SCHEDULE X (FORM N-11/N-15) (REV. 2021)

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

2021

9999999.00

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

Human Readable text here								
Name(s) as shown on Form N-11 or N-15	Your social security numbe							
NAMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999							
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.

- 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 2021, 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.

8	Name	Relationship		Name	Relationship		
	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	NAME 2 XXXXXXXXXXXXXXXXXXXXXX	2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	NAME 3 XXXXXXXXXXXXXXXXXX RSHIP3 NAME 6 XXXXXXXXXXXXXXXXXXXX						
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	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 A	11 Add lines 8 through 10.						
12 N	12 Multiply the number of exemptions on line 11 by \$50 and enter the result here and on Form N-11, line 29;						
0	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 paid		
provider's name		(number, street	, city, state, and Postal/ZIP code)	(SSN or FEIN)	I.D. No.	
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXX		999 999 9999 99	
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXXX	999999999999	GE 999 . 999 . 9999 . 99	99999999.00
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXX		000 000 0000 00	
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXX	999999999999	GE 999 . 999 . 9999 . 99	99999999.00
Section R: Dependent Care Repetits — (If you did not receive dependent care benefits, skip to line 21)						

Section B: Dependent Care Benefits — (If you did not receive dependent care benefits, skip to line 21)

- 3 Enter the amount, if any, you carried over from 2020 and used in 2021 during the grace period.
 4 Enter the amount, if any, you forfeited or carried forward to 2022. (See the Instructions).
 4 (9999999.00)

Place QR Code Here

 Your social security number 999-99-99-999

Human Readable text here

6	Enter the total amount of qualified expenses incurred in 202	21 for the care of the qualify	ving person(s)	6	99999999.00			
	Enter the smaller of line 5 or 6			7	99999999.00			
8	Enter your earned income. (See the Instructions)	8	99999999.00					
9	If married filing jointly, enter your spouse's earne	ed income (if you or you	ur spouse					
	was a student or disabled, see the Instructions);	if married filing separa	itely,					
	see the Instructions; all others, enter the amount	t from line 8		9	99999999.00			
10	Enter the smallest of line 7, 8, or 9.			10	99999999.00			
11	Enter \$5,000 (\$2,500 if married filing separately	and you were required	I to enter your					
	spouse's earned income on line 9)			11	99999999.00			
12	Is any amount on line 2 from your sole proprietor	rship or partnership?						
	No. Enter -0							
	Yes. Enter the amount here					12	99999999	9.00
	Line 5 minus line 12							
14	Deductible benefits. Enter the smallest of line 1	10, 11, or 12. Also, incl	ude this amou	nt on th	e appropriate line(s) of			
	your return.					14	99999999	9.00
15	Excluded benefits. If line 12 is zero, enter the s	smaller of line 10 or 11.	Otherwise, su	btract li	ne 14 from the smaller of			
	line 10 or 11. If zero or less, enter -0					15	99999999	9.00
16	Taxable benefits. Line 13 minus line 15. If zero	or less, enter -0 Also	, include this a	mount o	on Form N-15, line 7.			
	On the dotted line next to line 7, write "DCB." (Fo	•	,			16	99999999	
	Enter \$2,400 (\$4,800 if two or more qualifying pe					17	99999999	
	Add lines 14 and 15					18	99999999	9.00
19	Line 17 minus line 18. If zero or less, STOP . Yo			-			0000000	0 00
	2021, see the Instructions for line 28					19	99999999	9.00
20	Complete line 21. Do not include in column (d) a						99999999	0 00
80	and enter the total hereection C: Credit for Child and Dependent					20		
<u> </u>	ction c. Credit for Clinic and Dependent	Care Expenses —	- (Generally, II	arrieu p		טווונט	(d) Qualified exp	
21	1 (a) Qualifying person's name (b) Relationship (c) Qualifying person's so security number				cial	you incurred and paid in 2021 for the person listed in column (a)		
Q	QUALIFYING PERSON NAME XX	XXXXXXXXX	RSHIP 2	XXX	999-99-9999		99999999	9.00
Q	UALIFYING PERSON NAME XX	XXXXXXXXX	RSHIP X	XXX	999-99-9999		99999999	9.00
22	Add the amounts in column (d) of line 21. Do not	t enter more than \$2,40	00 for one qua	ifying p	erson or \$4,800 for two			
	or more persons. If you completed Section B, enter	r the smaller of line 19 or	r 20			22	99999999	
	Enter your earned income. (See the Instructions)					23	99999999	9.00
24	If married filing jointly, enter your spouse's earne							
	see the Instructions); all others, enter the amoun					24	99999999	
	Enter the smallest of line 22, 23, or 24					25	99999999	9.00
26	Enter your adjusted gross income from Form N-1							
27	Column A Enter on line 27 the decimal amount shown below			26 .	99999999.00			
		• •	cimal amount					
	· · · · · · · · · · · · · · · · · · ·	10,001 – 45,000	.21	<u>15.</u>				
		15,001 – 50,000	.20					
		50,001 and over	.15					
	\$35,001 – 40,000 .22					27	X	0.99
28	Multiply line 25 by the decimal amount on line 27	7 15		41-	o Instructions			
-	Manaply line 20 by the decimal amount on line 27	7. If you paid 2020 exp	enses in 2021	see in	t manuchons.			
	Enter the result here and on Form N-11, line 30;							00