

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form N-11 (Rev. 2018)**

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FORM N-11 (Rev. 2018)

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. Helvetica
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
 1. Form: 8 pt Helvetica bold
 2. N-11: 18 pt Helvetica bold
 3. Rev. 2018: 8 pt Helvetica
- 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: 8 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier font. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier.
- 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 trailing 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. 2018) cannot be filed until 2019.

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 through 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 26, row 63.

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.

1. 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.

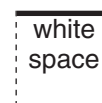


2. Pages 2 through 4: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6.

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 (1/4 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.

General Information and Scannable Specifications

- 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 10.

2. Pages 2 through 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 2018A 01 VIDXX

The required QR code for page 2 is:
N11_T 2018A 02 VIDXX

The required QR code for page 3 is:
N11_T 2018A 03 VIDXX

The required QR code for page 4 is:
N11_T 2018A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2018), 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 at the bottom of pages 1 through 4 at column 6, row 64, utilizing 6 pt Helvetica font.
- 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. 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.

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2D Barcode Layout**

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 delimiter.

Data Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
1	--	--	Header Version Number	2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
2	ALL	--	Software Developer Code	4	AN	Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved space on each page of the return.	
3	--	--	Form Number	6	A	"N11"	
4	1	--	Form Year	4	N	The tax year for which the return is being filed. "2018" for example.	Date updated
5	--	--	2D Specification Version	2	N	"0". Indicates the version of the 2D specification for the form that is being used. This number will increment for each change to the specification.	
6	--	--	Software Version	15	AN	A software vendor defined version number that reflects the software and form revision used to produce this barcode.	
7	1	--	Fiscal Year Begin Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
8	1	--	Fiscal Year Begin Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
9	1	--	Fiscal Year Begin Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
10	1	--	Fiscal Year End Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
11	1	--	Fiscal Year End Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
12	1	--	Fiscal Year End Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
13	1	--	Amended Return Checkbox	1	C	"X" or null.	Renumbered - Field location moved on the form
14	1	--	NOL Carryback Checkbox	1	C	"X" or null.	Renumbered - Field location moved on the form
15	1	--	IRS Adjustment Checkbox	1	C	"X" or null.	Renumbered - Field location moved on the form
16	1	--	Primary First Name	25	A	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. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
17	1	--	Primary Middle Initial	1	A	Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
18	1	--	Primary Last Name-Suffix	35	A	Field should be all CAPITAL LETTERS. Suffix should be entered after the last name.	Renumbered, Removed suffix, Field location moved on the form
19	1	--	Primary Suffix	2	A	Field should be all CAPITAL LETTERS.	New Field
20	1	--	Spouse First Name	25	A	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. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
21	1	--	Spouse Middle Initial	1	A	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
22	1	--	Spouse Last Name-Suffix	35	A	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS. Suffix must be entered after the last name.	Renumbered, Removed suffix, Field location moved on the form
23	1	--	Spouse Suffix	2	A	Field should be all CAPITAL LETTERS.	New Field
24	1	--	First 4 Characters of Primary Last Name	4	A		Renumbered - Field location moved on the form
25	1	--	Primary SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	Renumbered - Field location moved on the form

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Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
26	1	--	Primary Deceased Checkbox	1	C	"X" or null	New Field
27	1	--	Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
28	1	--	Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
29	1	--	Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
30	1	--	First 4 Characters of Spouse Last Name	4	A	Required entry if married filing joint or married filing separate, otherwise null. Field should be all Capital Letters.	Renumbered
31	1	--	Spouse SSN	9	N	Required entry if married filing joint or married filing separate, otherwise null. Do not include hyphens, spaces or other delimiters in this field.	Renumbered
32	1	--	Spouse Deceased Checkbox	1	C	"X" or null	New Field
33	1	--	Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
34	1	--	Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
35	1	--	Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
36	1	--	Care Of	40	AN		Renumbered
37	1	--	Street Address	40	AN	Field should be all CAPITAL LETTERS.	Renumbered
38	1	--	City	21	A	Field should be all CAPITAL LETTERS.	Renumbered
39	1	--	U.S. State Code	2	A	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 U.S. state codes are published by the USPS at: http://www.usps.com/ncsc/lookups/usps_abbreviations.html	Renumbered
40	1	--	ZIP (Postal) Code	10	AN	Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.	Renumbered
41	1	--	Foreign State or Province	25	A	Only populate if a foreign address. If the country does not use State or Province names then this field should be NULL. Field should be all CAPITAL LETTERS.	Renumbered
42	1	--	Country	13	A	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	Renumbered
43	1	1	Filing Status Checkbox: Single	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	Renumbered
44	1	2	Filing Status Checkbox: Married filing joint	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	Renumbered
45	1	3	Filing Status Checkbox: Married filing separate	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	Renumbered
46	1	4	Filing Status Checkbox: Head of Household	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	Renumbered
47	1	5	Filing Status Checkbox: Qualifying Widower	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	Renumbered
48	1	4a	HOH Qualifying Person. This field appears below line 4.	21	A	Null if no value	Renumbered
49	1	5a	QW Year Spouse Died	4	N	Null if no value	Renumbered
50	1	6a(i)	Primary Regular Exemption	1	C	"X" or null	Renumbered
51	1	6a(ii)	Primary Over 65 Exemption	1	C	"X" or null	Renumbered
52	1	6b(i)	Spouse Regular Exemption	1	C	"X" or null	Renumbered
53	1	6b(ii)	Spouse Over 65 Exemption	1	C	"X" or null	Renumbered
54	1	6a/b	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	Renumbered
55	1	6c	Exemptions for Dependent Children	2	N	0 if no value	Renumbered
56	1	6d	Exemptions for Other Dependents	2	N	0 if no value	Renumbered

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2D Barcode Layout

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
57	1	6e	Total Exemptions Claimed	2	N	0 if no value	Renumbered
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	Renumbered
59	2	7	Federal Adjusted Gross Income	9	N	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. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	Renumbered
60	2	8	Difference in state/federal wages	9	N	0 if no value	Renumbered
61	2	9	Interest on out of state bonds	9	N	0 if no value	Renumbered
62	2	10	Other HI Additions	9	N	0 if no value	Renumbered
63	2	11	Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	Renumbered
64	2	12	Total Income - negative indicator checkbox	1	C	"X" or null	Renumbered
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.	Renumbered
66	2	13	Pensions Taxed Federally	9	N	0 if no value	Renumbered
67	2	14	Social Security Benefits	9	N	0 if no value	Renumbered
68	2	15	National Guard Duty Pay	9	N	0 if no value	Renumbered
69	2	16	Individual Housing Acct	9	N	0 if no value	Renumbered
70	2	17	Exceptional Tree	9	N	0 if no value	Renumbered
71	2	18	Other Hawaii Subtractions	9	N	0 if no value	Renumbered
72	2	19	Total Subtractions	9	N	0 if no value	Renumbered
73	2	20	HI Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	Renumbered
74	2	20	HI Adjusted Gross Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	Renumbered
75	2	21	Dependent Indicator.	1	C	"X" or null	Renumbered, Description updated
76	2	21a	Medical and Dental	9	N	0 if no value	Renumbered
77	2	21b	Taxes	9	N	0 if no value	Renumbered
78	2	21c	Interest Expense	9	N	0 if no value	Renumbered
79	2	21d	Contributions	9	N	0 if no value	Renumbered
80	2	21e	Casualty and Theft Losses	9	N	0 if no value	Renumbered
81	2	21f	Miscellaneous deductions	9	N	0 if no value	Renumbered
82	2	22	Total Itemized Deductions	9	N	0 if no value	Renumbered
83	2	23	Standard Deduction	9	N	0 if no value	Renumbered
84	2	24	Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox	1	C	"X" or null	Renumbered
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.	Renumbered
86	3	25	Total Exemptions	9	N	0 if no value	Renumbered
87	3	25a	Primary Disability Indicator. This field appears below line 25.	1	C	"X" or null	Renumbered
88	3	25b	Spouse Disability Indicator. This field appears below line 25.	1	C	"X" or null	Renumbered
89	3	26	Taxable Income	9	N	0 if no value	Renumbered

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Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
90	3	27(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	1	C	"X" or null	Renumbered
91	3	27	Tax Liability	9	N	0 if no value	Renumbered
92	3	27a	Net Capital Gain	9	N	0 if no value	Renumbered
93	3	28	Refundable Food/Excise Tax Credit	9	N	0 if no value	Renumbered
94	3	28a	Refundable Food/Excise Tax Credit - Count DHS Exemptions - (Child Support)	2	N	1 - 99.	Renumbered, Description updated
95	3	29	Low-Income Household Renters Credit	9	N	0 if no value	Renumbered
96	3	30	Child and Dependent Care Expenses	9	N	0 if no value	Renumbered
97	3	31	Child Passenger Restraint Credit	9	N	0 if no value	Renumbered
98	3	32	Total Refundable Credits - Sch CR	9	N	0 if no value	Renumbered
99	3	33	Total Refundable Credits	9	N		Renumbered
100	3	34	Tax Less Refundable Credits - negative indicator checkbox - Balance Subtotal (Line 27 minus Line 33) -	1	C	"X" or null	Renumbered, Description updated
101	3	34	Tax Less Refundable Credits - Balance Subtotal (Line 27 minus Line 33)	9	N		Renumbered, Description updated
102	3	35	Total Nonrefundable Credits - Sch CR	9	N		Renumbered
103	3	36	Tax Less Nonrefundable Credits - negative indicator checkbox - Balance (Line 34 minus Line 35) -	1	C	"X" or null	Renumbered, Description updated
104	3	36	Tax Less Nonrefundable Credits Balance (Line 34 minus Line 35)	9	N		Renumbered, Description updated
105	3	37	Withholding	9	N		Renumbered
106	3	38	Estimated tax payments	9	N		Renumbered
107	3	39	Estimated tax from previous tax year	9	N		Renumbered
108	3	40	Extension Payment	9	N		Renumbered
109	3	41	Total Payments	9	N		Renumbered
110	3	42	Amount Overpaid	9	N		Renumbered
111	3	43a(i)	Primary School Repairs and Maintenance Donation	1	C	"X" or null	Renumbered
112	3	43a(ii)	Spouse School Repairs and Maintenance Donation	1	C	"X" or null	Renumbered
113	3	43b(i)	Primary Public Libraries Donation	1	C	"X" or null	Renumbered
114	3	43b(ii)	Spouse Public Libraries Donation	1	C	"X" or null	Renumbered
115	3	43c(i)	Primary Domestic Violence Donation	1	C	"X" or null	Renumbered
116	3	43c(ii)	Spouse Domestic Violence Donation	1	C	"X" or null	Renumbered
117	3	44	Total Donations	2	N		Renumbered
118	3	45	Overpaid minus donations	9	N		Renumbered
119	4	46	Estimated Tax apply to the following tax year	9	N		Renumbered
120	4	47a	Refunded to you	9	N		Renumbered
121	4	47a(i)	Refund will be deposited to a foreign bank, checkbox	1	C	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	Renumbered
122	4	47b	Routing Number	9	N	Do not zero fill. Do not use hyphens, spaces or special symbols.	Renumbered
123	4	47c(i)	Account Type Checking	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
124	4	47c(ii)	Account Type Savings	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
125	4	47d	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
126	4	48	Amount you owe	9	N		Renumbered
127	4	49	Payment Amount	9	N		New Field

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2D Barcode Layout

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
128	4	50(i)	Form N210 attached checkbox	1	C	"X" or null	Renumbered, Description updated
129	4	50	Estimated Tax Penalty	9	N		Renumbered, New Line number
130	4	53(i)	Federal Schedule C - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
131	4	53(ii)	Federal Schedule C - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts	9	N		Renumbered, New Line number
133	4	53(vi)	Federal Schedule C TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
134	4	54(i)	Federal Schedule E - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
135	4	54(ii)	Federal Schedule E - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents	9	N		Renumbered, New Line number
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
138	4	55(i)	Federal Schedule F - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
139	4	55(ii)	Federal Schedule F - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts	9	N		Renumbered, New Line number
141	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID	12	N	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
142	4	--	Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
143	4	--	Primary HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
144	4	--	Primary HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
145	4	--	Spouse HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
146	4	--	Spouse HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
147	CR1	1	Tax Paid to another state	9	N		Renumbered
148	CR1	2	Carryover of Energy Conservation Tax Credit	9	N		Renumbered
149	CR1	3	Enterprise Zone Tax Credit	9	N		Renumbered
150	CR1	4	Tax Credit for Low Income Housing Tax Credit	9	N		Renumbered, Description updated
151	CR1	5	Employment Vocational Rehab Referral Credit	9	N		Renumbered
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit	9	N		Renumbered
153	CR1	7	Carryover of Individual Development Account Contribution Tax Credit	9	N		Renumbered
154	CR1	8	Carryover of Tech Infrastructure Renovation Tax Credit	9	N		Renumbered
155	CR1	9	School Repair and Maintenance Credit	9	N		Renumbered
156	CR1	10	Carryover of the Hotel Construction and Remodeling Tax Credit	9	N		Renumbered
157	CR1	11	Carryover of Residential Construction and Remodel Tax Credit	9	N		Renumbered
158	CR1	12	Carryover of the Renew Energy Tech Income Tax Credit	9	N		Renumbered
159	CR1	13a(1)	Solar Checkbox	1	C	"X" or null	Renumbered, New Line number, Description updated
160	CR1	13a(2)	Wind Checkbox	1	C	"X" or null	Renumbered, New Line number, Description updated
161	CR1	13a	Renew Energy Tech Income Tax Credit-July 2009	9	N		Renumbered, New Line number
162	CR1	13b	RETITC carryforward from previous years	9	N		New Field

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Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
163	CR1	14	Capital Infrastructure Tax Credit	9	N		Renumbered
164	CR1	15	Cesspool Upgrade, Conversion or Connection Income Tax Credit	9	N		Renumbered
165	CR1	16	Renewable Fuels Production Tax Credit	9	N		Renumbered
166	CR1	17	Organic Foods Production Tax Credit	9	N		Renumbered
167	CR1	18	Earned Income Tax Credit	9	N		New Field
168	CR1	19	Total Nonrefundable Credits	9	N		Renumbered, New Line number
169	CR2	20	Capital Goods Excise Tax Credit	9	N		Renumbered, New Line number
170	CR2	21	Fuel Tax Credit	9	N		Renumbered, New Line number
171	CR2	22	Motion Picture and Film Tax Credit	9	N		Renumbered, New Line number
172	CR2	23a(1)	Solar Checkbox	1	C	"X" or null	Renumbered, New Line number, Description updated
173	CR2	23a(2)	Wind Checkbox	1	C	"X" or null	Renumbered, New Line number, Description updated
174	CR2	23	Renew Energy Tech Income Tax Credit-July 2009	9	N		Renumbered, New Line number
175	CR2	24	Important Agricultural Land Tax Credit	9	N		Renumbered, New Line number
176	CR2	25	Tax Credit for Research Activities	9	N		Renumbered, New Line number
177	CR2	26a	Other refundable credits-pro rata share of taxes paid on sale of real property	9	N		Renumbered, New Line number
178	CR2	26b	Other refundable credits-credit from regulated investment company	9	N		Renumbered, New Line number
179	CR2	26c	Other Refundable Credits Total	9	N		Renumbered, New Line number
180	CR2	27	Total Refundable Credits	9	N		Renumbered, New Line number
181	N311	L10	Refundable Food/Excise Tax Credit	4	N		Renumbered
182	X1	Part I L12	Low-Income Household Renters Credit	4	N		Renumbered
183	X2	Part II L28	Credit for Child and Dependent Care Expenses	4	N		Renumbered
184	--	--	End of Record Trailer	5	A	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "EOD"	Renumbered

Return Fields that are NOT Included in the 2D Barcode

1	--		First Time Filer Checkbox				
1	--		Address or Name Change Checkbox				
1	--		ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.				
1	3a		MFS Spouse Name. This field appears below line 3.				Moved from Included in 2D barcode to Not Included
1	--		Spouse meets qualifications Checkbox. This is the checkbox below line 6b.				
1	6d		Table of dependent names, social security numbers, and relationship				
2	27		Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)				
4	51		Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox				

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2D Barcode Layout

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return				
	4	52	Amended Return: Balance Due (Refund) on Amended Return-negative indicator checkbox				
	4	52	Amended Return: Balance Due (Refund) on Amended Return				
	4	53d	Schedule C business activity/product				
	4	55d	Schedule F business activity/product				
	4	--	Designee Name				
	4	--	Designee Phone Number				
	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				

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2D Barcode Layout or Testing Cases**

Appendix B: 2D Testing Cases - N-15 / Sch CR / Sch X / N-311

Please provide data for each field indicated in the Vendor Test.

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

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
1	--	--	Header Version Number	T1	T1	T1	T1	T1	T1
2	ALL	--	Software Developer Code	99	99	99	99	99	1234
3	--	--	Form Number	N11	N11	N11	N11	N11	N11
4	1	--	Form Year	2018	2018	2018	2018	2018	2018
5	--	--	2D Specification Version	0	0	0	0	0	12
6	--	--	Software Version	0	0	0	0	0	123456789012345
7	1	--	Fiscal Year Begin Month	03					6
8	1	--	Fiscal Year Begin Day	01					1
9	1	--	Fiscal Year Begin Year	18					18
10	1	--	Fiscal Year End Month	2					12
11	1	--	Fiscal Year End Day	28					31
12	1	--	Fiscal Year End Year	19					18
13	1	--	Amended Return Checkbox			X		X	X
14	1		NOL Carryback Checkbox			X			X
15	1		IRS Adjustment Checkbox					X	X
16	1	--	Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	MAXLENGTHPRIMARYFI RSTNAME
17	1	--	Primary Middle Initial	A				D	M
18	1	--	Primary Last Name Suffix	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	MAXIMUMLENGTHPRIM ARYLASTNAMEAAAAAA A
19	1	--	Primary Suffix	JR					JRRRRRRRRR
20	1	--	Spouse First Name		TESTTWOSPF	TESTTHRESPF			MAXLENGTHSPOUSEFI RSTNAME
21	1	--	Spouse Middle Initial		C				M
22	1	--	Spouse Last Name Suffix		TESTTWOSPL	SPMFSLAST			MAXIMUMLENGTHSPOU SELASTNAMEAAABBBC C
23	1	--	Spouse Suffix		SR				SRRRRRRRRR
24	1	--	First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL
25	1	--	Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789
26	1	--	Primary Deceased Checkbox				X		X
27	1	--	Primary Deceased Date of Death - Month				06		11

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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
28	1	--	Primary Deceased Date of Death - Day				21		12
29	1	--	Primary Deceased Date of Death - Year				18		18
30	1	--	First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI
31	1	--	Spouse SSN		576557442	576661124			223456789
32	1	--	Spouse Deceased Checkbox		X				X
33	1	--	Spouse Deceased Date of Death - Month		03				10
34	1	--	Spouse Deceased Date of Death - Day		10				17
35	1	--	Spouse Deceased Date of Death - Year		18				18
36	1	--	Care Of	X					CARE OF MAX LENGTH AAABBBCCDDDEEEFF FGGG
37	1	--	Street Address	X	X	X	X	X	123 MAX STREET LENGTH AAABBBCCDDDEEEFF F
38	1	--	City	X	X	X	X	X	MAX CITY LENGTH AAAAA
39	1	--	U.S. State Code	X	X			X	US
40	1	--	ZIP (Postal) Code	X	X	X	X	X	ZIP CODE 1
41	1	--	Foreign State or Province				X		MAXIMUMLENGTHFORE IGNSTATE
42	1	--	Country			X	X		MAXLENGTHCTRY
43	1	1	Filing Status Checkbox: Single	X					1
44	1	2	Filing Status Checkbox: Married filing joint		X				X
45	1	3	Filing Status Checkbox: Married filing separate			X			X
46	1	4	Filing Status Checkbox: Head of Household				X		X
47	1	5	Filing Status Checkbox: Qualifying Widower					X	X
48	1	4a	HOH Qualifying Person. This field appears below line 4.				X		MAXLENGTHHOHQUALI FYNG
49	1	5a	QW Year Spouse Died					X	1234
50	1	6a(i)	Primary Regular Exemption		X	X	X	X	X
51	1	6a(ii)	Primary Over 65 Exemption		X				X
52	1	6b(i)	Spouse Regular Exemption		X	X			X
53	1	6b(ii)	Spouse Over 65 Exemption		X				X

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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
54	1	6a/b	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.		X	X	X	X	4
55	1	6c	Exemptions for Dependent Children		X		X	X	90
56	1	6d	Exemptions for Other Dependents			X			91
57	1	6e	Total Exemptions Claimed	X	X	X	X	X	92
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox			X			X
59	2	7	Federal Adjusted Gross Income		X	X	X	X	112345678
60	2	8	Difference in state/federal wages	X					111456789
61	2	9	Interest on out of state bonds	X			X		111156789
62	2	10	Other HI Additions	X	X		X		122256789
63	2	11	Total HI Additions	X	X		X		122226789
64	2	12	Total Income - negative indicator checkbox			X			X
65	2	12	Total Income	X	X	X	X	X	123356789
66	2	13	Pensions Taxed Federally		X				123336789
67	2	14	Social Security Benefits		X				123333789
68	2	15	National Guard Duty Pay	X	X			X	123446789
69	2	16	Individual Housing Acct		X				123444489
70	2	17	Exceptional Tree					X	123455789
71	2	18	Other Hawaii Subtractions	X					123455589
72	2	19	Total Subtractions	X	X			X	123456689
73	2	20	HI Adjusted Gross Income - negative indicator checkbox			X			X
74	2	20	HI Adjusted Gross Income	X	X	X	X	X	123456669
75	2	21	Dependent Indicator.	X					X
76	2	21a	Medical and Dental		X			X	123456779
77	2	21b	Taxes		X			X	123456777
78	2	21c	Interest Expense		X			X	123456788
79	2	21d	Contributions		X			X	123456799
80	2	21e	Casualty and Theft Losses		X			X	323456789
81	2	21f	Miscellaneous deductions		X			X	423456789
82	2	22	Total Itemized Deductions		X			X	523456789
83	2	23	Standard Deduction	X		X	X	X	623456789
84	2	24	Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox			X			X
85	2	24	Subtotal (Line 20 – Line 22 or 23)	X	X	X	X	X	723456789
86	3	25	Total Exemptions	X	X	X	X	X	823456789

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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
87	3	25a	Primary Disability Indicator. This field appears below line 25.		X				X
88	3	25b	Spouse Disability Indicator. This field appears below line 25.		X				X
89	3	26	Taxable Income	X	X		X	X	923456789
90	3	27(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	X					X
91	3	27	Tax Liability	X	X		X	X	123456781
92	3	27a	Net Capital Gain				X		123456782
93	3	28	Refundable Food/Excise Tax Credit		X	X	X		123456783
94	3	28a	Refundable Food/Excise Tax Credit - Count DHS Exemptions-- (Child Support)		X				99
95	3	29	Low-Income Household Renters Credit			X			123456784
96	3	30	Child and Dependent Care Expenses					X	123456785
97	3	31	Child Passenger Restraint Credit		X			X	123456786
98	3	32	Total Refundable Credits - Sch CR	X		X	X	X	123456787
99	3	33	Total Refundable Credits	X	X	X	X	X	123456788
100	3	34	Tax Less Refundable Credits - negative indicator checkbox-- Balance Subtotal (Line 27 minus Line 33)--	X		X			X
101	3	34	Tax Less Refundable Credits - Balance Subtotal (Line 27 minus Line 33)	X	X	X	X	X	443456789
102	3	35	Total Nonrefundable Credits - Sch CR	X	X		X	X	553456789
103	3	36	Tax Less Nonrefundable Credits - negative indicator checkbox-- Balance (Line 34 minus Line 35)--	X		X			X
104	3	36	Tax Less Nonrefundable Credits Balance (Line 34 minus Line 35)	X	X	X	X	X	663456789
105	3	37	Withholding	X	X		X	X	773456789
106	3	38	Estimated tax payments				X	X	883456789
107	3	39	Estimated tax from previous tax year				X		993456789
108	3	40	Extension Payment			X	X		123456100
109	3	41	Total Payments	X	X	X	X	X	123456200
110	3	42	Amount Overpaid	X	X	X		X	123456300
111	3	43a(i)	Primary School Repairs and Maintenance Donation	X	X				X
112	3	43a(ii)	Spouse School Repairs and Maintenance Donation		X				X
113	3	43b(i)	Primary Public Libraries Donation	X	X				X
114	3	43b(ii)	Spouse Public Libraries Donation		X				X
115	3	43c(i)	Primary Domestic Violence Donation	X	X				X
116	3	43c(ii)	Spouse Domestic Violence Donation		X				X

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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
117	3	44	Total Donations	X	X				18
118	3	45	Overpaid minus donations	X	X	X		X	123456400
119	4	46	Estimated Tax apply to the following tax year					X	123456500
120	4	47a	Refunded to you	X	X	X		X	123456600
121	4	47a(i)	Refund will be deposited to a foreign bank, checkbox			X			X
122	4	47b	Routing Number	X				X	123456700
123	4	47c(i)	Account Type Checking	X					X
124	4	47c(ii)	Account Type Savings					X	X
125	4	47d	Account Number	X				X	12345678901234500
126	4	48	Amount you owe				X		123456999
127	4	49	Payment Amount				X		
128	4	50(i)	Form N210 attached checkbox				X		X
129	4	50	Estimated Tax Penalty				X		123444489
130	4	53(i)	Federal Schedule C - YES checkbox					X	X
131	4	53(ii)	Federal Schedule C - NO checkbox	X	X	X	X		X
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts					X	123455559
133	4	53(vi)	Federal Schedule C TSM Hawaii Tax ID					X	123456789012
134	4	54(i)	Federal Schedule E - YES checkbox				X		X
135	4	54(ii)	Federal Schedule E - NO checkbox	X	X	X		X	X
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents				X		123456767
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID				X		123456789015
138	4	55(i)	Federal Schedule F - YES checkbox			X			X
139	4	55(ii)	Federal Schedule F - NO checkbox	X	X		X	X	X
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts			X			122346789
141	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID			X			123456789016
142	4	--	Preparer Identification Number			X		X	123455789
143	4	--	Primary HI Election Campaign - YES checkbox		X			X	X
144	4	--	Primary HI Election Campaign - NO checkbox	X		X	X		X
145	4	--	Spouse HI Election Campaign - YES checkbox		X				X
146	4	--	Spouse HI Election Campaign - NO checkbox						X
147	CR1	1	Tax Paid to another state					X	123106789
148	CR1	2	Carryover of Energy Conservation Tax Credit					X	123101789
149	CR1	3	Enterprise Zone Tax Credit					X	123102789
150	CR1	4	Tax Credit for Low Income Housing Tax Credit					X	123103789
151	CR1	5	Employment Vocational Rehab Referral Credit					X	123104789
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit		X				123105789
153	CR1	7	Carryover of Individual Development Account Contribution Tax Credit		X				123106789

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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
154	CR1	8	Carryover of Tech Infrastructure Renovation Tax Credit		X				123107789
155	CR1	9	School Repair and Maintenance Credit		X				123108789
156	CR1	10	Carryover of the Hotel Construction and Remodeling Tax Credit		X				123109789
157	CR1	11	Carryover of Residential Construction and Remodel Tax Credit		X				123110789
158	CR1	12	Carryover of the Renew Energy Tech Income Tax Credit		X				123112789
159	CR1	13a(1)	Solar Checkbox		X				X
160	CR1	13a(2)	Wind Checkbox					X	X
161	CR1	13a	Renew Energy Tech Income Tax Credit-July 2009		X			X	123113789
162	CR1	13b	RETITC carryforward from previous years					X	555444667
163	CR1	14	Capital Infrastructure Tax Credit		X				123114789
164	CR1	15	Cesspool Upgrade, Conversion or Connection Income Tax Credit		X				123115789
165	CR1	16	Renewable Fuels Production Tax Credit		X			X	123116789
166	CR1	17	Organic Foods Production Tax Credit		X		X		123117789
167	CR1	18	Earned Income Tax Credit		X		X		123118789
168	CR1	19	Total Nonrefundable Credits	X	X		X	X	123119789
169	CR2	20	Capital Goods Excise Tax Credit					X	123110789
170	CR2	21	Fuel Tax Credit					X	123112789
171	CR2	22	Motion Picture and Film Tax Credit			X			123113789
172	CR2	23a(1)	Solar Checkbox				X		X
173	CR2	23a(2)	Wind Checkbox	X					X
174	CR2	23	Renew Energy Tech Income Tax Credit-July 2009	X			X		123114789
175	CR2	24	Important Agricultural Land Tax Credit			X			123115789
176	CR2	25	Tax Credit for Research Activities			X		X	123118789
177	CR2	26a	Other refundable credits-pro rata share of taxes paid on sale of real property				X		123119789
178	CR2	26b	Other refundable credits-credit from regulated investment company				X		123120789
179	CR2	26c	Other Refundable Credits Total				X		123121789
180	CR2	27	Total Refundable Credits	X		X	X	X	123122789
181	N311	L10	Refundable Food/Excise Tax Credit		X	X	X		1239
182	X1	Part I L12	Low-Income Household Renters Credit			X			1238
183	X2	Part II L28	Credit for Child and Dependent Care Expenses					X	1237
184	--	--	End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*

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2D Barcode Layout or Testing Cases**

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
---------	--------	-------------	-------------	--------	--------	--------	--------	--------	---------

Return Fields that are NOT Included in the 2D Barcode

	1	--	First Time Filer Checkbox						
	1	--	Address or Name Change Checkbox						
	1	--	ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.						
	1	3a	MFS Spouse Name. This field appears below line 3.			X			
	1	--	Spouse meets qualifications Checkbox. This is the checkbox below line 6b.			X			
	1	6d	Table of dependent names, social security numbers, and relationship						
	2	27	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	X (Capital Gains Tax Worksheet)	X (Tax Rate Schedule)	
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox					X	
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return			X		X	
	4	52	Amended Return: Balance Due (Refund) on Amended Return-negative indicator checkbox			X			
	4	52	Amended Return: Balance Due (Refund) on Amended Return			X		X	
	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	X	X	X	X	
	4	--	Occupation	X	X	X	X	X	
	4	--	Daytime Phone Number	X	X	X	X	X	
	4	--	Spouse Signature Date		X				
	4	--	Spouse Occupation		X				
	4	--	Spouse's Daytime Phone Number		X				
	4	--	Preparer Signature Date			X		X	
	4	--	Preparer Self Employed Checkbox			X			
	4	--	Preparer Name			X		X	
	4	--	Preparer Firm Name and Address			X		X	
	4	--	Preparer Phone Number			X		X	

Individual Income Tax Return RESIDENT Calendar Year 2018 OR



Place QR Code Here

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

- X AMENDED Return
X NOL Carryback
X IRS Adjustment

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

- X First Time Filer
X Address or Name Change

IMPORTANT -- Complete this Section

Table with columns: Your First Name, M.I., Your Last Name, Suffix, Spouse's First Name, M.I., Spouse's Last Name, Suffix, Care Of, Present mailing or home address, City, town or post office, State, Postal/ZIP code, Foreign address, Province and/or State, Country.

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
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
4 X 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
5 X Qualifying widow(er) (see page 9 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.

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: Dependents (1. First and last name), If more than 4 dependents use attachment, 2. Dependent's social security number, 3. Relationship. Rows for First, Second, Third, and Fourth 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

ID NO XX

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

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 X 123456789

8 Difference in state/federal wages due to COLA, ERS, etc. (see page 12 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 12 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 X 123456789

13 Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions) 13 123456789

14 Social security benefits taxed on federal return 14 123456789

15 First \$6,564 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 15 of the Instructions) 17 123456789

18 Other Hawaii subtractions from federal AGI (see page 15 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 X 123456789

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and place an X here. X

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 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 22. 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 > 23 123456789

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) 24 X 123456789

ID NO XX

Human Readable text here

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

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 22 of the Instructions.

X Yourself X 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 X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 39 of the Instructions.

(X 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..... 34 X 123456789

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

36 Line 34 minus line 35 Balance > 36 X 123456789

37 Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments) 37 123456789

38 2018 estimated tax payments..... 38 123456789

39 Amount of estimated tax applied from 2017 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 29 of the Instructions):..... Yourself Spouse

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

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

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

ID NO XX

Human Readable text here

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURN XXXX

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be applied to your 2019 ESTIMATED TAX 46 123456789

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 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 30 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 PROD 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 PROD 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 31 of the Instructions.

Designee's name DESIGNEE'S NAME XXXX Phone no. (123) 456-7891 Identification number 12-3456789

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the "Yes" box will not increase your tax or reduce your refund. If joint return, does your spouse want \$3 to go to the fund? X Yes X No

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.

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

Preparer's Signature

Date 12/12/12

Check if self-employed X

Preparer's identification number 123456789

Paid Preparer's Information

Print Preparer's Name

PRINT PREPARER'S NAME HEREXXXXXX

Federal E.I. No.

12-1234567

Firm's name (or yours if self-employed), Address, and ZIP Code

FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX

Phone No.

(123) 123-4567

ID NO XX

Human Readable text here



Individual Income Tax Return
RESIDENT
Calendar Year 2018
OR

Place
QR Code
Here

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

- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

- First Time Filer**
- Address or Name Change**

IMPORTANT — Complete this Section

Your First Name TAXPAYER'S FIRST	M.I. MI	Your Last Name LAST NAMEXXXXXXXX	Suffix JR
Spouse's First Name SPOUSE'S FIRSTXX	M.I. MI	Spouse's Last Name SPOUSE'S LASTXX	Suffix 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 CITY, TOWN, POSTOFFICE	State XX	Postal/ZIP code ZIP CODE	
If Foreign address, enter Province and/or State FOREIGN PROVINCEXXXXXXXXXX		Country COUNTRYXXXXXX	

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
- 2 Married filing joint return (even if only one had income).
- 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 NAMEXXXXXXXX
- 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
- 5 Qualifying widow(er) (see page 9 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.

- 6a Yourself
 - 6b Spouse
 - Age 65 or over
 - 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

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c
1. First and last name				12
<u>FIRST DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	Enter number of other dependents..... 6d
<u>SECOND DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	
<u>THIRD DEPENDENT NAMEXXXX</u>		123-45-6789	RELATIONSHIP	
<u>FOURTH DEPENDENT NAME</u>		123-45-6789	RELATIONSHIP	

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

ID NO XX

Human Readable text here

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

Place QR Code 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 Input field. Includes lines 7 through 20 for federal adjusted gross income, deductions, and Hawaii AGI.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and place an X here. X

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.

Table for itemized deductions (lines 21a-21f) with columns for description, amount, and input field.

TOTAL ITEMIZED DEDUCTIONS box containing instructions for line 22 and a numeric input field.

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

ID NO XX

Human Readable text here

