43a through 43c and enter the total here.		44		12

Place QR Code Here Human Readable text here

123 - 12 - 1234

123 - 12 - 1234

(123)123-4567

NAME(S) AS SHOWN ON RETURXXXX 

Amount of line 45 to be applied to your 123456789 2022 ESTIMATED TAX .......46

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

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

123456789 47c Type: X Checking X 47b Routing number Savings 12345678901234567 47d Account number 123456789 48 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or 123456789 50 Estimated tax penalty. (See page 23 of Instructions.) Do not include on line 42 or 48. Place an X in 123456789 this box if Form N-210 is attached X ......50 X 123456789 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)...... 51 123456789 X AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... 52 52 123456789 X No 53 Did you file a federal Schedule C? X Yes If yes, enter Hawaii gross receipts your main business activity:  $\underline{\mathsf{SCHE}}\mathtt{DULE}$ BUSIN 123-123-1234-12 vour main business product: SCHEDULE C PR, AND your HI Tax I.D. No. for this activity **GE** 123456789 54 Did you file a federal Schedule E If yes, enter Hawaii gross rents received for any rental activity? X Yes X No 123-123-1234-12 AND your HI Tax I.D. No. for this activity **GE** 123456789 **55** Did you file a federal Schedule F? X Yes X No If yes, enter Hawaii gross receipts your main business activity: SCHEDULE F BUSIN 123-123-1234-12 your main business product: SCHEDULE F PR, 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 25 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, HRS

12-12-12 12-12-12

TAXPAYER OCCUPATIONXX (123)123-4567 (123)123-4567SPOUSE OCCUPATIONXX 12-12-12 123456789 Print Preparer's Name Preparer's PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. > 12-1234567 FIRMS NAME OR PREPARER'S NAME Phone No.

ADDRESS AND ZIP CODEXXXXXXXX