# STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Schedule X (Rev. 2021)

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

Hawaii Department of Taxation
Technical Section
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## Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation Attn: Document Processing — Quality Assurance Test Team 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

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**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

# Schedule X (Rev. 2021)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule X. Schedule X is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule X 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. A 2D QR code must be present on each page of the form.

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 Schedule X 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 on page 1 of the form:
  - 1. SCHEDULE X: 12 pt Arial bold
  - 2. FORM N-11/N-15: 8 pt Arial bold
  - 3. REV. 2021: 8 pt Arial bold
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 2 of the form:
  - SCHEDULE X (FORM N-11/N-15)(REV. 2021): 8 pt Arial (Schedule X is bold)

- The following font and size should be used for the form number located at the bottom right corner on pages 1 and 2 of the form:
  - 1. SCHEDULE X (REV. 2021): 10 pt Arial bold

#### 4. Variable Data

- All variable data fields must utilize 12 pt Courier New font. Exception: On page 1, Part II, Section A, Hawaii Tax I.D. No., variable data field is 10 pt Courier New font.
- All variable data fields require exact placement.
- · Print all alpha characters uppercase.

#### 5. Variable Data Delimiters

 Taxpayer's Social Security Number must be printed with the dash (-) delimiters. For example:

123-45-6789

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

#### 6. Dollar Amounts

99999999

- 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.

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

- A minimum of 5 hardcopy test samples 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.
- Test samples must be populated with unique sample variable data showing different scenarios.

- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Schedule X (REV. 2021) cannot be filed until 2022.

#### SCANNABLE SPECIFICATIONS

#### 1. Layout

 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 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 63.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

#### 3. QR code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
  - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and between rows 9 and 10.
  - 2. Page 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 7.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- 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: SCHX\_T 2021A 01 VIDXX

The required QR code for page 2 is: SCHX\_T 2021A 02 VIDXX

The QR code includes the form number (SCHX), an underscore, type of form (T), space, 4-digit form year (2021), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), 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, between rows 9 and 10
  - 2. Pages 2 4: Column 6, row 8
- 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.

#### 4. 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: SCX1C0S1

The required form serial number for page 2 is: SCX2C0S1

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

#### 5. 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 Schedule X. If you did not receive the acetate overlays, please contact the Forms Coordinator.

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

8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40

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5 Combine lines 2 through 4...

2 Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee

should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner, include arrounts

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)......

you received under a dependent care assistance program from your sole proprietorship or partnership......

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35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	21 Q1 22 23 24 25 26 27	UALTFYING  Add the amounts or more persons. If Enter your earned filing joi see the Instruction Enter the smallest Enter your adjuste Column A  Enter on line 27 th If line 26 is:  Under \$25,001 - 30,000 \$30,001 - 35,000 \$35,001 - 40,000 Multiply line 25 by Enter the result he dependent care expendent care expenses expe	repenses. (Williams)	and Depeng person's  N NAME  N NAME  N NAME  N NAME  N NAME  N Of line 21.  ed Section Eventhe Instruction spouse's section Eventhe Instruction Section Instruction Instructio	rident Care name  XXXXXX  XXXXXX  Do not enter r 3, enter the smaletions)	Expenses  CXXXXXX  CXXXXXX  more than \$2,4 aller of line 19 and 19 and 20 and 2	RSHIP RSHIP RSHIP 400 for one q or 20  our spouse w15, line 35, amount on lin ecimal amou 21 20 .15 penses in 202 7. This is your	XXX  XXX  ualifying pe  as a studer  26 e 26.  nt is:	(c) Qualifying person's so security number  999-99-99-9999  rson or \$4,800 for two  tor disabled,  99999999.00  Instructions.	22 23 24 25 27 27 28	claim the (d) Qual you incur in 2021 listed in 99999999999999999999999999999999999	e tax creified expurred an for the process of the p	edit.) penses id paid person in (a) 9.00 9.00 9.00 9.00 9.00 0.00	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62

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

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

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 number 999-99-9999 NAMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX

#### PART I: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS

- 1 Is your adjusted gross income (Form N-11, line 20; or Form N-15, line 35, Column A) less than \$30,000? If "No," STOP. You cannot claim this credit. If "Yes," go to Question 2.
- 2 Are you a resident who was present in Hawaii more than nine months of the taxable year? If "No," STOP. You cannot claim this credit. If "Yes," go to Question 3.
- 3 Can you be claimed as a dependent by another taxpayer? If "Yes," STOP. You cannot claim this credit. If "No," go to line 4.
- 4 Enter required information for each rental unit that was fully subject to real property tax. Do not list rental units that were wholly or partially exempt from real property tax. If you occupied more than one qualified unit, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only your share of the rent. Occupied From MONTH XXXXXXXX, 2021, To MONTH XXXXXXXX, 2021. Total rent paid for this period. \$ 99999999 month

Owned by (or agent for owner) NAME AND ADDRESS OF OWNER XXXXXXXXXXXXXXX GE 999-999-999-99 address (Hawaii Tax I.D. No.)

- 99999999.99 5 Add up your share of rent paid during the taxable year for all the units you have listed. ..... 5
- 99999999.99 6 Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance). ..... 6
- 7 Line 5 minus line 6. If this amount is \$1,000, or less, **STOP**. You cannot claim this credit...... 99999999.99
- 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	Relationship Name						
	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	NAME 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	NAME 3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	Enter the number of qualified persons listed above								
9	9 If you are a qualified exemption and you are age 65 or over, enter 1. Otherwise, enter -0								
10	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	<b>11</b> Add lines 8 through 10								
12	12 Multiply the number of exemptions on line 11 by \$50 and enter the result here and on Form N-11, line 29;								
	or Form N-15, line 46. This is your credit for low-income household renters. (Whole dollars only)								

#### PART II: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. 🛮

#### Section A: Care Provider Information

Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column, or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.

1	<b>1</b> (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	XXXXXXXXXXXXX	999999999999	GE 999 - 999 - 9999 - 99	9999999.00		
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXX					
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXX	999999999999	GE 999 - 999 - 9999 - 99	99999999.00		

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

- 2 Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership......
- 9999999.00 3 Enter the amount, if any, you carried over from 2020 and used in 2021 during the grace period...... 3 4 Enter the amount, if any, you forfeited or carried forward to 2022. (See the Instructions).....
- (99999999.00)9999999.00 5 Combine lines 2 through 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	If married filing jointly, enter your spouse's earned income (if you or your spouse						
	was a student or disabled, see the Instructions);	if married filing 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			<u></u>		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, <b>STOP</b> . 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 Clinia and Dependent	Care Expenses —	- (Generally, II	arrieu p		טווונט	(d) Qualified exp	
21	(a) Qualifying person's name		(b) Relations	ship	(c) Qualifying person's soc security number	cial	you incurred an in 2021 for the p listed in colum	id paid person
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			<b>26</b> .	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