

Individual Income Tax Return



RESIDENT Calendar Year 2023 OR

Place QR Code Here Human Readable text here

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

- X AMENDED Return
X NOL Carryback
X IRS Adjustment
X 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 ADDRESSXXXXXXXXXXXXX

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 X 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 X Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- 1 X Single 4 X Head of household (with qualifying person)
2 X Married filing joint return (even if only one had income).
3 X 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 5 X Qualifying surviving spouse (see page 8 of the Instructions)

QUALIFYING PERSONXXXX

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

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 X

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. (blank). Rows include First through Sixth dependent.

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

Table with 4 columns: Line number, Description, Amount, and Status. Includes lines 7 through 20 with various tax-related descriptions and amounts.

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. X

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.

Table for itemized deductions (lines 21a-21f) with descriptions and amounts.

TOTAL ITEMIZED DEDUCTIONS box containing instructions for line 22 and a field for the total amount.

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 23

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

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

<b>25</b>	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. <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse.....	<b>25</b>	123456789
<b>26</b>	<b>Taxable Income.</b> Line 24 minus line 25 (but not less than zero).....	<b>Taxable Income ▶ 26</b>	123456789
<b>27</b>	Tax. Place an X if from <input checked="" type="checkbox"/> Tax Table; <input checked="" type="checkbox"/> Tax Rate Schedule; or <input checked="" type="checkbox"/> Capital Gains Tax Worksheet on page 33 of the Instructions. ( <input checked="" type="checkbox"/> 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.) .....	<b>Tax ▶ 27</b>	123456789
<b>27a</b>	If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.....	<b>27a</b>	123456789
<hr/>			
<b>28</b>	Refundable Food/Excise Tax Credit (attach Form N-311) <b>DHS, etc.</b> exemptions 12 ....	<b>28</b>	123456789
<b>29</b>	Credit for Low-Income Household Renters (attach Schedule X) .....	<b>29</b>	123456789
<b>30</b>	Credit for Child and Dependent Care Expenses (attach Schedule X) .....	<b>30</b>	123456789
<b>31</b>	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) .....	<b>31</b>	123456789
<b>32</b>	Total refundable tax credits from Schedule CR (attach Schedule CR).....	<b>32</b>	123456789
<b>33</b>	Add lines 28 through 32 .....	<b>Total Refundable Credits ▶ 33</b>	123456789
<b>34</b>	Line 27 minus line 33. If line 34 is zero or less, see Instructions. ....	<b>Adjusted Tax Liability ▶ 34</b>	<input checked="" type="checkbox"/> 123456789
<b>35</b>	Total nonrefundable tax credits (attach Schedule CR) .....	<b>35</b>	123456789
<b>36</b>	Line 34 minus line 35 .....	<b>Balance ▶ 36</b>	<input checked="" type="checkbox"/> 123456789
<b>37</b>	Hawaii State Income tax withheld (attach W-2s) (see page 22 of the Instructions for other attachments) .....	<b>37</b>	123456789
<b>38</b>	2023 estimated tax payments .....	<b>38</b>	123456789
<b>39</b>	Amount of estimated tax applied from 2022 return .....	<b>39</b>	123456789
<b>40</b>	Amount paid with extension .....	<b>40</b>	123456789
<b>41</b>	Add lines 37 through 40 .....	<b>Total Payments ▶ 41</b>	123456789
<hr/>			
<b>42</b>	If line 41 is larger than line 36, enter the amount <b>OVERPAID</b> (line 41 minus line 36) (see Instructions) .	<b>42</b>	123456789
<b>43</b>	<b>Contributions to</b> (see page 22 of the Instructions):.....	<b>Yourself Spouse</b>	
<b>43a</b>	Hawaii Schools Repairs and Maintenance Fund .....	<input checked="" type="checkbox"/> \$2 <input checked="" type="checkbox"/> \$2	
<b>43b</b>	Hawaii Public Libraries Fund .....	<input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$5	
<b>43c</b>	Domestic and Sexual Violence / Child Abuse and Neglect Funds .....	<input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$5	
<b>44</b>	Add the amounts of the Xs on lines 43a through 43c and enter the total here .....	<b>44</b>	12
<b>45</b>	Line 42 minus line 44.....	<b>45</b>	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 **2024 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 **Note:** 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.

<b>PLEASE SIGN HERE</b>	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
<b>PAID PREPARER'S INFORMATION</b>	Preparer's Signature	Date	Check if self-employed <b>X</b>	PTIN
		12-12-12		123456789
	Print Preparer's Name	Firm's name (or yours if self-employed), Address, and ZIP Code		Federal E.I. No.
	PRINT PREPARER'S NAME HEREXXXXXX		FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX	12-1234567
			Phone No.	(123) 123-4567