## STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Form N-15 (Rev. 2019)

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

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

## FORM N-15 (Rev. 2019) General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-15. Form N-15 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-15 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-15. If you will produce 2D barcodes for Form N-15, 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-15 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-15: 18 pt Helvetica bold
  - 3. Rev. 2019: 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-15 (Rev. 2019): 10 pt Helvetica bold

#### 4. Variable Data

- All variable data fields must utilize 12 pt Courier font. Exceptions: On page 2 line 30, the "Alimony paid" variable data field is 10 pt Courier font and 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 sixth 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.
- Page 3, white space beginning at row 52, column 60 through row 59, column 82 should not contain any data, text, or stray marks.

#### 6. Variable Data Delimiters

 Period of Residency dates and the Date of Death should 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 tax year ending and date of death tax year)

 Taxpayer's Social Security Number and/or spouse's social security number should 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

#### **General Information and Scannable Specifications**

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.

#### 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 tailing 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-15 (Rev. 2019) cannot be filed until 2020.

#### SCANNABLE SPECIFICATIONS

#### 1. Layout

- The form was designed on a 6x10 grid. See exhibits.
   There are a couple areas of the form that do not require optical character recognition, and therefore do not meet the 6x10 design:
  - 1. Page 2, Line 30 Name and SSN of recipient of alimony payment; and
  - 2. 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 positions:
  - 1. Pages 1 though 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 24, row 64.

#### 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 5.
- 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 1mm (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.
- 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 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 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: N15\_T 2019A 01 VIDXX

The required QR code for page 2 is: N15\_T 2019A 02 VIDXX

The required QR code for page 3 is: N15\_T 2019A 03 VIDXX

The required QR code for page 4 is: N15\_T 2019A 04 VIDXX

The QR code includes the form number (N15), an underscore, type of form (T), space, 4-digit form year (2019), 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-15. The following defines the technical specifications for producing 2D barcodes for Form N-15. 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 labelled "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-15/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-15. If you did not receive the acetate overlays, please contact the Forms Coordinator.

#### APPENDIX A. 2D Barcode Layout - N-15 / 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.

Fiold	Dago	Form		Max	T Data 1 y	Types. A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.					
#	#	Line #	Description	_	Туре	Field Business Rules Changes					
4							Changes				
_ I			Header Version Number	2		"T1". Indicates the version of the standard FTA defined 2D barcode header format.					
			O. ff D O. d.	١,		Hawaii Department of Tax assigned software vendor ID. This value is printed in the space					
2	ALL		Software Developer Code	4		reserved for this field on each page of the return.					
3			Form Number	6		"N15"					
4	1		Form Year	4	N	The tax year for which the return is being filed. "2019" for example.	updated tax year				
						"0". Indicates the version of the 2D specification for the form that is being used. This number					
5			2D Specification Version	2		will increment for each change to the specification.					
						A software vendor defined version number that reflects the software and form revision used to					
6			Software Version	15		produce this barcode.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
7	1		Fiscal Year Begin Month	2		filer then leave this field NULL. Do not include slashes "/" in this field.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
8	1		Fiscal Year Begin Day	2		filer then leave this field NULL. Do not include slashes "/" in this field.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
9	1		Fiscal Year Begin Year	2		filer then leave this field NULL. Do not include slashes "/" in this field.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
10	1		Fiscal Year End Month	2	N	filer then leave this field NULL. Do not include slashes "/" in this field.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
11	1		Fiscal Year End Day	2		filer then leave this field NULL. Do not include slashes "/" in this field.					
						Only populate this field for part year or fiscal year filers. If not a part year resident or fiscal					
12	1		Fiscal Year End Year	2	N	filer then leave this field NULL. Do not include slashes "/" in this field.					
13	1		Resident Status Checkbox: Part-Year Resident	1	С	"X" or null. One and only one of the resident status checkboxes MUST be marked.					
14	1		Resident Status Checkbox: Nonresident	1		"X" or null. One and only one of the resident status checkboxes MUST be marked.					
15	1		Resident Status Checkbox: Nonresident Alien	1	С	"X" or null. One and only one of the resident status checkboxes MUST be marked.					
16	1		Military Spouses Residency Relief Act (MSRRA) Checkbox	1	С	"X" or null.					
17	1		Composite Checkbox	1	С	"X" or null.					
18	1		Amended Return Checkbox	1	С	"X" or null.					
19	1		NOL Carryback Checkbox	1		"X" or null.					
20	1		IRS Adjustment Checkbox	1	С	"X" or null.					
						The total width of this name (First MI Last) is 40, truncate the first name and last name as					
21	1		Primary First Name	25	Α	needed to fit within this overall form space. Field should be all CAPITAL LETTERS.					
22	1		Primary Middle Initial	1	Α	Field should be all CAPITAL LETTERS.					
23	1		Primary Last Name	35	Δ	Field should be all Capital Letters.					
24	1		Primary Suffix	2		Field should be all CAPITAL LETTERS.					
44	1		i milary Gullix			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					
25			Chausa First Nama	25	25 A space. Field should be all CAPITAL LETTERS.						
25	1		Spouse First Name	<u> </u>							
26	Ί		Spouse Middle Initial	l I	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.					

Field	Dago	Form		Max			1
#	#	Line #	Description	Length	Type	Field Business Rules	Changes
#	#	Line #	Description	Lengin	туре	Field Busiliess Rules	Changes
27	1		Spouse Last Name	35	Α	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
28	1		Spouse Suffix	2		Field should be all CAPITAL LETTERS.	
29	1		First 4 Characters of Primary Last Name	4	A	FIEIU SHOUIU DE AII CAFITAL LETTERS.	
	1			-	A	Do not include hyphone, appears or other delimiters in this field	
30	1		Primary SSN	9		Do not include hyphens, spaces or other delimiters in this field.	
31	1		Primary Deceased Checkbox	<u> </u>	С	"X" or null	
32	1		Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
33	1		Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
34	1		Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
						Required entry if married filing joint or married filing separate, otherwise null. Field should be	
35	1		First 4 Characters of Spouse Last Name	4	Α	all Capital Letters.	
						Required entry if married filing joint or married filing separate, otherwise null. Do not include	
36	1		Spouse SSN	9	N	hyphens, spaces or other delimiters in this field.	
37	1		Spouse Deceased Checkbox	1	С	"X" or null	
38	1		Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
39	1		Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
40	1	-	Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
41	1		Care Of	40	AN		
42	1		Street Address	40	AN	Field should be all CAPITAL LETTERS.	
40			0.11	0.4		Field should be all CARITAL LETTERS	
43	1		City	21	Α	Field should be all CAPITAL LETTERS.	
						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:	
44	1		U.S. State Code	2		http://www.usps.com/ncsc/lookups/usps_abbreviations.html	
						Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer	
45	1		ZIP (Postal) Code	10	AN	than 9 digits.	
						Only populate if a foreign address. If the country does not use State or Province names then	
46	1		Foreign State or Province	25		this field should be NULL. Field should be all CAPITAL LETTERS.	
47	1		Country	13	Α	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	
				·		"X" or null. One of the filing status checkboxes must be marked. There should be only one	
48	1	1	Filing Status Checkbox: Single	1	С	filing status checkbox marked.	
						"X" or null. One of the filing status checkboxes must be marked. There should be only one	
49	1	2	Filing Status Checkbox: Married filing joint	1	С	filing status checkbox marked.	
						"X" or null. One of the filing status checkboxes must be marked. There should be only one	
50	1	3	Filing Status Checkbox: Married filing separate	1	С	filing status checkbox marked.	
Ì			ÿ .			"X" or null. One of the filing status checkboxes must be marked. There should be only one	
51	1	4	Filing Status Checkbox: Head of Household	1	С	filing status checkbox marked.	
			-		l	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
52	1	5	Filing Status Checkbox: Qualifying Widower	1	С	filing status checkbox marked.	
<u> </u>	•		g = 1.2.20 = 0.100.100.11 Quanty ing Tridonoi			Immed areas and married.	

Field Page Form Max									
#		Line #	Description	-	Type	Field Business Rules	Changes		
#	#	Line #	Description	Length	туре	Field Busiliess Rules	Changes		
53	1	4a	HOH Qualifying Person. This field appears below line 4.	21	۸	Null if no value			
54	1		QW Year Spouse Died	4		Null if no value			
55	1		Primary Regular Exemption	1	C	"X" or null.			
56	1		Primary Over 65 Exemption	1	C	"X" or null.			
57	1		Spouse Regular Exemption	1	C	"X" or null.			
58	1		Spouse Over 65 Exemption	1	C	"X" or null.			
59	1		Total of Primary and Spouse exemptions.	1	N				
60	1		Exemptions for Dependent Children	2	N	Number of primary and spouse exemptions marked in lines 6a and 6b. 0 if no value.  0 if no value			
61	1		Exemptions for Other Dependents	2	N	0 if no value			
62	1		Total Exemptions Claimed	2		0 if no value			
02	- 1	oe	Total Exemptions Gainled		N	For all numeric fields use whole numbers (no decimals) unless otherwise specified in			
62	2	70	Wages Total	9	NI	the field business rule. For all numeric fields do not include commas.			
63 64			Wages Hawaii	9	N N	the field business rule. For all numeric fields do not include commas.			
	2		Interest Income Hawaii	9	N				
65 66	2		Dividends Hawaii	9	N				
67			State Refund Hawaii						
	2		Alimony Received Hawaii	9	N				
68	2			9	N C	"X" or null.			
69	2	ıza	Business Farm Income Total - negative indicator checkbox	ı	C				
70	_	10-	Dunings Form Income Total	_	N.	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
70	2	12a	Business Farm Income Total	9	N	field.			
	_	401	During a Francisco de Libera de Carlos de Carl	4	0	IIVII a a a a li			
71	2	120	Business Farm Income Hawaii - negative indicator checkbox	1	С	"X" or null.			
70	_	401	During Francisco Harris	•		If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
72	2		Business Farm Income Hawaii	9	N	field.			
73	2	13b	Capital Gain Hawaii - negative indicator checkbox	1	С	"X" or null.			
l l	_	4.01		•		If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
74	2		Capital Gain Hawaii	9	N	field.			
75	2	14b	Supplemental Gain Hawaii - negative indicator checkbox	1	С	"X" or null.			
	_			•		If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
76	2		Supplemental Gain Hawaii	9	N	field.			
77	2		IRA Distribution Hawaii	9	N				
78	2		Pension Hawaii	9	N				
79	2	17b	Rents and Royalties Hawaii - negative indicator checkbox	1	С	"X" or null.			
						If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
80	2		Rents and Royalties Hawaii	9	N	field.			
81	2		Unemployment Compensation Hawaii	9	N				
82	2	19b	Other Income Hawaii - negative indicator checkbox	1	С	"X" or null.			
83	2	19b	Other Income Hawaii	9	N	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this field.			
84	2		Total Income Hawaii - negative indicator checkbox	1	C	"X" or null.			
04	۷	200	Total Income Hawaii - Negative Indicator Checkbox	ı	U	If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this			
0.5	2	20h	Total Income Hawaii	0	NI				
85 86	2		Total Income Hawaii	9	N N	field.			
			Deductible part of Self-Employment Tax Total						
87	2	31D	Payments to Housing Account Hawaii	9	N				

Field Pusiness Rules    Field Pusiness Rules	[ Frank	<b>D</b> 1	F			1		
88   3   33   See Exceptional Time Deduction Hawaii		-		December 1999			Etti Burtun Bulu	Observation
Section   Sect							Field Business Rules	Changes
Section   Sect					-			
Section   Sect								
Section   Sect							10.7/B 11	
9	91	3	35a	Adjusted Gross Income Total - negative indicator checkbox	1	C		
93   3   35b		•	0.5	A	•	١		
1	92	3	35a	Adjusted Gross Income Total	9	N	TIEIO.	
March   Same		•	0.51				N.70 11	
94   3   35   Adjusted Gross Income Hawaii   9   N   field.	93	3	35b	Adjusted Gross Income Hawaii - negative indicator checkbox	1	C		
Section   Sect		•	0.51		•	١	•	
96   3   36   Federal Adjusted Gross Income	94	3	35b	Adjusted Gross Income Hawaii	9	N	field.	
9				<u></u>			m. /m	
Line 358 divided by Line 35A, Must include a decimal point. The "Max Length" value includes the decimal point (for example 0.41). Compute to three decimal places, then round to 2. If Line 35A is zero or a negative number, and Line 35B is a positive number, enter 1.00 on Line 37. If Line 35A is zero or a negative number, and Line 35B is a positive number, enter 1.00 on Line 37. If Line 35B is greater than Line 35A, enter 1.00 on Line 37. If Line 35B is and 35B is greater than Line 35A, enter 1.00 on Line 37. If Line 35B is a positive number, enter 1.00 on Line 37. If Line 35B is a positive number, enter 1.00 on Line 37. If Line 35B is and 35B lens 1.00 on Line 37. If Line 35B is and 35B lens 1.					1		"X" or null.	
Includes the decimal point (for example 0.41). Compute to three decimal places, then round to 2. If Line 36B is a positive number, and Line 36B is a positive number, and Line 36B is a positive number, enter 1.00 on Line 37. If line 35B is greater than Line 35A and 35B are represented to 1.00 on Line 37. If line 35B is greater than Line 35A, enter 1.00 on Line 37. If line 35B is greater than Line 35A, enter 1.00 on Line 37. If column A is not completed, enter 0.00 on Line 37. If column A is not complete	96	3	36	Federal Adjusted Gross Income	9	N		
10								
on Line 37. If line 35B is zero or a negative number, enter 0.00 on Line 37. If line 35B is zero or an equative number, on the 37. If line 35B is zero or an equative number, enter 0.00 on Line 37. If line 35B is zero or an equative number, on the 37. If line 35B is zero or an equative number, on the 37. If line 35B is greater than Line 35A, enter 1.00 on Line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 38 is zero or an equative number, enter 0.00 on Line 37.  In line 38 is zero or an equative number, enter 0.00 on Line 37.  In line 38 is zero or an equative number, enter 0.00 on Line 37.  In line 38 is zero or an equative number, line 35A, enter 1.00  In line 37. If line 35B is zero or an equative number, line 35A, enter 1.00  In line 37. If column A is not completed, enter 0.00 on Line 37.  In line 38 is zero or an equative, enter 0.00 on Line 37.  In line 38 is zero or an equative, enter 0.00 on Line 37.  In line 38 is zero or an equative, enter 0.00 on Line 37.  In line 38 is zero or an equative, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed, enter 0.00 on Line 37.  In line 38 is not completed.  In line 38 is not completed.  In line 38 is not completed.  In line 3								
1								
97   3   37   Hawaii AGi to Total AGi Ratio								
98   3   Dependent Indicator   1   C   "X" or null.     99   3   38   Medical and Dental Expenses   9   N     100   3   38b   Taxes   9   N     101   3   38c   Interest Expense   9   N     102   3   38c   Contributions   9   N     103   3   38c   Casualty and Theft Loss   9   N     104   3   38f   Miscellaneous Deductions   9   N     105   3   39f   Miscellaneous Deductions   9   N     106   3   40s   Extraord Deduction   9   N     107   3   40b   Prorated Standard Deduction   9   N     108   3   41   Hawaii AGI Less Deductions - negative indicator checkbox   1   C   "X" or null.     109   3   42a(i) Again								
99   3   38a   Medical and Dental Expenses   9   N	97	3	37		4	Ν	on Line 37. If column A is not completed, enter 0.00 on Line 37.	
100   3   38b   Taxes	98	3			1	С	"X" or null.	
101   3   38c   Interest Expense	99	3	38a	Medical and Dental Expenses	9	N		
102   3   338   Contributions   9   N	100	3	38b		9	N		
103   3   38e   Casualty and Theft Loss   9   N	101	3	38c	Interest Expense	9	N		
104   3   38f   Miscellaneous Deductions   9   N		3			9	N		
105   3   3   Total Itemized Deductions   9   N		3	38e		9	N		
106   3   40a   Standard Deduction   9   N	104	3	38f		9	N		
107   3   40b   Prorated Standard Deduction   9   N		3	39	Total Itemized Deductions	9	N		
108   3   41   Hawaii AGI Less Deductions - negative indicator checkbox   1   C   "X" or null.	106	3			9	N		
109   3   41   Hawaii AGI Less Deductions   9   N	_	3	40b		9	N		
110   3   42a(i)   42a.	108	3	41		1	С	"X" or null.	
110       3       42a(i)       42a.       1       C       "X" or null.         111       3       42a(ii)       Spouse Disability Indicator. This field appears below line 42a.       1       C       "X" or null.         112       3       42a       Total Exemptions       9       N         113       3       42b       Prorated Exemptions       9       N         114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	109	3	41		9	N		
111       3       42a(ii)       Spouse Disability Indicator. This field appears below line 42a.       1       C       "X" or null.         112       3       42a       Total Exemptions       9       N         113       3       42b       Prorated Exemptions       9       N         114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value								
112       3       42a       Total Exemptions       9       N         113       3       42b       Prorated Exemptions       9       N         114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	110	3	42a(i)	42a.	1	С	"X" or null.	
112       3       42a       Total Exemptions       9       N         113       3       42b       Prorated Exemptions       9       N         114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value								
113       3       42b       Prorated Exemptions       9       N         114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	111	3			1	С	"X" or null.	
114       3       43       Taxable Income       9       N         115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	112	3	42a	Total Exemptions	9	N		
115       3       44(iv)       Indicator if tax from other forms (N-2, N-103, etc.) is included       1       C       "X" or null.         116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	113	3	42b	Prorated Exemptions	9	N		
116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	114	3	43	Taxable Income	9	N		
116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value								
116       3       44       Tax Liability       9       N       0 if no value         117       3       44a       Net Capital Gain       9       N       0 if no value         118       3       45       Refundable Food/Excise/Tax Credit       9       N       0 if no value	115	3			1	С	"X" or null.	
118 3 45 Refundable Food/Excise/Tax Credit 9 N 0 if no value	116	3	44	Tax Liability	9	N	0 if no value	
	117	3	44a		9	N	0 if no value	
119 3 45a Refundable Food/Excise Tax Credit - Count 2 N 1 – 99.	118	3	45	Refundable Food/Excise/Tax Credit	9	N	0 if no value	
119   3   45a   Refundable Food/Excise Tax Credit - Count   2   N  1 – 99.								
	119	3	45a	Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	

Field Page Form Max Max										
#	#	Line #	Description	Length	Туре	Field Business Rules	Changes			
120	3	46	Low Income Household Renters Credit	9		0 if no value	Ollariges			
121	3		Child and Dependent Care Expenses	9		0 if no value				
122	3		Child Passenger Restraint Credit	9		0 if no value				
123	3		Total Refundable Credits - Sch CR	9		0 if no value				
124	3	50	Total Refundable Credits	9	N	o ii iio value				
125	3	51	Tax Less Refundable Credits - negative indicator checkbox	1		"X" or null.				
126	3		Tax Less Refundable Credits - Hegative indicator checkbox	9	N	A Of Hull.				
127	4	52	Total Nonrefundable Credits - Sch CR	9	N					
121		32	Tax Less Nonrefundable Credits - negative indicator	9	IN					
128	4	53	checkbox	1	С	"X" or null.				
129	4	53	Tax Less Nonrefundable Credits	9	N	/ Or Hall.	+			
130	4		Withholding	9	N					
131	4		Form N-1	5	N		+			
132	4		Form N-288A	5	N		+			
133	4		Estimated tax payments	9	N					
134	4		Estimated tax from previous tax year	9	N		+			
135	4		Extension Payment	9	N					
136	4		Total Payments	9	N					
137	4		Amount Overpaid	9	N					
138	4		Primary School Repairs and Maintenance Donation	1		"X" or null.				
139	4		Spouse School Repairs and Maintenance Donation	1		"X" or null.				
140	4		Primary Public Libraries Donation	1		"X" or null.				
141	4		Spouse Public Libraries Donation	1		"X" or null.				
142	4		Primary Domestic Violence Donation	1		"X" or null.				
143	4		Spouse Domestic Violence Donation	1		"X" or null.				
144	4		Total Donations	2	N	A of fidit.				
145	4		Overpaid minus Donations	9	N					
146	4		Estimated Tax apply to the following tax year	9	N					
147	4		Refunded to you	9	N					
148	4		Foreign (non-U.S.) bank account checkbox	1		"X" or null. If "X" then Form Lines 64b, 64c(i) or (ii) and 64d should be null.				
149	4		Routing Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value				
150	4		Account Type Checking	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.				
151	4	64c(ii)	Account Type Savings	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.				
152	4		Account Number	17		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value				
153	4		Amount you owe	9	N	Do not zero nii. Do not use hypnens, spaces or special symbols. Nuii ii no value				
154	4		Payment Amount	9	N					
155	4		Form N210 attached checkbox	1		"X" or null.				
156	4		Estimated Tax Penalty	9	N	A ULTIUII.				
157	4		Preparer Identification Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value				
157	4		Primary HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.				
	4			1	_					
159	-		Primary HI Election Campaign - NO checkbox Spouse HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both. "X" or null. Check the YES or NO checkbox, but not both.				
160	4			1 4	_					
161	4 CD1		Spouse HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.				
	CR1	1	Tax Paid to another state	9	N					
163	CR1	2	Carryover of Energy Conservation Tax Credit	9	N					

Field	Page	Form		Max			
#		Line #	Description	Length	Туре	Field Business Rules	Changes
164	CR1		Enterprise Zone Tax Credit	9	N	l leid Dusilless Rules	Changes
165	CR1		Tax Credit for Low Income Housing	9	N		
166	CR1		Employment Vocational Rehab Referral Credit	9	N		
	CR1	6	Carryover of the High Tech Business Investment Tax Credit	9	N		
107	CITI		Carryover of Individual Development Account Contribution	3	IN		
168	CR1		Tax Credit	9	N		
169	CR1		Carryover of Tech Infrastructure Renovation Tax Credit	9	N		
170	CR1		School Repair and Maintenance Credit	9	N		
170	CITI		Carryover of the Hotel Construction and Remodeling Tax	3	IN		
171	CD1		Credit	9	N		
171	CIXI	10	Carryover of Residential Construction and Remodel Tax	9	IN		
172	CD1		Credit	9	N		
	CR1		Carryover of the Renew Energy Tech Income Tax Credit	9	N		+
174	CP1	139/1)	Solar Checkbox	1		"X" or null.	+
	CR1		Wind Checkbox	1		"X" or null.	
173	CIXI	13a(2)	Total Amount of Renew Energy Tech Income Tax Credit-July	- '		A Of Hull.	
176	CR1	13a	2009	9	N		Description Updated
	CR1		RETITC carryforward from previous years	9	N		Description opuated
	CR1		Capital Infrastructure Tax Credit	9	N		
176	CKI		Cesspool Upgrade, Conversion or Connection Income Tax	9	IN		
179	CR1		Credit	9	N		
180	CR1		Renewable Fuels Production Tax Credit	9	N		
181	CR1		Organic Foods Production Tax Credit	9	N		
182	CR1	18	Earned Income Tax Credit	9	N		
					N		New Field
183	CR1		Healthcare Preceptor Income Tax Credit Total Nonrefundable Credits	9			Renumbered , New Line Number
184 185	CR2		Capital Goods Excise Tax Credit	9	N		Renumbered , New Line Number
	CR2		Fuel Tax Credit	9	N N		
186	CR2		Motion Picture and Film Tax Credit	9	N		Renumbered , New Line Number
187	CR2		Solar Checkbox			V   or mull	Renumbered , New Line Number
188 189		24a(1)	Wind Checkbox	1		"X" or null.	Renumbered , New Line Number
	CR2			1	C	"X" or null.	Renumbered , New Line Number
190	CR2		Renew Energy Tech Income Tax Credit-July 2009	9	N		Renumbered , New Line Number
			Important Agricultural Land Tax Credit	9	N		Renumbered , New Line Number
192	CR2		Tax Credit for Research Activities	9	N		Renumbered , New Line Number
400	000		Other refundable credits-pro rata share of taxes paid on sale	_			Decombes de New Cas New bas
193	CR2		of real property	9	N		Renumbered , New Line Number
404	0.00		Other refundable credits-credit from regulated investment	_			Decombes de New Per New ber
	CR2		company Other Refundable Condito Tatal	9	N		Renumbered , New Line Number
	CR2		Other Refundable Credits Total	9	N		Renumbered , New Line Number
196	CR2		Total Refundable Credits	9	N		Renumbered , New Line Number
197	N-311		Refundable Food/Excise Tax Credit	4	N		Renumbered
400		Part I	Landan III and III Darte Co. 19	l .			Decembered
198	X1	L12	Low-Income Household Renters Credit	4	N	MAITING FOR MANYER TO RICOURD CARTURE OF THE LINE	Renumbered
199	X1		Meets Married Persons Filing Separately Requirements	1	С	WAITING FOR MANYEE TO DISCUSS CAPTURE OF THIS LINE	New Field

Field	Page	Form		Max			
#	#	Line #	Description	Length	Type	Field Business Rules	Changes
		Part II					
200	X2	L28	Credit for Child and Dependent Care Expenses	4	N		Renumbered
201	-		End of Record Trailer	5	Α	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	Renumbered

This is to balance the field #. Sometimes when lines are added deleted the filed # is not updated correctly. Delete

201 206 -5 this row before making the PDF

#### Return Fields that are NOT Included in the 2D Barcode

1		First Time Filer Checkbox			
1		Address or Name Change Checkbox			
		ITIN Applied For. This will be entered in the space below the			
		area reserved for the barcode, and may be for either the			
1		taxpayer or spouse.			
1	3	MFS Spouse Name. This field appears below line 3.			
		Spouse meets qualifications Checkbox. This is the checkbox			
1		below line 6b.			
		Table of dependent names, social security numbers, and			
1		relationship			
2		Interest Income Total			
2		Dividends Total			
2		State Refund Total			
2		Alimony Received Total			
2	13a	Capital Gain Total - negative indicator checkbox		"X" or null.	
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
2		Capital Gain Total		field.	
2	14a	Supplemental Gain Total - negative indicator checkbox		"X" or null.	
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
2		Supplemental Gain Total		field.	
2		IRA Distribution Total			
2		Pension Total			
2	17a	Rents and Royalties Total - negative indicator checkbox		"X" or null.	
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
2		Rents and Royalties Total		field.	
2		Unemployment Compensation Total			
2	19a	Other Income Total - negative indicator checkbox		"X" or null.	
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
2		Other Income Total		field.	
2	20a	Total Income Total - negative indicator checkbox		"X" or null.	
				If negative, mark the negative indicator checkbox. DO NOT include a negative sign in this	
2		Total Income Total		field.	
2		Certain Business Expenses Total			
2		Certain Business Expenses Hawaii			
2		IRA Deduction Total			
2	22b	IRA Deduction Hawaii			

Field	Page	Form		Max			
#	#	Line #	Description	Length	Type	Field Business Rules	Changes
	2	23a	Student Loan Interest Total				
	2	23b	Student Loan Interest Hawaii				
	2		Health Savings Account Deduction Total				
	2		Health Savings Account Deduction Hawaii				
	2		Moving Expenses Total				
	2		Moving Expenses Hawaii				
	2		Deductible part of Self-Employment Tax Hawaii				
	2		Self-Employed Health Insurance Total				
	2		Self-Employed Health Insurance Hawaii				
	2		Self-Employed SEP Total				
	2		Self-Employed SEP Hawaii				
	2		Penalty on Early Savings Withdrawal Total				
	2		Penalty on Early Savings Withdrawal Hawaii				
	2		Alimony Paid Total				
	2		Alimony Paid Hawaii				
	2		Payments to Housing Account Total				
	2		Military Reserve Pay Total				
	3		Exceptional Tree Deduction Total				
	3		Total Adjustments Total				
			Tax source checkbox group (Tax Table, Tax Rate Schedule,				
	3		Capital Gains Tax Worksheet)				
			Amended Return: Amount Paid (Overpaid) on Original Return-				
	4	68	negative indicator checkbox				
	4	68	Amended Return: Amount Paid (Overpaid) on Original Return				

Field	Page	Form		Max			
#		Line #	Description	Length	Type	Field Business Rules	Changes
			Amended Return: Balance Due (Refund) on Amended Return-				
	4	69	negative indicator checkbox				
	4		Amended Return: Balance Due (Refund) on Amended Return				
	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 Daytime Phone Number				
	4		Preparer Signature Date				
	4		Preparer Self Employed Checkbox				
	4		Preparer Name				
	4		Preparer Federal El No				
	4		Preparer Firm Name and Address				
	4		Preparer Phone Number				

Field	Pag	ge	Form		Max			
#	#	ŧ L	Line #	Description	Length T	Гуре	Field Business Rules	Changes

\*\*\*\*\*\*\* End of Barcode Layout Spec- Remainder is for DOTAX Internal Use Only) \*\*\*\*\*\*\*\*\*\*

#### APPENDIX A. 2D Barcode Layout - N-15 / Sch CR / Sch X / N-311

Set zero values for zero

Use a carriage return for the field delimiter.

#### 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 / If your application doesn not suport certain fields please omit it from your test case (example is marke

Field	Page	Form							Joe office from your test ouse	(5.1
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
1			Header Version Number	T1	T1	T1	T1	T1	T1	2
						00		00	1004	
2	ALL		Software Developer Code	99	99	99	99	99	1234	4
3	1		Form Number Form Year	N15 2019	N15 2019	N15 2019	N15 2019	N15 2019	N15 2019	0
4	-		Form Year	2019	2019	2019	2019	2019	2019	4
5			2D Specification Version	0	0	0	0	0	99	2
6			Software Version	0	0	0	0	0	123456789012345	15
7	1		Fiscal Year Begin Month	09	01		01		03	2 -1
8	1		Fiscal Year Begin Day	10	15		01		01	2 -1
9	1		Fiscal Year Begin Year	19	19		19		19	2 -1
10	1		Fiscal Year End Month	12	12		11		12	2 -1
11	1		Fiscal Year End Day	31	31		30		31	2 -1
12	1		Fiscal Year End Year	19	19		19		19	2 -1
13	1		Resident Status Checkbox: Part-Year Resident	X	X		X		X	1 0
14	1		Resident Status Checkbox: Nonresident					X	X	1 0
15	1		Resident Status Checkbox: Nonresident Alien			X			X	1 0
16	1		Military Spouses Residency Relief Act (MSRRA) Checkbox		X				X	1 0
17	1		Composite Checkbox			· ·		X	X	1 0
18	1		Amended Return Checkbox			X			X	1 0
19	1		NOL Carryback Checkbox			X			X	1 0
20	1		IRS Adjustment Checkbox							1
21	1		Primary First Name	KEALAKEKUA	KAWENAULAOKALANI	ITO	JANE	JUN WOOK	MAXLENGTHFIRSTNAMEST RINGZ	25 0
21	1		Primary Middle Initial	S	KAWENAULAUKALANI	110	JAINE	JUN WUUK	M RINGZ	25 0 1 0
	<u> </u>		i iiiiai y iviidaic IIIItiai	3	IX.		+		MAXLENGTHLASTNAMEST	'
23	1		Primary Last Name	ONETEST	TWOTEST	THREETEST	FOURTEST	FIVETEST	RINGERLONGLASTNZ	35 0
24	1		Primary Suffix		JR		X		ESQ	3 -1
25	1		Spouse First Name		MARY- KAWENAULAOKALANILA NI	MFSPOUSEFIRST			MAXLENGTHFIRSTNAMESP OUSEZ	25 0
26	1		Spouse Middle Initial		A				М	1 0
27	1		Spouse Last Name		TESTWO	SPTHREE			JR	2 33
28	1		Spouse Suffix		3RD				XXXX	2 33 4 -2
29	1		First 4 Characters of Primary Last Name	ONET	TWOT	THRE	FOUR	FIVE	MAXL	4 0
30	1		Primary SSN	400007955	575661122	575661123	575661124	575661125	575661125	9 0
31	1		Primary Deceased Checkbox				X		1	1 0
32	1		Primary Deceased Date of Death - Month				11		6	1 1

Field	Page	Form								1
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
33	1		Primary Deceased Date of Death - Day				15		15	2 0
34	1		Primary Deceased Date of Death - Year				18		18	2 0
35	1		First 4 Characters of Spouse Last Name		TEST	SPTH			MAXL	4 0
36	1		Spouse SSN		576557442	576614423			576456789	9 0
37	1		Spouse Deceased Checkbox		X				1	1 0
38 39	1		Spouse Deceased Date of Death - Month		01				8	
40	1		Spouse Deceased Date of Death - Day Spouse Deceased Date of Death - Year		09 18				18	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
40	-		Spouse Deceased Date of Death - Fear		10				PROFESSIONAL	2 0
									ACCOUNTANCY	
41	1		Care Of		x		×		CORPORATION 123	40 0
• • •									123 MAX AVENUE OF	, ,,
									THE AMERICAN MUSIC	
42	1		Street Address	l lx	x	x	x	x	BEZ	40 0
									MAXIMUM CITY	
43	1		City	x	X	X	×	Χ	LIMITEZX	21 0
44	1		U.S. State Code	X	X			X	ZZ	2 0
45	1		ZIP (Postal) Code	X	X	X (If available)	X	X	9670000001	10 0
40	4		Familia Otata an Bassina			V	<u></u>		BRITISH COLUMBIA	05 0
46 47	1		Foreign State or Province			X	X		BRITISHZ CANADA123456Z	25 0
47	ı		Country			Λ	^_		CANADA 123456Z	13 0
48	1	1	Filing Status Checkbox: Single	l x					Y	1 0
70	'	'	Thing Status Checkbox. Single						^	' '
49	1	2	Filing Status Checkbox: Married filing joint		X				×	1 0
	-		- mig care circument manier imig jami							
50	1	3	Filing Status Checkbox: Married filing separate			X			x	1 0
			<u> </u>							
51	1	4	Filing Status Checkbox: Head of Household				x		X	1 0
52	1	5	Filing Status Checkbox: Qualifying Widower					X	X	1 0
									ABCDEFGHIJKLMNOPQ	
53	1		HOH Qualifying Person. This field appears below line 4.				X	V	RSTU	21 0
54	1	5a	QW Year Spouse Died				V	X	9999	4 0
55	1	6a(i)	Primary Regular Exemption		X	X	X	X	X	1 0
56 57	1		Primary Over 65 Exemption		X	X	X	Х	X	1 0
58	1	6b(i)	Spouse Regular Exemption Spouse Over 65 Exemption		X	Λ			X	1 0
58	1	6b(ii) 6a/b	Total of Primary and Spouse exemptions.		X	X	Y	X	X 4	1 0
60	1	6c	Exemptions for Dependent Children		X	^	^	X	98	2 0
61	1		Exemptions for Other Dependents		^	X		X	97	2 0
62	1	6e	Total Exemptions Claimed		X	X	X	X	99	2 0
	•		. ca. Exemptione ordined							- 0
63	2	7a	Wages Total	l x	X	x	х		123456799	9 0
64	2		Wages Hawaii	X	X		Y		123456798	9 0

Field	Page	Form					1			
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
65	2		Interest Income Hawaii	100(1	X	X	X	X	123456796	9 0
66	2		Dividends Hawaii	X		X	X		123456794	9 0
67	2		State Refund Hawaii	X			X		123456796	9 0
68	2		Alimony Received Hawaii	X					123456798	9 0
69	2		Business Farm Income Total - negative indicator checkbox			X	X		X	1 0
70	2	12a	Business Farm Income Total		x	x	x	X	123456799	9 0
71	2	12b	Business Farm Income Hawaii - negative indicator checkbox			X	x		×	1 0
72	2	12b	Business Farm Income Hawaii		x	X	x	×	123456780	9 0
73	2	13b	Capital Gain Hawaii - negative indicator checkbox	X	X				X	1 0
74	2	13b	Capital Gain Hawaii	X	X	X	X		123456782	9 0
75	2	14b	Supplemental Gain Hawaii - negative indicator checkbox		X				X	1 0
			-							
76	2		Supplemental Gain Hawaii		X	X			123456784	9 0
77	2	15b	IRA Distribution Hawaii		X				123456786	9 0
78	2	16b	Pension Hawaii		X				123456788	9 0
79	2	17b	Rents and Royalties Hawaii - negative indicator checkbox		X				X	1 0
80	2	17b	Rents and Royalties Hawaii		X	X			123456770	9 0
81	2		Unemployment Compensation Hawaii				X		123456772	9 0
82	2	19b	Other Income Hawaii - negative indicator checkbox	X					X	1 0
			-							
83	2	19b	Other Income Hawaii	X		X			123456774	9 0
84	2	20b	Total Income Hawaii - negative indicator checkbox	X					X	1 0
85	2	20b	Total Income Hawaii	x	X	X	X	X	123456776	9 0
86	2	26a	Deductible part of Self-Employment Tax Total		X		X		123456767	9 0
87	2		Payments to Housing Account Hawaii		X				123456758	9 0
88	2		Military Reserve Pay Hawaii	X	X		X		123456740	9 0
89	3		Exceptional Tree Deduction Hawaii	X					123456742	9 0
90	3		Total Adjustments Hawaii	X	X		X	X	123456744	9 0
91	3	35a	Adjusted Gross Income Total - negative indicator checkbox	X					X	1 0
92	3	35a	Adjusted Gross Income Total	X	X	X	X	X	123456745	9 0
93	3	35b	Adjusted Gross Income Hawaii - negative indicator checkbox	X					X	1 0
94	3	35b	Adjusted Gross Income Hawaii	X	X	X	X	X	123456746	9 0
95	3	36	Federal Adjusted Gross Income - negative indicator checkbox	X					X	1 0
96	3	36	Federal Adjusted Gross Income	X	X	X	X	X	123456747	9 0
97	3		Hawaii AGI to Total AGI Ratio	X	X	X	X	Х	0.00	1 3
98	3		Dependent Indicator	X					X	1 0

Field	Dogo	Form			1	T				
Field #		Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
99	3		Medical and Dental Expenses			X*			123456748	9
100	3		Taxes		X*	X*	X*		123456749	9
101	3	38c	Interest Expense		X*	X*			123456730	9
102	3		Contributions		X*	X*	X*		123456731	9
103	3		Casualty and Theft Loss			X*			123456732	9
104	3		Miscellaneous Deductions		X*	X*	X*		123456733	9
105	3	39	Total Itemized Deductions		X*	X*	X*		123456734	9
106	3	40a	Standard Deduction	X*	X*	X*	X*	X	123456735	9
107	3		Prorated Standard Deduction	X*	X*	X*	X*	X	123456736	9
108	3		Hawaii AGI Less Deductions - negative indicator checkbox	X					X	1
109	3		Hawaii AGI Less Deductions	X	X	X	X	X	123456737	9
110	3		Primary Disability Indicator. This field appears below line 42a.		×				X	1
110	J	42a(I)	Filmary Disability Indicator. This field appears below line 42a.		^				^	'
111	3	42a(ii)	Spouse Disability Indicator. This field appears below line 42a.		x				x	1
112	3	( )	Total Exemptions		X	X	X	X	123456738	9
113	3		Prorated Exemptions		X	X	X	X	123456739	9
114	3		Taxable Income	X	X	X	X	X	123456720	9
114	-	70	Taxable Interne			^			120700120	
115	3	44(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	X					X	1
116	3	44	Tax Liability	X	X	X	X	X	123456721	9
117	3	44a	Net Capital Gain				X		123456722	9
118	3	45	Refundable Food/Excise/Tax Credit		X		X		123456723	9
119	3	45a	Refundable Food/Excise Tax Credit - Count				X		99	2
120	3	46	Low Income Household Renters Credit		X				123456724	9
121	3		Child and Dependent Care Expenses		X		X		123456725	9
122	3	48	Child Passenger Restraint Credit		X				123456726	9
123	3	49	Total Refundable Credits - Sch CR	X	X	X			123456727	9
124	3	50	Total Refundable Credits	X	X	X	X		123456728	9
125	3	51	Tax Less Refundable Credits - negative indicator checkbox	X	X				X	1
126	3	51	Tax Less Refundable Credits	X	X	X	X	X	123456729	9
127	4	52	Total Nonrefundable Credits - Sch CR			X	X	X	123456710	9
128	4	53	Tax Less Nonrefundable Credits - negative indicator checkbox	x	X				X	1
129	4	53	Tax Less Nonrefundable Credits	X	X	X	X	X	123456711	9
130	4	54	Withholding	X	X	X	X		123456712	9
131	4	55a	Form N-1		X		X		123456713	9 -
132	4	55b	Form N-288A			X	X		123456714	9 -
133	4	55	Estimated tax payments		Х	Х	X		123456715	9
134	4	56	Estimated tax from previous tax year		X		X		123456716	9
135	4	57	Extension Payment		X			X	123456717	9
136	4	58	Total Payments	X	X	X	X	X	123456718	9
137	4	59	Amount Overpaid	X	Х	Х			123456719	9
138	4	60a	Primary School Repairs and Maintenance Donation	X	X	Х			Х	1
139	4	60a	Spouse School Repairs and Maintenance Donation		X				X	1
140	4		Primary Public Libraries Donation	X	X	Х			X	1
141	4		Spouse Public Libraries Donation		X		1		X	1
142	4		Primary Domestic Violence Donation	X	X	Х	1		X	1
143	4		Spouse Domestic Violence Donation		X		1		X	1
144	4		Total Donations	X	X	X	1		18	2
					1	1	1	1	1 -	

Field	Page	Form								
#	. ugo #	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
145	4		Overpaid minus Donations	Х	X	Х			123456110	9 0
146	4	63	Estimated Tax apply to the following tax year		X				123456111	9 0
147	4		Refunded to you	X	X	Х			123456112	9 0
148	4	64a(i)	Foreign (non-U.S.) bank account checkbox			Х			X	1 0
149	4	64b	Routing Number		X				123456113	9 0
150	4	64c(i)	Account Type Checking						X	1 0
151	4	64c(ii)	Account Type Savings		X				Х	1 0
152	4	64d	Account Number		X				12345678901234567	17 0
153	4	65	Amount you owe				X	X	123456114	9 0
154	4	66	Payment Amount				X	X		0 9
155	4	67(i)	Form N210 attached checkbox				X	X	X	1 0
156	4	67	Estimated Tax Penalty				X	X	123456115	9 0
157	4		Preparer Identification Number		X			X	123456116	9 0
158	4		Primary HI Election Campaign - YES checkbox	X	X				X	1 0
159	4		Primary HI Election Campaign - NO checkbox			Х	Х	X	X	1 0
160	4		Spouse HI Election Campaign - YES checkbox		X				X	1 0
161	4		Spouse HI Election Campaign - NO checkbox						X	1 0
162	CR1		Tax Paid to another state				X		123456117	9 0
163	CR1		Carryover of Energy Conservation Tax Credit				X		123456118	9 0
164	CR1	3	Enterprise Zone Tax Credit				X		123456119	9 0
165	CR1	4	Tax Credit for Low Income Housing				X		123456120	9 0
166	CR1	5	Employment Vocational Rehab Referral Credit			X			123456121	9 0
167	CR1	6	Carryover of the High Tech Business Investment Tax Credit				X		123456122	9 0
			Carryover of Individual Development Account Contribution							
168	CR1	7	Tax Credit			×			123456123	9 0
169	CR1	8	Carryover of Tech Infrastructure Renovation Tax Credit			Х			123456124	9 0
170	CR1	9	School Repair and Maintenance Credit				X		123456125	9 0
			Carryover of the Hotel Construction and Remodeling Tax							
171	CR1	10	Credit			×			123456126	9 0
			Carryover of Residential Construction and Remodel Tax							
172	CR1		Credit			×			123456127	9 0
	CR1	12	Carryover of the Renew Energy Tech Income Tax Credit			X			123456128	9 0
174	CR1	13a(1)	Solar Checkbox				X	X	X	1 0
175	CR1	13a(2)	Wind Checkbox				X		X	1 0
			Total Amount of Renew Energy Tech Income Tax Credit-July							
	CR1	13a	2009				X	X	123456129	9 0
	CR1	13b	RETITC carryforward from previous years					X	X	1 8
178	CR1	14	Capital Infrastructure Tax Credit				X	X	123456130	9 0
1 1			Cesspool Upgrade, Conversion or Connection Income Tax							
179	CR1		Credit				X	X	123456131	9 0
	CR1		Renewable Fuels Production Tax Credit			X	Х		123456132	9 0
	CR1		Organic Foods Production Tax Credit			Х		X	123456133	9 0
182	CR1	18	Earned Income Tax Credit		X		Х		123456134	9 0
183	CR1		Healthcare Preceptor Income Tax Credit							
	CR1		Total Nonrefundable Credits			Х	X	X	987654135	9 0
185	CR2		Capital Goods Excise Tax Credit		X				123456136	9 0
186	CR2		Fuel Tax Credit		X				123456137	9 0
	CR2		Motion Picture and Film Tax Credit	Х	X				123456138	9 0
188	CR2		Solar Checkbox		X				X	1 0
189	CR2		Wind Checkbox		X				X	1 0
190	CR2	24	Renew Energy Tech Income Tax Credit-July 2009		X				123456139	9 0

Field	Page	Form									
#	#	Line #		Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Len	gth
	CR2	25	Important Agricultural Land Tax Credit		X				123456140	9	0
192	CR2		Tax Credit for Research Activities		X				123456141	9	0
			Other refundable credits-pro rata share of taxes paid on sale								
193	CR2		of real property			X			123456142	9	0
			Other refundable credits-credit from regulated investment								
194	CR2		company			X			123456143	9	0
195		27c	Other Refundable Credits Total			X			123456144	9	0
196	CR2	28	Total Refundable Credits	X	X	X			123456145	9	0
197	N-311	L10	Refundable Food/Excise Tax Credit		X		X		1231	4	0
		Part I									
198	X1	L12	Low-Income Household Renters Credit		X				1232	4	0
199	X1		Meets Married Persons Filing Separately Requirements			X					
		Part II									
200	X2		Credit for Child and Dependent Care Expenses		X		X		1233	4	0
201			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5	0
			This is to balance the field #. Sometimes when lines are								
			added deleted the filed # is not updated correctly. Delete								
201	206	-5	this row before making the PDF								

#### Return Fields that are NOT Included in the 2D Barcode

	1		First Time Filer Checkbox	X				
	1		Address or Name Change Checkbox			X		
			ITIN Applied For. This will be entered in the space below the					
			area reserved for the barcode, and may be for either the					
	1		taxpayer or spouse.					
	1	3	MFS Spouse Name. This field appears below line 3.					
			Spouse meets qualifications Checkbox. This is the checkbox					
	1		below line 6b.			X		
			Table of dependent names, social security numbers, and					
	1	6d	relationship					
	2	8a	Interest Income Total		X	X	X	Х
	2	9a	Dividends Total	X		X	X	
	2	10a	State Refund Total	X			X	
	2	11a	Alimony Received Total	X				
	2	13a	Capital Gain Total - negative indicator checkbox	X	X			
	2		Capital Gain Total	X	X	X	X	
	2	14a	Supplemental Gain Total - negative indicator checkbox					X
	2		Supplemental Gain Total		X	X		X
	2	15a	IRA Distribution Total		X	X		
	2		Pension Total		X	X		
	2	17a	Rents and Royalties Total - negative indicator checkbox		X			
	2		Rents and Royalties Total		X	X		
	2		Unemployment Compensation Total				X	
	2	19a	Other Income Total - negative indicator checkbox	X				
	2		Other Income Total	X		X		
1	2	20a	Total Income Total - negative indicator checkbox	X				

ield Pag	e Form								
# #	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	M
2	20a	Total Income Total	X	Х	X	X	X		
2		Certain Business Expenses Total	X						
2	21b	Certain Business Expenses Hawaii							
2	22a	IRA Deduction Total		X					
2	22b	IRA Deduction Hawaii		X					
2	23a	Student Loan Interest Total					X		
2	23b	Student Loan Interest Hawaii					X		
2		Health Savings Account Deduction Total		X					
2		Health Savings Account Deduction Hawaii							
2	25a	Moving Expenses Total	X						
2	25b	Moving Expenses Hawaii	X						
2		Deductible part of Self-Employment Tax Hawaii		X		X			
2		Self-Employed Health Insurance Total		X					
2		Self-Employed Health Insurance Hawaii		X					
2		Self-Employed SEP Total		X					
2		Self-Employed SEP Hawaii		X					
2	29a	Penalty on Early Savings Withdrawal Total		X					
2	29b	Penalty on Early Savings Withdrawal Hawaii		X					
2	30a	Alimony Paid Total		X					
2		Alimony Paid Hawaii		X					
2	31a	Payments to Housing Account Total		X					
2	32a	Military Reserve Pay Total	X	X		X			
3	33a	Exceptional Tree Deduction Total	X						
3	34a	Total Adjustments Total	X	X.		X	X		
		Tax source checkbox group (Tax Table, Tax Rate Schedule,							
3	44	Capital Gains Tax Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Rate Schedule)	X (Capital Gains)	X (Tax Table)		
		Amended Return: Amount Paid (Overpaid) on Original Return-							
4	68	negative indicator checkbox							
4	68	Amended Return: Amount Paid (Overpaid) on Original Return							

Field	Page	Form								
#		Line #		Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
			Amended Return: Balance Due (Refund) on Amended Return-							
	4	69	negative indicator checkbox							
	4	69	Amended Return: Balance Due (Refund) on Amended Return			X				
	4		Designee Name			Χ				
	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 Daytime Phone Number		X					
	4		Preparer Signature Date		X			X		
	4		Preparer Self Employed Checkbox		X			X	7	
	4		Preparer Name		X			X	7	
	4		Preparer Federal El No		X			X	7	
	4		Preparer Firm Name and Address		X			X	7	
	4		Preparer Phone Number		X			X	7	

	N-15 (Rev. 2019)	umber	Your one	60 62 64 66 68 70 72 74 76 78 80
Place	e l l l l l l l l l l l l l l l l l l l	NULLIPEI	TOUI SDC	PUDE SIGNIN
R Co	ode 123 - 45 -	6789	123	- 45 - 6789
Here	'e			MI LAST NAMEX
	Name(s) as shown on return			MI LAST NAMEX
П				
П	Col	I. A - Total Income		Col. B - Hawaii Income
Ш				
7	Wages, salaries, tips, etc. (attach Form(s) W-2)	123456789	7	123456789
8			ЧШ	
4	the Instructions	123456789	8	123456789
4		102455	444	122456700
9		123456789	9	123456789
10		12245552	++++	122456799
4	page 41 of the Instructions	123456789	10	123456789
	Alimani, kalaga a	123456789		123456789
4	Alimony received	167/0C+C7T	11	
10	Business or farm income or (loss)	123456789	4.	<b>X</b> 123456789
	Business er lann mosnie er (1885)		12	X 123456789
.3	Capital gain or (loss) from the worksheet on page 41 of the Instructions	123456789	13	<b>X</b> 123456789
14	Supplemental gains or (losses)			123430703
	(attach Schedule D-1)X	123456789	14	<b>x</b> 123456789
П				120100,00
15	IRA distributions	123456789	15	123456789
16			ЩЩ	
Ш	attach Schedule J, Form N-11/N-15/N-40)	123456789	16	123456789
Щ				
17	Rents, royalties, partnerships, estates, trusts, etc X	123456789	17	<b>X</b> 123456789
		1001-	ЧНН	122455700
18		123456789	18	123456789
19		100455	444	<b>y</b> 122456700
4	OTHER INCOMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123456789	19	<b>X</b> 123456789
$\dashv$		10045550		Y 123456789
	Add lines 7 through 19	123456789	20	<b>X</b> 123456789
21		123456789		123456789
++	artists, and fee-basis government officials	10/00	21	
22	IRA deduction	123456789	22	123456789
22			44	123456789
ں۔۔	on page 46 of the Instructions	123456789	23	123456789
T				123430703
24	Health savings account deduction	123456789	24	123456789
П				
		123456789	25	123456789
	ORAGEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ЩЩ	
		123456789	26	123456789
27	Self-employed health insurance deduction	123456789	27	123456789
4		1001-	444	122455700
28	Self-employed SEP, SIMPLE, and qualified plans	123456789	28	123456789
4	<u></u>	100455	4444	122456790
29		123456789	29	123456789
		12245552		123456789
4	SPOUSE NAMEXX 123-45-6789	123456789	30	123456789
4	31 Paymant to 11 July 11	122450700		123456789
+	31 Payments to an individual housing account	123456789	31	123456789
+	32 First \$6,735 of military reserve or Hawaii	123456789		123456789
+	national guard duty pay	123430/89	32	
8	Re $18ab$ $e^{2}$ $ext$ $H^{4}$ $erc$ $16$ $18$ $10^{20}$ $10^{22}$ $10^{24}$	44 46 48 50 52 54	56 58 6	60 62 64 66 68 70 72 74 76 78 80 8 FORM N-15 (REV. 2019)

Page 3 of 4	191 19 5 5 6	12 14 16 18 20 22 24 26 28 30 32 34	4 36 38 40	42 44 46 48 50 52 54 5	56 58 60 62	52 64 66 68 70 72 74 76 78	80 8
123	Form N-15	(Rev. 2019)	Sacial Securi	the Nicolada	Value Spalled	Page 3 of	<b>4</b> 3
TP'S   SET NAMEX X   TAST NAMEX	Place	+++++++++++++++++++++++++++++++++++++++	50ClairSecurio	Numper	dur Spouses	3 SSIN	5
TP'S   SST NAMEX   LAST NAMEX   SST NAME	QR Code		3 - 45	- 6789	123 -	45 - 6789	6
3 Exceptional frees sectucion (attach afficiary) 123456789 3 1234	Here			TP'S 1ST NAME			7
33 Exceptional tries electricino (attach attitisevit) (see paige 2 to the Instructions). 1234 56789 33 1234 56789  34 Add fine of 1 through 33		Name(s) as	shown on retu				8
123456789 33 123456789  34 Add lines 21 through 33 Total Adjustments > 123456789 34 123456789  35 Line 20 minus line 34 Adjusted Stoss Income > X 123456789 35 X 123456789  36 Federal Adjusted Gross Income   See page 21 of the Instructional   36 X 123456789  37 Retic of Herveil Adj It Total ADJ Divids line 35, Courne B, by line 35, Courne B, Divids of Barrier and Total Barrier and To	33 Exc	entional trees deduction (attach affidavit)					9
34. Add lines 21 through 33. Total Adjustments ➤ 123456789 34 123456789  35. Line 20 minus line 34. Adjusted Gross Income ➤ X 123456789 35 X 123456789  36. Federal adjusted gross income (see page 21 of the Instructions) 36. X 123456789  37. Raifor of Hawaii Adjustod Gross Income (see page 21 of the Instructions) 36. X 123456789  38. Raifor of Hawaii Adjusted gross income (see page 21 of the Instructions) 36. X 123456789  37. Raifor of Hawaii Adjustod Adjusted Bross in come (see page 21 of the Instructions on page 21 and piace and void to 8 obernal place), 37. 1.00  CAUTION. If you can be claimed as a desperated on another person's return, see the Instructions and enter your hawaii semilar bear X have. X  38. Byolido not leave a declaration, see to zero on line 39 and go to line 48a. Otherwise go to page 21 of the Instructions and enter your hawaii semilar declarations here.  38a. Madicial and deficial segerates.  (from Worksheet NR-1 or PY-1) 38a. 123456789  38b. 123456789  38c. Interest exponses (from Worksheet NR-2 or PY-2) 38c. 123456789  38c. Interest exponses (from Worksheet NR-3 or PY-4) 38d. 123456789  38d. Contributions (from Worksheet NR-3 or PY-4) 38d. 123456789  38e. Cassually and the till seases.  (from Worksheet NR-1 or PY-5) 36e. 123456789  38c. Interest exponses (from Worksheet NR-3 or PY-5) 36e. 123456789  38d. Minicellane-bus deductions  38d. Minicellane-bus deductions  38d. Minicellane-bus deductions  38d. Minicellane-bus deductions  40b. Multiply line 40a by the ratio on line 37. Profest Standard Deduction ➤ 40b. 123456789  41 Line 35, Column B Initius line 39 or 40b, whichever applies. (This line MUST be filled in) 41  42b. Multiply line 40a by the ratio on line 37. Profest Standard Deduction ➤ 40b. 123456789  41 Tax Piece an X if from X if X is X is 123456789  41 Tax Piece an X if from X is X is X is 123456789  42b. Multiply line 40a by the ratio on line 37. Profest Standard Deduction ➤ 40b. 123456789  41 Tax Piece an X if from X is X i				123456789	33	123456789	10
OTHER   ADJUSTMENTSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							11
35. Line 2D minus line 34. Adjusted Gross Income ➤ X 123456789 35 X 123456789  37. Reider al adjusted gross income (see page 21 of the Instructions) 35 X 123456789  38. Pederal adjusted gross income (see page 21 of the Instructions) 36 X 123456789  39. Reide of Hermit AGI to Total AGI. Divide line 35. Column 8, by line 35. Column 8, long line 30 depth and page 21 and piece and cunto 2 decentil places) 37 1.00  CAUTOM. Hyou can be claimed as a dependent on another poisson's return, see the Instructions on page 21, and piece and x. here. X.  38. Injurious not lemin deductions, enter zero cine 33 and go to line 48a. Otherwise go to hope 21 of the Instructions and enter your Hawaii terrized deductions here.  38a. Maciotical and dental expenses.  (from Worksheet NR-1 or PY-1) 38a 123456789  38b 123456789  38c Interest expense (from Worksheet NR-3 or PY-3) 38c 123456789  38d Contributions (from Worksheet NR-4 or PY-4) 38d 123456789  38d Contributions (from Worksheet NR-4 or PY-4) 38d 123456789  38d Contributions (from Worksheet NR-4 or PY-4) 38d 123456789  38d Contributions (from Worksheet NR-5 or PY-5) 38c 123456789  38d Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38c 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38f Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38d Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38d Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38d Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38d Miscollaneous deductions (from Worksheet NR-6 or PY-6) 38d 123456789  38d Miscollaneous deduction	<b>34</b> Add	lines 21 through 33 Total Adjustments	<b>&gt;</b>	123456789	34	123456789	12
36 Federal adjusted gross income (see page 21 of the Instructions) 38 X 123456789  37 Retiro of Hewell AGL Total AGL Divide line 35. Column A, Compute to 3 departs to 3 depa							13
38 Federal adjusted gross income (see page 21 of the Instructions) 38 X 123456789  39 Ratio of Naval AGI to Total AGI, Divide line 35, Column B, by line 35, Column A, Compute to 3 second places and round to 2 doctmal places) 37 1.00 CARTON. If you can be destined as a dependent on another person's return, see the Instructions on page 21, and place an X here. X  38 Byth do not hermal eductions, enter zero on line 39 and go b line 48a, Otherwise go to page 21 of the festindens and enter your Hewail termized deductions here.  \$38 Missolidane Line 1 of PY-1) 38a 123456789  38b 123456789  38b 123456789  38c Interest exponse (from Worksheet NR-2 or PY-2) 38c 123456789  \$3c Interest exponse (from Worksheet NR-1 or PY-1) 38d 123456789  \$3d Contributions (from Worksheet NR-1 or PY-1) 38d 123456789  \$3d Contributions (from Worksheet NR-1 or PY-1) 38d 123456789  \$3d Contributions (from Worksheet NR-1 or PY-1) 38d 123456789  \$3d Miscellaneus deductions (from Worksheet NR-6 or PY-9) 386 123456789  \$3d Miscellaneus deductions (from Worksheet NR-6 or PY-9) 38d 123456789  \$40a If you encoded filing status box: 1 or 3 enter \$2,200 123456789  \$40b Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40c 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40c 123456789  \$40c Multiply line 40a by the ratio on line 37 Prorated Standard Deduction	35 Line	20 minus line 34Adjusted Gross Income	<b>&gt;</b> X	123456789	35 X	123456789	14
7. Ratio of Haveil AGI to Total AGI Divide line 35, Column B, by line 35, Column A, Compute to 3 decimal places and round to 2 decimal places 37. 1.00 CAUTION. If you can be claimed as a dependent on another person's return, see the Instructions on page 21, and place an X here. X.  38. Myour do not herize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the instructions and enter your Hewait lemized deductions here.  38a. MacCondition and dental despenses.  (from Worksheet NR-1 or PY-1)							15
The local Havesial AGL to Total AGL Dukes line 35. Column 8, by line 35. Column A (Compute to 3 sectinal places and round to 2 decimal places). 37 1.00  CAUTION. If you can be claimed as a dependent on another person's return, see the instructions on page 21, and place an IX here. X  38. Medical and definal expenses.  (from Worksheat NR-1 or PY-1)	36 Fed	ieral adjusted gross income (see page 21 of the	Instructions)	36 X 1 1;	2345678	39	16
CAUTION: If you can be delimed as a dependent on another person's return, see the Instructions on page 21, and pilice an X here. X  38 If you do not limite deductions, onlier zien on line 39 and yo to line 49a. Otherwise go to tage 21 of the Instructions and entiry your Hawaii immized ceclustron's here.  38a Middledia and sherilat dependence.  (from Worksheet NR1 or PY-1)		<del></del>					17
38 If you on his limited declucions, where zero on line 33 and pot loline 40th Collements go to be page 21 of the Instructions and reflat ry your Hamal limited declucions here.  38a Medical and dental expenses.  (from Worksheet NR-10 or PY-1)	37 Rati	o of Hawaii AGI to Total AGI. Divide line 35, Column B, by	y line 35, Column	1 A (Compute to 3 decimal places and	d round to 2 dec	oimai piaocoj	18
38						ii, and place all A liele.	19
38b Taxes (from Worksheet NR-1 or PY-1)			o line 40a. Other	wise go to page 21 of the Instructions	s and enter your	r Hawaii itemized deductions here.	20
38b Taxes (from Worksheet NR-2 or PY-2)	38a			100456700			21
386 Interest expense (from Worksheet NR-3 or PY-3)	++++	(from Worksheet NR-1 or PY-1)	38a	123456789			22
386 Interest expense (from Worksheet NR-3 or PY-3)	++++	<del></del>		102456700			23
38c   Interest expense (from Worksheet NR-3 or PY-3)	38b	Taxes (from Worksheet NR-2 or FY-2)	38b	123456789			24
Sad   Contributions (from Worksheet NR-4 or PY-4)   38d   123456789   sale to deduct all of your literate deductions (from Worksheet NR-5 or PY-5)   38e   123456789   sale to deduct all of your literate deductions (from Worksheet NR-5 or PY-5)   38e   123456789   sale to deductions on page 27 Enter (from Worksheet NR-6 or PY-6)   38f   123456789	<del>                                     </del>	<del></del>		122456700			25
38d Contributions (from Worksheet NR-4 or PY-4)	38c	Interest expense (from Worksheet NR-3 or FY-3)	38с	123450707			26
See Casualty and theft losses		+++++++++++++++++++++++++++++++++++++++		122456789		amount, you may not be	27
88° Casualty and their tosses (from Worksheet NR-5 or PY-5)			38d				28
38f Miscellaneous deductions (from Worksheet NR-6 or PY-6)	38e			122456789		Instructions on page 27. Enter	
40a If you checked filing status box: 1 or 3 enter \$2,200; 1234 56789  40a If you checked filing status box: 1 or 3 enter \$2,200; 1234 56789  40b Multiply line 40a by the ratio on line 37	206		38e	I L L D H J U I U J		total here and go to line 41.	30
40a If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212	381		305	123456789		123456789	3:
2 or 5 enter \$4,400; 4 enter \$3,212	++++	(from Worksheet NR-6 or PY-6)	381				32
40b Multiply line 40a by the ratio on line 37	40a If yo	ou checked filing status box: 1 or 3 enter \$2,200;	;	123456789			3
40b Multiply line 40a by the ratio on line 37	2 0	5 enter \$4,400; 4 enter \$3,212	40a				34
41 Line 35. Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)				La description	406	123456789	3:
### Auditiply \$1,144 by the lotal 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 the Instructions.  X Yourself X Spouse	4UD IVICII	liply line 40a by the ratio on line 37		ated Standard Deduction	40D		30
### Auditiply \$1,144 by the lotal 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 the Instructions.  X Yourself X Spouse	41 Line	- 25 Column B minus line 30 or 40h whichever	This	"as MIRT be filled in)	41 X	123456789	38
or disabled, place an X in the applicable box(es), and see the Instructions.  X Yourself X Spouse					41		30
A2a   123456789				/or your spouse are piniu, ucai,			41
42b Multiply line 42a by the ratio on line 37				123456789	. +		4
43 Taxable Income, Line 41 minus line 42b (but not less than zero)		Yoursell Spouse	744		. +		42
43 Taxable Income, Line 41 minus line 42b (but not less than zero)	42b Mu	tiply line 42a by the ratio on line 37		Prorated Exemption(s)	42h	123456789	4
44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 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.)	420	JOIN III 42a Dy III Tallo OT III O		PIUI aleu Lacinina anton	440		4
44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 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.)	43 Tax	cable Income Line 41 minus line 42b (but not le	es than zero)	Taxable Income	43	123456789	4:
( 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,       Tax → 44       123456789         .N-586, N-615, or N-814 is included)						et on page 44 of the Instructions.	40
N-586, N-615, or N-814 is included)							4
144a   If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet	N-58				44	123456789	4:
the net capital gain from line 8 of that worksheet							4
45 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 12				44a	123456	5789	5
(attach Form N-311) DHS, etc. exemptions       12		undable Food/Excise Tax Credit	ПЩЩ				5
46 Credit for Low-Income Household Renters (attach Schedule X)			45	123456789			5
47 Credit for Child and Dependent Care Expenses (attach Schedule X)							5
47 Credit for Child and Dependent Care Expenses (attach Schedule X)	Rer	ıters (attach Schedule X)	46	123456789			5
Expenses (attach Schedule X)							5
48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)			47	123456789			5
System(s) (attach a copy of the invoice)							5
49       Total refundable tax credits from         Schedule CR (attach Schedule CR)       49       123456789         50       Add lines 45 through 49       Total Refundable Credits ➤ 50       123456789			48	123456789			5
Schedule CR (attach Schedule CR)							5
50 Add lines 45 through 49	111111		49	123456789			$\epsilon$
51 Line 44 minus line 50 If line 51 is zero or loss see Instructions 51 X 123456789				Total Refundable Credits ➤	50	123456789	$\epsilon$
51 I ne 44 minus line 50. If line 51 is zero or less, see Instructions	1						
Human Redublic Pext Here 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 FORM N-15 (REV. 2019)					`	<del></del>	- 6

	N-15 (Rev. 2019) 18 20 22 24 26	Your Social	Security Nur	mber		Your Spouse's	SSN	74 Page 4 of
Plac								
QR C		123 -	45 -	6789		123 -	45 - 6789	
Her	e			TP'S 1	ST NAI	MEXXX MI	LAST NAME	X
		Name(s) as shown	on return	SPOUSE	IST I	NAMEX MI	LAST NAME	X
52	Total nonrefundable tax credits (atta	ach Schedule CR)				52	12345	6789
53	Line 51 minus line 52				. Balance	> 53 X	12345	6789
54								
	(see page 33 of the Instructions for		54	123	345678	9		
55	2019 estimated tax payments on							
	Forms N-200V 1234567 : N	J-288A 1234567	55	123	345678	9	TOTAL	
							PAYMEN	
56	Amount of estimated tax applied from	2018 return	56	123	345678	9 5	8 Add lines 54 thro	
57	Amount paid with extension		57	123	345678	9	12345	6789
59								
- 55	(line 58 minus line 53) (see Instruct					59	12345	6789
60				Yourself	Spouse			
- 50	60a Hawaii Schools Repairs and N			X <sub>\$2</sub>	X \$2			
	60b Hawaii Public Libraries Fund .			X \$5	X \$5			
	60c Domestic and Sexual Violence / Chil			X \$5	X \$5			
61				1 1 1 1	00	61		12
31	And the amounts of the As off lifes	Soa unough ood and e	THE LITE LOLD	a Hore		01		
62	Line 59 minus line 61					62	12345	6789
63						02		0,05
0.5	your 2020 ESTIMATED TAX		60	123	345678	9		
64.							here X if this re	fund will
64a	ultimately be deposited to a foreign			1   1   7		tions. Place an A	nele 21 il unis le	iuliu wiii
	unimatery be deposited to a foreign	(11011-0.5.) Dank. Do 11	or complete	illies 64b, 6	54C, 01 64G.			
C Alla	Bouting number 123456	789	34c Type: X	Check	cina X	Covings		
040	Routing number 123456		To Type: 22	Crieci	any 🔼	Savings		
6/4	Account number 123456	78901234567				64a	12345	6789
Ju	ACCOUNT HUMBER					ота		
65	AMOUNT YOU OWE (line 53 minus	: line 58)				65	12345	6789
66	PAYMENT AMOUNT Submit paymo	1	aii gov or att	ach chook o	\r	65	12313	0,705
00			iii.gov or all	acii cileck c	,,	66	12345	6789
67	money order payable to "Hawaii Sta Estimated tax penalty. (See page 35 of In		ount			00	12313	
07	in line 59 or 65. Check this box if Form N-2		67	12	345678	9		
60	AMENDED RETURN ONLY - Amount paid					7.7	12345	6789
68	AIVIENDED RETURN UNLY - Amount paid	a (overpaid) on original retur	ıı. (See instruc	uons) (attach	och. Alvid)	68 A	12343	5,55
60	AMENDED BETUDA ONLY	(rofund) with amazalad	IFF (Caa last	otions) (-ttt	Cab ANADY	69 X	12345	6789
69	AMENDED RETURN ONLY - Balance due	1	1	, ,		00		
N.	If designating another person to di attorney. See page 35 of the Instru	scuss this return with the	ne Hawaii D	epartment of	of Taxation,	complete the fol	lowing. This is not a	tull power of
SE	DEGE CAT		YY D		1221122	F C 17 1 4 4 20	12	_2/5670
LI AM						567 Identificatio		-345678
	IDAIGN FUND	vant \$3 to go to the Hav				X Yes	box w	Placing an X in the "Yes" Ill not increase your tax
	age 36 of the Instructions)  If joint re  DECLARATION — I declare, under the penalt	turn, does your spouse				X Yes		uce your refund.
	of my knowledge and belief, is a true, correct,							
	Your signature	Date Date		H Sp	<del>duse's signa</del> t	ute (if filing jointly, B0	DHI must sign) Date	
		112_	12-12				10	12-12
12 15			e Phone Num	ber Vo	ur \$pouse's C	Occupation		e Phone Number
EASE VITERE	Your Occumation	1				OCCUPATI		123-456
PLEASE SIGN HERE	Your Occupation	TONTY (122)	エムひにせじ	O I DE	CODE (	JCCUFAII		
FLEASE SIGN HERE	TAXPAYER OCCUPAT	IONXX (123):					III Preharets lid	
FLEASE SIGN HERE	TAXPAYER OCCUPAT	IONXX (123)			Date	Check if		entification humb
FLEASE SIGN HERE		IONXX (123)			2 - 12 - 1	Check if Self-employe		
PLEASE SIGN HEHE	TAXPAYER OCCUPAT  Pald Preparer's Signature Information Print			1	2-12-1		<b>X</b> 12345	6789
PLEASE SIGN YERE	TAXPAYER OCCUPAT  Pald Preparer's Signature Information Print Preparer's Name PR	INT PREPARE	R'S NA	ME HEF	2-12-1 REXXXX	XX Federal E.		6789
PLEASE SIGN HEHE	TAXPAYER OCCUPAT  Paid Preparer's Signature Information  Print Preparer's Name PR  Firm's name (br yours		R'S NA OR PR	ME HEF EPAREF	2-12-1 REXXXX R'S NAM	XX Federal E.	<b>X</b> 12345	6789 6789

## (Rev. 2019)

#### **Individual Income Tax Return** NONRESIDENT and PART-YEAR RESIDENT

Place QR Code Here

Calendar Year 2019

12 - 12 - 12 thru 12 - 12 - 12 **Tax Year** 

X	Part-Year Resident	X	Nonresident	X	Nonresident Alien or Dual-Status Alien	X	MSRRA	X	Composit

(Enter period of Hawaii residency above)

**AMENDED Return** X

**NOL Carryback** X

**IRS Adjustment** X

First Time Filer X

### Do NOT Submit a Photocopy!!

FOR OFFICE USE ONLY

#### ATTACH A COPY OF YOUR 2019 FEDERAL INCOME TAX RETURN

Your First Name	M.I.	Your Last Name		Suffix			
TP'S 1ST NAMEXXX	MI	LAST N	AMEXXXXXX	MI			
Spouse's First Name	M.I.	Spouse's Last Nar	me	Suffix			
SPOUSE 1ST NAMEX	MI	LAST N	AMEXXXXXX	MI			
Care Of (See Instructions, page 8.)							
CARE OF NAME FOR MAILING ADDRESSXXXXXXXX							
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				
CITYXXXXXXXXXXXXX	XXXX	X HI	99999-9999	9			
If Foreign address, enter Province and/or Stat	e		Country				
FOREIGN ADDRESSXX	XXXX	XXXXX	COUNTRYXXX	XXX			

#### ◆ IMPORTANT — Complete this Section ◆

Enter the first four letters of your last name. Use ALL CAPITAL letters XXXX Your Social Security Number 123 - 45 - 6789 Deceased X Date of Death 12 - 12 - 12 Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters XXXX Spouse's Social Security Number 123 - 45 - 6789

Date of Death 12 - 12 - 12

#### (Place an X in only ONE box)

X

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

- X Married filing joint return (even if only one had income).
- 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 NAMEXXXXXXX
- Head of household (with qualifying person). If the qualifying X person is a child but not your dependent, enter the child's full

> QUALIFYING PERSONXXX

Qualifying widow(er) (see page 9 of the Instructions) X

Enter the year your spouse died

Deceased X

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 below line 37.

6a	X	Yourself	X	Age 65 or over	Enter the number of Xs	1
6b	X	Spouse	X	Age 65 or over	on <b>6a</b> and <b>6b</b>	
	If v	you placed an X on lines 3 and 6h above, see	e the I	nstructions on page 9 and if your shouse meets the qualifications	nlace an X here	

6c and	Dependents: 1. First and last name	If more than 6 dependents use attachment	Dependent's social security number	3. Relationship	Enter number of	
6d		PENDENT NAMEXXX	123-45-6789	RELATIONSHIP	your children listed 6c	12
	SECOND D	DEPENDENT NAMEXX	123-45-6789	RELATIONSHIP	Enter number of	
	THIRD DE	PENDENT NAMEXXX	123-45-6789	RELATIONSHIP	other dependents6d	12
	FOURTH D	DEPENDENT NAMEXX	123-45-6789	RELATIONSHIP		
	FIFTH DE	PENDENT NAMEXXX	123-45-6789	RELATIONSHIP		
	SIXTH	I DEPENDENT NAME	123-45-6789	RELATIONSHIP		
	6e Tota	60	12			

123 - 45 - 6789

123 - 45 - 6789

TP'S 1ST NAMEXXX MI LAST NAMEX SPOUSE 1ST NAMEX MI LAST NAMEX

			Col. A - Total Income			Col. B - Hawaii Income
7 8	Wages, salaries, tips, etc. (attach Form(s) W-2) Interest income from the worksheet on page 41 of		123456789	7		123456789
0	the Instructions		123456789	8		123456789
9	Ordinary dividends		123456789	9		123456789
10	State income tax refund from the worksheet on page 41 of the Instructions		123456789	10		123456789
11	Alimony received		123456789	11		123456789
12	Business or farm income or (loss)	X	123456789	12	X	123456789
13 14	Capital gain or (loss) from the worksheet on page 41 of the Instructions	X	123456789	13	x	123456789
14	Supplemental gains or (losses) (attach Schedule D-1)	X	123456789	14	X	123456789
15	IRA distributions		123456789	15		123456789
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)		123456789	16		123456789
17	Rents, royalties, partnerships, estates, trusts, etc	X	123456789	17	x	123456789
18	Unemployment compensation (insurance)		123456789	18		123456789
19	Other income (state nature and source) OTHER INCOMEXXXXXXXX	x	123456789	19	X	123456789
20	Add lines 7 through 19 Total Income >	X	123456789	20	X	123456789
21	Certain business expenses of reservists, performing artists, and fee-basis government officials		123456789	21		123456789
22	IRA deduction		123456789	22		123456789
23	Student loan interest deduction from the worksheet on page 46 of the Instructions		123456789	23		123456789
24	Health savings account deduction		123456789	24		123456789
<b>25</b> ST	Moving expenses (attach Form N-139)		123456789	25		123456789
26	Deductible part of self-employment tax		123456789	26		123456789
27	Self-employed health insurance deduction		123456789	27		123456789
28	Self-employed SEP, SIMPLE, and qualified plans		123456789	28		123456789
29 30	Penalty on early withdrawal of savings		123456789	29		123456789
30	SPOUSE NAMEXX 123-45-6789		123456789	30		123456789
l	<ul><li>31 Payments to an individual housing account</li><li>32 First \$6,735 of military reserve or Hawaii</li></ul>		123456789	31		123456789
	national guard duty pay		123456789	32		123456789

Place QR Code

Here

Form N-15 (Rev. 2019) Page 3 of 4

Place QR Code 123 - 45 - 6789 123 - 45 - 6789 Here TP'S 1ST NAMEXXX MI LAST NAMEX SPOUSE 1ST NAMEX MI LAST NAMEX Exceptional trees deduction (attach affidavit) 123456789 123456789 (see page 21 of the Instructions)..... 33 123456789 123456789 34 34 Add lines 21 through 33 ....... Total Adjustments OTHER ADJUSTMENTSXXXXXXXXXXXXX 123456789 X 123456789 35 Line 20 minus line 34 .... Adjusted Gross Income > X 35 123456789 X Federal adjusted gross income (see page 21 of the Instructions) .......36 36 37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places)...37 CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 21, and place an X here. If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the Instructions and enter your Hawaii itemized deductions here. 38a Medical and dental expenses 123456789 (from Worksheet NR-1 or PY-1) ...... 38a 123456789 38b Taxes (from Worksheet NR-2 or PY-2)......38b 123456789 Interest expense (from Worksheet NR-3 or PY-3)............. 38c 39 If your Hawaii adjusted gross 38c income is above a certain amount, you may not be 123456789 38d Contributions (from Worksheet NR-4 or PY-4) ...... 38d able to deduct all of your itemized deductions. See the Casualty and theft losses Instructions on page 27. Enter 123456789 total here and go to line 41. (from Worksheet NR-5 or PY-5) ...... 38e 38f Miscellaneous deductions 123456789 123456789 If you checked filing status box: 1 or 3 enter \$2,200; 123456789 2 or 5 enter \$4,400; 4 enter \$3,212.......40a 123456789 Multiply line 40a by the ratio on line 37 ...... Prorated Standard Deduction ➤ 40b 40b 123456789 X Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in) ............ 41 41 Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, 42a or disabled, place an X in the applicable box(es), and see the Instructions. 123456789 Yourself 123456789 123456789 43 Taxable Income. Line 41 minus line 42b (but not less than zero)......Taxable Income > 43 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 44 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, 123456789 44a If tax is from the Capital Gains Tax Worksheet, enter 123456789 the net capital gain from line 8 of that worksheet......44a Refundable Food/Excise Tax Credit (attach Form N-311) **DHS**, etc. exemptions 12 123456789 ..... 45 Credit for Low-Income Household 123456789 Credit for Child and Dependent Care Expenses (attach Schedule X)......47 123456789 Credit for Child Passenger Restraint 123456789 System(s) (attach a copy of the invoice)......48 Total refundable tax credits from 123456789 Schedule CR (attach Schedule CR)......49 123456789 X 123456789 51

Human Readable text here

Place QR Code Here Your Social Security Number

Your Spouse's SSN

Here			123 - 45 -				123				
		Name(s	) as shown on return			T NAMI					
				SPO	USE	1ST NA	AMEX	. MT T	AST N.	AIMEY	
52	Total nonrefundable to	ax credits (attach Schedul	e CR)				52		12	3456789	
53	Line 51 minus line 52	·			P	Balance >	53	x	12	3456789	
		tax withheld (attach W-2s)					55	=			
		nstructions for other attach			1234	56789					
	2019 estimated tax pa		,								
	Forms N-200V 123	34567 ; N-288A 12	34567 <b>55</b>		1234	56789			T	OTAL	
									PAY	MENTS	
56	Amount of estimated to	ax applied from 2018 return	56		1234	56789		58		4 through 57.	
57	Amount paid with exte	ension	57	:	1234	56789			12	3456789	
	•	n line 53, enter the amoun							1.0	245652	
	•	(see Instructions)					59		12	3456789	
	,	e page 33 of the Instruction	,			pouse					
		Repairs and Maintenance		X \$2		X <sub>\$2</sub>					
		braries Fund		X \$!		X <sub>\$5</sub> X <sub>\$5</sub>					
		al Violence / Child Abuse and N	•	Ψ.			61			12	
61	Aud the amounts of the	ne Xs on lines 60a through	i ouc and enter the to	ıaı nere			61			12	
62	l ine 59 minus line 61						62		12	3456789	
	Amount of line 62 to b						J_				
		ED TAX	63		1234	56789					
	-	IDED TO YOU (line 62 min		e, see pa	age 34 (	of Instruction	ons. Plac	e an X here	X if t	his refund will	
		ed to a foreign (non-U.S.) k	,		•						
	- ,		·								
64b	Routing number	123456789	<b>64c</b> Type: <sup>2</sup>	<b>X</b> C	Checking	g <b>X</b>	Savings	S			
64d	Account number	123456789012	34567				64a		12	3456789	
65	AMOUNT YOU OWE	(line 53 minus line 58)					65		12	3456789	
		Submit payment online at									
	money order payable	to "Hawaii State Tax Colle	ctor."				66		12	3456789	
67	Estimated tax penalty. (S	See page 35 of Instr.) Do not inc	lude this amount								
		s box if Form N-210 is attached				56789		37	1.0	245652	
68	AMENDED RETURN ONI	LY - Amount paid (overpaid) on	original return. (See Instru	uctions) (a	ittach Sch	n. AMD)	. 68	X 		3456789	
69	AMENDED RETURN ONI	LY - Balance due (refund) with a	amended return. (See Inst	ructions) (	attach Sc	ch. AMD)	69	X	12	3456789	
	attorney. See page 3			•						·	
ä		DESIGNEE'S N				3)123-456			77	12-3456	
	AII ELECTION PAIGN FUND	Do you want \$3 to go					X	Yes	X No	Note: Placing an X in box will not increase y	our tax
	ge 36 of the Instructions)	If joint return, does your, under the penalties set forth in s		-			X hadulas o	Yes	X No	or reduce your refund.	
		e, under the penalties set forth in s f, is a true, correct, and complete re			e year state		the Hawa	aii Income Ta	x Law, Chapter		uie best
	>		12-12-12							12-12-12	)
	Your Occupation		Daytime Phone Nu	mber	Your S	Spouse's Occ	cupation			Daytime Phone N	
		OCCUPATIONXX	(123)123-45			USE O		ATION	IXX (1	23)123-4	
		0 0 0 0 1 1 1 1 0 1 1 1 1 1 1	(	/	Date					er's identification	
	Preparer's Signature Signature	<u> </u>				-12-12	Che self-	eck if employed		3456789	
I	Print Preparer's N	Name PRINT PR	EPARER'S N	ΔMF: 1	HERE	XXXXX	X Fed	deral E.I. No	12-	3456789	
	Firm's name if self-emplo	e (or yours FIRM'S	NAME OR PI	REPAI	RER'	S NAMI	E Pho	one No.		123-4567	,
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TATION IN	Eadable text Here ID	NO XX							FORM	N-15 (REV. 2	2019)