



Individual Income Tax Return

RESIDENT

Calendar Year 2022

OR

Place
QR Code
Here

Human Readable text here

Fiscal Year
Beginning 12 - 12 - 12 **and** Ending 12 - 12 - 12

- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**
- First Time Filer**

FOR OFFICE USE ONLY

THIS
SPACE
RESERVED

Do NOT Submit a Photocopy!!

Your First Name M.I. Your Last Name Suffix

TAXPAYER'S FIRST MI LAST NAMEXXXXXXXXX JR

Spouse's First Name M.I. Spouse's Last Name Suffix

SPOUSE'S FIRSTXX MI SPOUSE'S LASTXXX JR

Care Of (See Instructions, page 7.)

C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXXXXXX

Present mailing or home address (Number and street, including Rural Route)

TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX

City, town or post office State Postal/ZIP code

CITY, TOWN, POSTOFFICE XX ZIP CODE

If Foreign address, enter Province and/or State Country

FOREIGN PROVINCEXXXXXXXXXX COUNTRYXXXXXX

◆ IMPORTANT — Complete this Section ◆

Enter the first four letters of your last name. Use **ALL CAPITAL** letters ABCD

Your Social Security Number 123 - 12 - 1234

Deceased Date of Death 12 - 12 - 12

Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters ABCD

Spouse's Social Security Number 123 - 12 - 1234

Deceased Date of Death 12 - 12 - 12

- (Place an X in only ONE box)**
- 1 Single
 - 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. **QUALIFYING PERSONXXXX**
 - 2 Married filing joint return (even if only one had income).
 - 5 Qualifying widow(er) (see page 8 of the Instructions)
 - 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. **MFS SPOUSE'S NAMEXXXXXXXXX**

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.

6a Yourself Age 65 or over..... } Enter the number of Xs on 6a and 6b 1

6b Spouse Age 65 or over..... }

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c and 6d	Dependents: 1. First and last name	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship
	FIRST DEPENDENT NAMEXXXX		123-45-6789	RELATIONSHIP
	SECOND DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP
	THIRD DEPENDENT NAMEXXXX		123-45-6789	RELATIONSHIP
	FOURTH DEPENDENT NAMEXXX		123-45-6789	RELATIONSHIP
	FIFTH DEPENDENT NAMEXXXX		123-45-6789	RELATIONSHIP
	SIXTH DEPENDENT NAMEX		123-45-6789	RELATIONSHIP

Enter number of your children listed... 6c 12

Enter number of other dependents..... 6d 12

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 12

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME (S) AS SHOWN ON RETURN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	7	<input checked="" type="checkbox"/>	123456789
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8		123456789
9	Interest on out-of-state bonds (including municipal bonds).....	9		123456789
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10		123456789
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11		123456789
12	Add lines 7 and 11	12	<input checked="" type="checkbox"/>	123456789
13	Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions).....	13		123456789
14	Social security benefits taxed on federal return	14		123456789
15	First \$7,345 of military reserve or Hawaii national guard duty pay.....	15		123456789
16	Payments to an individual housing account	16		123456789
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions).....	17		123456789
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	18		123456789
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19		123456789
20	Line 12 minus line 19 Hawaii AGI	20	<input checked="" type="checkbox"/>	123456789

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

21a	Medical and dental expenses (from Worksheet A-1)	21a		123456789
21b	Taxes (from Worksheet A-2).....	21b		123456789
21c	Interest expense (from Worksheet A-3).....	21c		123456789
21d	Contributions (from Worksheet A-4)	21d		123456789
21e	Casualty and theft losses (from Worksheet A-5)	21e		123456789
21f	Miscellaneous deductions (from Worksheet A-6)	21f		123456789

TOTAL ITEMIZED DEDUCTIONS
22 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 19. Enter total here and go to line 24.
123456789

23 If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212..... **Standard Deduction**

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in).....

Place QR Code Here
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Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

NAME (S) AS SHOWN ON RETURN

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

25 Multiply \$1,144 by the total number of exemptions claimed on line 6e.
If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),
and see page 20 of the Instructions.
 Yourself Spouse..... **25** 123456789

26 Taxable Income. Line 24 minus line 25 (but not less than zero)..... **Taxable Income** ▶ **26** 123456789

27 Tax. Place an X if from Tax Table; Tax Rate Schedule; or Capital Gains Tax
Worksheet on page 33 of the Instructions.
(Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338,
N-344, N-348, N-405, N-586, N-615, or N-814 is included.) **Tax** ▶ **27** 123456789

27a If tax is from the Capital Gains Tax Worksheet, enter
the net capital gain from line 14 of that worksheet.....**27a** 123456789

28 Refundable Food/Excise Tax Credit
(attach Form N-311) **DHS, etc.** exemptions 12**28** 123456789

29 Credit for Low-Income Household
Renters (attach Schedule X)**29** 123456789

30 Credit for Child and Dependent
Care Expenses (attach Schedule X)**30** 123456789

31 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)**31** 123456789

32 Total refundable tax credits from
Schedule CR (attach Schedule CR).....**32** 123456789

33 Add lines 28 through 32**Total Refundable Credits** ▶ **33** 123456789

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.**Adjusted Tax Liability** ▶ **34** 123456789

35 Total nonrefundable tax credits (attach Schedule CR) **35** 123456789

36 Line 34 minus line 35 **Balance** ▶ **36** 123456789

37 Hawaii State Income tax withheld (attach W-2s)
(see page 22 of the Instructions for other attachments)**37** 123456789

38 2022 estimated tax payments**38** 123456789

39 Amount of estimated tax applied from 2021 return**39** 123456789

40 Amount paid with extension**40** 123456789

41 Add lines 37 through 40**Total Payments** ▶ **41** 123456789

42 If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions) . **42** 123456789

43 Contributions to (see page 22 of the Instructions):..... **Yourself** **Spouse**

43a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

43b Hawaii Public Libraries Fund \$5 \$5

43c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here **44** 12

45 Line 42 minus line 44..... **45** 123456789

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURNXXXX

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be **applied** to your **2023 ESTIMATED TAX****46** 123456789

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late, see page 23 of Instructions **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.

47b Routing number 123456789 **47c** Type: **X** Checking **X** Savings

47d Account number 12345678901234567

48 **AMOUNT YOU OWE** (line 36 minus line 41)..... **48** 123456789

49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." **49** 123456789

50 **Estimated tax penalty.** (See page 23 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached **X****50** 123456789

51 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **51** **X** 123456789

52 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **52** **X** 123456789

53 Did you file a federal Schedule C? **X** Yes **X** No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE C BUSIN
 your main business product: SCHEDULE C PR, **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

54 Did you file a federal Schedule E for any rental activity? **X** Yes **X** No If yes, enter **Hawaii** gross rents received 123456789
AND your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

55 Did you file a federal Schedule F? **X** Yes **X** No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE F BUSIN
 your main business product: SCHEDULE F PR, **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

DESIGNEE 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 CAMPAIGN FUND (See page 25 of the Instructions) Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. **X** Yes **X** No: Placing an X in the "Yes" box will not change your tax or refund.
 If joint return, indicate if your spouse designates \$3 to the fund. **X** Yes

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.

PLEASE SIGN HERE	Your signature	Date	Spouse's signature (if filing jointly, BOTH must sign)	Date
		12-12-12		12-12-12
	Your Occupation	Daytime Phone Number	Your Spouse's Occupation	Daytime Phone Number
	TAXPAYER OCCUPATIONXX	(123) 123-4567	SPOUSE OCCUPATIONXX	(123) 123-4567
PAID PREPARER'S INFORMATION	Preparer's Signature	Date	Check if self-employed X	PTIN
		12-12-12		123456789
	Print Preparer's Name	FIRMS NAME OR PREPARER'S NAME		Federal E.I. No.
	ADDRESS AND ZIP CODEXXXXXXXXXX		Phone No.	
			(123) 123-4567	