STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-11 (Rev. 2022)

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FORM N-11 (Rev. 2022)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-11. Form N-11 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-11 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

We support the processing of 2D barcodes produced on Form N-11. If you will produce 2D barcodes for Form N-11, you must also refer to the separate scannable specifications for Schedule CR.

Substitute scannable forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Form N-11 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Fonts

• The form was designed using the following font:

1. Arial

- 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 Arial bold
 - 2. N-11: 18 pt Arial bold
 - 3. REV. 2022: 8 pt Arial
- The following font and size should be used for the form number located at the bottom right corner of the form:
 - 1. FORM N-11 (REV. 2022): 10 pt Arial bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier New font. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier New.
- All variable data fields require exact placement. On page 1 line 6d, the last line for the fourth dependent name begins at the beginning of column 13 and should rest at the top of row 61 to avoid encroaching in the bottom left registration mark area.
- Print all alpha characters uppercase.
- Use a bold X (X) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. For Office Use Only Area

- · Use horizontal lines.
- Boxes should not be printed.

6. Variable Data Delimiters

• Fiscal year beginning and ending dates and the Date of Death must be printed with spaces between the dash (-) delimiters. For example:

MM - DD - YY

(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the day, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the fiscal beginning and ending tax year and date of death tax year)

• Taxpayer's Social Security Number and/or spouse's social security number must be printed with spaces between the dash (-) delimiters. For example:

123 - 45 - 6789

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

The first four letters of the taxpayer's name field must be printed in uppercase letters.

• Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

123 - 456 - 7890 - 01

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

7. Dollar Amounts 123456789

- · Do not use commas as thousand separators.
- Do not use leading dollar signs.
- · Amounts are right justified.
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

8. Negative Amounts

• Show negative amounts with a bold X (X) where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

SCANNABLE SPECIFICATIONS

1. Layout

• The form was designed on a 6x10 grid. See exhibits.

There are a few areas of the form that do not require optical character recognition, and therefore do not meet the 6x10 design:

1 Page 4, Designee and Paid Preparer Information

 Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following position:
 - 1. Pages 1 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

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.

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-11 (Rev. 2022) cannot be filed until 2023.

• There are two registration marks on each page.

- 1. Page 1: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 4.
- 2. Pages 2 through 4: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6.
- 3. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four pages.



- The tolerance is 1 mm (¹/₄ of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the registration mark.



4. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
 - 1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 9.
 - 2. Pages 2 4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is: N11_T 2022A 01 VIDXX

The required QR code for page 2 is: N11_T 2022A 02 VIDXX

The required QR code for page 3 is: N11_T 2022A 03 VIDXX

The required QR code for page 4 is: N11_T 2022A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2022), 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 below the QR code utilizing 6 pt Arial font.
 Placement of the human readable text is as follows (see exhibits for exact placement):
 - 1. Page 1: Column 6, row 10
 - 2. Pages 2 4: Column 6, row 9
- Please do not print the outline around the human readable text and QR code. The outline is used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. 2D Barcode

The Department supports the processing of 2D barcodes produced on Form N-11. The following defines the technical specifications for producing 2D barcodes for Form N-11. If a 2D barcode cannot be produced, then the reserved space on page 1 of the form should remain blank.

- The 2D encode type is Standard PDF417.
- The dots per inch (DPI) is 300.
- The Error Correction Level is 4.
- The Y/X element ratio is 3.
- The size of the barcode will vary according to the amount of information contained in the barcode. The size of the barcode can not be greater than 3.7" Wide x 1.83" High.
- The X dimension width is a minimum of 11.0 Mils. Adjust the X dimension width to the largest value that can be used while still fitting within maximum barcode size.
- The number of Data Columns and Data Rows will be variable. While adjusting the number of Data Columns and Data Rows, it is preferable to maintain an overall aspect ratio of the barcode's width to its height of approximately 2 to 1 (this will provide the highest read rates), but any aspect ratio that fits within the allocated space is acceptable.
- DO NOT stretch the barcode image.
- The barcode placement must be within the boundary box in the area labeled "This Space Reserved". The preferred position is for the barcode to be centered both horizontally and vertically within that space, but any placement of the barcode that is within the allocated space is acceptable. NOTE: When printing the 2D barcode in the allocated space, do not print the boundary box.
- Use Text compaction mode whenever the data included in the barcode allows. This is the preferred mode since it will result in a smaller barcode size as compared to Binary compaction, but either compaction mode is acceptable.
- A problem with 2D barcode processing on tax returns can occur when a user of vendor software prints their return, then makes a change to the return data and reprints only that page (without reprinting the first page which contains the 2D barcode). We recommend that vendors update their help documentation to remind users to reprint page 1 of their return if they make any changes to any return data.
- The layout for the data encoded in the 2D barcode is defined in Appendix A, "2D Barcode Layout – N-11/Schedule CR". Please carefully read the "Field Business Rules" for each field. In most cases the data that is printed on the form is exactly what is expected in the 2D barcode field, but there are a few exceptions. For example, for the social security field the expected

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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. Form Serial Number

- The form serial number MUST be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is: N111E3T4

The required form serial number for page 2 is: N112E3T4

The required form serial number for page 3 is: N113E3T4

The required form serial number for page 4 is: N114E3T4

7. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form N-11. If you did not receive the acetate overlays, please contact the Forms Coordinator.

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311

Set zero values for zero Use a carriage return for the field delimiter.

Field	Page		Colum			Data	ypes: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.	
#		Form Line #	n	Description	Length		Field Business Rules	Changes
1				Header Version Number	2		"T1". Indicates the version of the standard FTA defined 2D barcode header format.	.
							Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved	
2	ALL			Software Developer Code	4	AN	space on each page of the return.	
3				Form Number	6	Α	"N11"	
4	1			Form Year	4	Ν	The tax year for which the return is being filed. "2022" for example.	Date updated
							"0". Indicates the version of the 2D specification for the form that is being used. This number	
5				2D Specification Version	2	Ν	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	AN	produce this barcode.	
7	4			Fis asl Vs on Danin Manth		NI	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
1	I			Fiscal Year Begin Month	2	Ν	include slashes "/" in this field.	
0	1			Fiscal Veer Regin Day	2	Ν	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
8	- 1			Fiscal Year Begin Day	2	IN	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
9	1			Fiscal Year Begin Year	2	Ν	include slashes "/" in this field.	
9	1				2	IN	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
10	1			Fiscal Year End Month	2	Ν	include slashes "/" in this field.	
10	•				2		Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
11	1			Fiscal Year End Day	2	Ν	include slashes "/" in this field.	
	•						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
12	1			Fiscal Year End Year	2	Ν	include slashes "/" in this field.	
13	1			Amended Return Checkbox	1	С	"X" or null.	
14	1			NOL Carryback Checkbox	1	C	"X" or null.	
15	1			IRS Adjustment Checkbox	1	C	"X" or null.	
	-					-	The total width of this name (First MI Last) is 40, truncate the first name and last name as	
16	1			Primary First Name	25	А	needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	
17	1			Primary Middle Initial	1	A	Field should be all CAPITAL LETTERS.	
18	1			Primary Last Name	35	А	Field should be all CAPITAL LETTERS.	
19	1			Primary Suffix	2	Α	Field should be all CAPITAL LETTERS.	
							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	
20	1			Spouse First Name	25	А	space. Field should be all CAPITAL LETTERS.	
21	1			Spouse Middle Initial	1	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
22	1			Spouse Last Name	35	A	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
23	1			Spouse Suffix	2	A	Field should be all CAPITAL LETTERS.	
24	1			First 4 Characters of Primary Last Name	4	A		
25	1			Primary SSN	9		Do not include hyphens, spaces or other delimiters in this field.	
26	1			Primary Deceased Checkbox	1	C	"X" or null	
27	1			Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
28	1			Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
29	1			Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
20	4			First 4 Observators of Oracian Last Name			Required entry if married filing joint or married filing separate, otherwise null. Field should be	
30	1			First 4 Characters of Spouse Last Name	4	A	all Capital Letters.	
24	4					N I	Required entry if married filing joint or married filing separate, otherwise null. Do not include	
31	1			Spouse SSN	9	N	hyphens, spaces or other delimiters in this field.	
32	1			Spouse Deceased Checkbox	1	C	"X" or null	Line for OW/ On over Data of D
33	1			Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	Use for QW Spouse Date of Death
34	1			Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	Use for QW Spouse Date of Death
35	1			Spouse Deceased Date of Death - Year	2	Ν	Do not include slashes "/" and dashed "-" in this field.	Use for QW Spouse Date of Death
26	4			Coro Of	40	A N I		
36	1			Care Of	40	AN		1

Field	Page		Colum		Max	Data		
#	#	Form Line #	n	Description	Length	Туре	Field Business Rules	Changes
37	1			Street Address	40	AN	Field should be all CAPITAL LETTERS.	
38	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	
20	1			U.S. State Code	2	^	U.S. state codes are published by the USPS at:	
39	I				2	A	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	
40	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	
41	1			Foreign State or Province	25	А	this field should be NULL. Field should be all CAPITAL LETTERS.	
42	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	
43	1	1		Filing Status Checkbox: Single	1	С	filing status checkbox marked.	
A A	4	2		Eiling Status Chackboy: Marriad filing isint	4	~	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
44	1	2		Filing Status Checkbox: Married filing joint		С	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
45	1	3		Filing Status Checkbox: Married filing separate	1	С	filing status checkbox marked.	
.0	•	5					"X" or null. One of the filing status checkboxes must be marked. There should be only one	
46	1	4		Filing Status Checkbox: Head of Household	1	С	filing status checkbox marked.	
							"X" or null. One of the filing status checkboxes must be marked. There should be only one	
47	1	5		Filing Status Checkbox: Qualifying Widower	1	С	filing status checkbox marked.	
48	1	4a		HOH Qualifying Person. This field appears below line 4.	21		Null if no value	
	4	5a		QW Year Spouse Died	4	N	Null if no value	Field Removed (not on form)
49 50	1	6a(i)		Primary Regular Exemption Primary Over 65 Exemption	1	C C	"X" or null "X" or null	Renumbered Renumbered
50	1	6a(ii) 6b(i)		Spouse Regular Exemption	1	C C	"X" or null	Renumbered
52	1	6b(ii)		Spouse Over 65 Exemption	1	C	"X" or null	Renumbered
		0.2()		Number of Primary and Spouse Exemptions. This is the field				
53	1	6a/b		that appears to the right of lines 6a and 6b.	1	Ν	Number of primary and spouse exemptions marked in lines 6a and 6b.	Renumbered
		LINE 6c/d-a1		CHILD/OTHER DEPENDENT FIRST & LAST NAME				
54	1				40	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
F F	4	LINE 6c/d-a2		CHILD/OTHER DEPENDENT SSN	9	N	Required entry if name and/or relationship is presnet otherwise null.	Centured Line, Denumbered
55	1	LINE 6c/d-a3		CHILD/OTHER DEPENDENT RELATIONSHIP			Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered
56	1	LINE OC/U-83			15	A	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
		LINE 6c/d-b1		CHILD/OTHER DEPENDENT FIRST & LAST NAME				
57	1				40	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
							Required entry if name and/or relationship is presnet otherwise null.	
58	1	LINE 6c/d-b2		CHILD/OTHER DEPENDENT SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered
59	1	LINE 6c/d-b3		CHILD/OTHER DEPENDENT RELATIONSHIP	15	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
		LINE 6c/d-c1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		-		
60	1				40	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
61	4	LINE 6c/d-c2		CHILD/OTHER DEPENDENT SSN	9	NI	Required entry if name and/or relationship is presnet otherwise null.	Contured Line Renumbered
61	1	LINE 6c/d-c3		CHILD/OTHER DEPENDENT RELATIONSHIP	9 15	N	Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered Captured Line, Renumbered
62	I				CI	А	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
		LINE 6c/d-d1		CHILD/OTHER DEPENDENT FIRST & LAST NAME				
63	1	00/0 UI			40	А	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
							Required entry if name and/or relationship is presnet otherwise null.	
64	1	LINE 6c/d-d2		CHILD/OTHER DEPENDENT SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered
65	1	LINE 6c/d-d3		CHILD/OTHER DEPENDENT RELATIONSHIP	15	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
			1	CUU D /OTUED DEDENDENT EIDET & LACT NAME	1	1		1
66		LINE 6c/d-e1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		А	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered

	age		Colum		Max	Data		
#	#	Form Line #	n	Description	Length	Туре		Changes
		LINE 6c/d-e2		CHILD/OTHER DEPENDENT SSN			Required entry if name and/or relationship is presnet otherwise null.	
67	1				9	N	Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered
60	4	LINE 6c/d-e3		CHILD/OTHER DEPENDENT RELATIONSHIP	15	_		Contured Line, Denumbered
68	1				15	A	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
		LINE 6c/d-f1		CHILD/OTHER DEPENDENT FIRST & LAST NAME				
69	1			CHIED/OTHER DEPENDENT TIKST & LAST NAME	40	Δ	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
00	<u> </u>						Required entry if name and/or relationship is presnet otherwise null.	
70	1	LINE 6c/d-f2		CHILD/OTHER DEPENDENT SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	Captured Line, Renumbered
71	1	LINE 6c/d-f3		CHILD/OTHER DEPENDENT RELATIONSHIP	15	Α	Field should be all CAPITAL LETTERS.	Captured Line, Renumbered
72	1	6c		Exemptions for Dependent Children	2	N	0 if no value	Renumbered
73	1	6d		Exemptions for Other Dependents	2	N	0 if no value	Renumbered
74	1	6e		Total Exemptions Claimed	2	N	0 if no value	Renumbered
75	2	7		Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	Renumbered
							For all numeric fields, use whole numbers (no decimals) unless otherwise specified in	
							the field business rule. For all numeric fields, do not include commas.	
76	2	7		Federal Adjusted Gross Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	Renumbered
	2	7 8		Difference in state/federal wages	9	N N	0 if no value	Renumbered
	2	0 9		Interest on out of state bonds	9		0 if no value	Renumbered
	2	10		Other HI Additions	9		0 if no value	Renumbered
	2	10		Total HI Additions	9		Sum of Lines 8, 9, and 10.	Renumbered
	2	12		Total Income - negative indicator checkbox	1	C	"X" or null	Renumbered
				5			If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
82	2	12		Total Income	9	N	negative sign in this field.	Renumbered
83	2	13		Pensions Taxed Federally	9	N	0 if no value	Renumbered
84	2	14		Social Security Benefits	9	N	0 if no value	Renumbered
85	2	15		National Guard Duty Pay	9		0 if no value	Renumbered
	2	16		Individual Housing Acct	9		0 if no value	Renumbered
	2	17		Exceptional Tree	9		0 if no value	Renumbered
	2	18		Other Hawaii Subtractions	9		0 if no value	Renumbered
	2	19		Total Subtractions	9 1		0 if no value	Renumbered
90	2	20		HI Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	Renumbered
91	2	20		HI Adjusted Gross Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	Renumbered
	2	20		Dependent Indicator.	1	C	"X" or null	Renumbered
	2	21a		Medical and Dental	9	_	0 if no value	Renumbered
	2	21b		Taxes	9		0 if no value	Renumbered
	2	21c		Interest Expense	9		0 if no value	Renumbered
	2	21d		Contributions	9		0 if no value	Renumbered
97	2	21e		Casualty and Theft Losses	9	N	0 if no value	Renumbered
98	2	21f		Miscellaneous deductions	9		0 if no value	Renumbered
	2	22		Total Itemized Deductions	9		0 if no value	Renumbered
100	2	23		Standard Deduction	9	N	0 if no value	Renumbered
				Subtotal (Line 20 – Line 22 or 23) - negative indicator				
101	2	24		checkbox	1	C	"X" or null	Renumbered
102	_ ا	24		Subtotal (Line 20 Line 22 or 22)	0	NI	If negative, then mark the negative indicator checkbox for this field. DO NOT include a	Ponumborod
	23	24 25		Subtotal (Line 20 – Line 22 or 23) Total Exemptions	9 9	N N	negative sign in this field. 0 if no value	Renumbered Renumbered
105	5	20			3			
104	3	25a		Primary Disability Indicator. This field appears below line 25.	1	с	"X" or null	Renumbered
	<u> </u>	200			<u> </u>	۲, T		
105	3	25b		Spouse Disability Indicator. This field appears below line 25.	1	С	"X" or null	Renumbered
	3	26		Taxable Income	9		0 if no value	Renumbered
	†							
107	3	27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	1	С	"X" or null	Renumbered
108	3	27		Tax Liability	9	Ν	0 if no value	Renumbered
	3	27a		Net Capital Gain	9		0 if no value	Renumbered
	3	28		Refundable Food/Excise Tax Credit	9	Ν	0 if no value	Renumbered
111	3	28a 29		Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	Renumbered
112	3	~~		Low-Income Household Renters Credit	9	I NI	0 if no value	Renumbered

Field	Page		Colum		Max	Data		
#		Form Line #	n	Description	Length		Field Business Rules	Changes
113	3	30		Child and Dependent Care Expenses	9		0 if no value	Renumbered
114	3	31		Child Passenger Restraint Credit	9		0 if no value	Renumbered
115	3	32		Total Refundable Credits - Sch CR	9		0 if no value	Renumbered
116	3	33		Total Refundable Credits	9	Ν		Renumbered
117	3	34		Tax Less Refundable Credits - negative indicator	1	С	"X" or null	Renumbered
118	3	34		Tax Less Refundable Credits	9	Ν		Renumbered
119	3	35		Total Nonrefundable Credits - Sch CR	9	Ν		Renumbered
120	3	36		Tax Less Nonrefundable Credits - negative indicator	1	С	"X" or null	Renumbered
121	3	36		Tax Less Nonrefundable Credits	9	Ν		Renumbered
122	3	37		Withholding	9	Ν		Renumbered
123	3	38		Estimated tax payments	9	Ν		Renumbered
124	3	39		Estimated tax from previous tax year	9	Ν		Renumbered
125	3	40		Extension Payment	9	Ν		Renumbered
126	3	41		Total Payments	9	Ν		Renumbered
127	3	42		Amount Overpaid	9	Ν		Renumbered
128	3	43a(i)		Primary School Repairs and Maintenance Donation	1	С	"X" or null	Renumbered
129	3	43a(ii)		Spouse School Repairs and Maintenance Donation	1	С	"X" or null	Renumbered
130	3	43b(i)		Primary Public Libraries Donation	1	С	"X" or null	Renumbered
131	3	43b(ii)		Spouse Public Libraries Donation	1	С	"X" or null	Renumbered
132	3	43c(i)		Primary Domestic Violence Donation	1	С	"X" or null	Renumbered
133	3	43c(ii)		Spouse Domestic Violence Donation	1	С	"X" or null	Renumbered
134	3	44		Total Donations	2	Ν		Renumbered
135	3	45		Overpaid minus donations	9	Ν		Renumbered
136	4	46		Estimated Tax apply to the following tax year	9	Ν		Renumbered
137	4	47a		Refunded to you	9	Ν		Renumbered
138	4	47a(i)		Refund will be deposited to a foreign bank, checkbox	1	С	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	Renumbered
139	4	47b		Routing Number	9	Ν	Do not zero fill. Do not use hyphens, spaces or special symbols.	Renumbered
140	4	47c(i)		Account Type Checking	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
141	4	47c(ii)		Account Type Savings	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
142	4	47d		Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
143	4	48		Amount you owe	9	Ν		Renumbered
144	4	49		Payment Amount	9	Ν		Renumbered
145	4	50(i)		Form N210 attached checkbox	1	С	"X" or null	Renumbered
146	4	50		Estimated Tax Penalty	9	Ν		Renumbered
147	4	53(i)		Federal Schedule C - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
148	4	53(ii)		Federal Schedule C - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
149	4	53(iii)		Federal Schedule C Hawaii Gross Receipts	9	Ν		Renumbered
							Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
150	4	53(vi)		Federal Schedule C TSM Hawaii Tax ID	12	Ν	include hyphens, spaces or other delimiters in this field.	Renumbered
151	4	54(i)		Federal Schedule E - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
152	4	54(ii)		Federal Schedule E - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
153	4	54(iii)		Federal Schedule E Hawaii Gross Rents	9	Ν		Renumbered
							Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
							this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
154	4	54(iv)		Federal Schedule E TSM Hawaii Tax ID	12			Renumbered
155	4	55(i)		Federal Schedule F - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
156	4	55(ii)		Federal Schedule F - NO checkbox		C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
157	4	55(iii)		Federal Schedule F Hawaii Gross Receipts	9	Ν		Renumbered
							Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
							this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
158	4	55(vi)		Federal Schedule F TSM Hawaii Tax ID	12		include hyphens, spaces or other delimiters in this field.	Renumbered
159	4			Preparer Identification Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
160	4			Primary HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
	4		-	Primary HI Election Campaign - NO checkbox	4	C	"X" or null. Check the YES or NO checkbox, but not both.	Field Removed (not on form)
161	4			Spouse HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered
	4		-	Spouse HI Election Campaign - NO checkbox	4	e	"X" or null. Check the YES or NO checkbox, but not both.	Field Removed (not on form)
	CR1	1		Capital Goods Excise Tax Credit	9	N		Renumbered
	CR1	2		Fuel Tax Credit	9	N		Renumbered
	CR1	3		Motion Picture and Film Tax Credit	9	N		Renumbered
	CR1	4a(1)		Solar Checkbox	1	С	"X" or null	Renumbered
166	CR1	4a(2)		Wind Checkbox	1	С	"X" or null	Renumbered

Field	Page		Colum		Max	Data	a	
#	-	Form Line #		Description	Length	Туре	e Field Business Rules	Changes
167	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	9	N		Renumbered
168	CR1	5		Important Agricultural Land Tax Credit	9	Ν		Renumbered
169	CR1	6		Tax Credit for Research Activities	9	Ν		Renumbered
170	CR1	7		Renewable Fuels Production tax Credit	9	Ν		New Line, Renumbered
				Other refundable credits-pro rata share of taxes paid on sale of				
171	CR1	8a		real property	9	Ν		Renumbered
				Other refundable credits-credit from regulated investment				
172	CR1	8b		company	9	Ν		Renumbered
	CR1	8c		Other Refundable Credits Total	9	N		Renumbered
	CR1	9		Total Refundable Credits	9	N		Renumbered
	CR2	10		IncomeTax Paid to another state	9	N		Renumbered
	CR2	10		Enterprise Zone Tax Credit	9	N		Renumbered
	CR2	12	 b	Carryover of Energy Conservation Tax Credit - Applied	9	N		Renumbered
	CR2	12	C D	Carryover of Energy Conservation Tax Credit - Applied	9	N		Renumbered
170	GRZ	12	U.		9	IN		Renumbered
170		40	b	Carryover of the High Tech Business Investment Tax Credit -		NI		Demonstrate and
179	CR2	13	b	Applied	9	Ν		Renumbered
		1.0		Carryover of the High Tech Business Investment Tax Credit -				
	CR2	13		Carryover	9	N		Renumbered
	CR2	14		Carryover of the Cesspool Upgrade - Applied	9	N		Renumbered
182	CR2	14	С	Carryover of the Cesspool Upgrade	9	Ν		Renumbered
				Carryover of Tech Infrastructure Renovation Tax Credit -	7			
183	CR2	15	b	Applied	9	Ν		Renumbered
				Carryover of Tech Infrastructure Renovation Tax Credit -				
184	CR2	15	С	Carryover	9	Ν		Renumbered
				Carryover of the Hotel Construction and Remodeling Tax				
185	CR2	16	b	Credit - Applied	9	Ν		Renumbered
				Carryover of the Hotel Construction and Remodeling Tax				
186	CR2	16	с	Credit - Carryover	9	Ν		Renumbered
	•••		-	Carryover of Residential Construction and Remodel Tax Credit	<u> </u>			
187	CR2	17	b	- Applied	9	Ν		Renumbered
107	0112			Carryover of Residential Construction and Remodel Tax Credit	Ŭ			
188	CR2	17	с	- Carryover	9	Ν		Renumbered
100	0112	17	0	Carryover of the Renew Energy Tech Income Tax Credit -	5			
100	CR2	18	h		9	Ν		Renumbered
109	GRZ	10	b	Applied Carryover of the Renew Energy Tech Income Tax Credit -	9	IN		Renumbered
100	000	18			9	NI		Denumbered
	CR2			Carryover Attach Form N-586 - New		N		Renumbered Renumbered
	CR2	19	a		9	N		
	CR2	19		Attach Form N-586 - Applied	9	N		Renumbered
	CR2	19	С	Attach Form N-586 - Carryover	9	N		Renumbered
	CR2	20		Attach Form N-884 - New	9	N		Renumbered
	CR2	20		Attach Form N-884 - Applied	9	N		Renumbered
	CR2	20	С	Attach Form N-884 - Carryover	9	Ν		Renumbered
	CR2	21	а	Attach Form N-330 - New	9	Ν		Renumbered
	CR2	21	b	Attach Form N-330 - Applied	9	Ν		Renumbered
	CR2	21	С	Attach Form N-330 - Carryover	9	Ν		Renumbered
200	CR2	22a(1)		Solar Checkbox	1	С	"X" or null	Renumbered
201	CR2	22a(2)		Wind Checkbox	1	С	"X" or null	Renumbered
202		22	а	Attach Form N-342 - New	9	Ν		Renumbered
	CR2	22		Attach Form N-342 - Applied	9	Ν		Renumbered
	CR2	22		Attach Form N-342 - Carryover	9	N		Renumbered
	CR2	23	b	Attach Form N-348 - Applied	9	N		Renumbered
	CR2	23		Attach Form N-348 - Carryover	9	N		Renumbered
	CR2	23	a	Attach Form N-352 - New	9	N		Renumbered
	CR2	24	a h	Attach Form N-352 - New Attach Form N-352 - Applied	9	N		Renumbered
	CR2 CR2		u o		-			
		24	C	Attach Form N-352 - Carryover	9	N		Renumbered
	CR2	25		Attach Form N-354 - New	9	N		Renumbered
	CR2	25		Attach Form N-354 - Applied	9	N		Renumbered
	CR2	25		Attach Form N-354 - Carryover	9	N		Renumbered
	CR2	26		Attach Form N-356 - New	9	Ν		Renumbered
	CR2	26		Attach Form N-356 - Applied	9	Ν		Renumbered
	CR2	26		Attach Form N-356 - Carryover	9	Ν		Renumbered
216	CR2	27	а	Attach Form N-358 - New	9	Ν		Renumbered
_								

Field	Dama		0		Max	Data		
Field #		Formal in a #	Colum	Description			Field Business Rules	Channes
	# CR2	Form Line #	n b	Description	Length 9	N N	Field Business Rules	Changes Renumbered
	CR2 CR2			Attach Form N-358 - Applied	÷			
		27		Attach Form N-358 - Carryover	9	N		Renumbered
	CR2	28		Attach Form N-325 - New	9	N		Renumbered
	CR2	28		Attach Form N-325 - Applied	9	N		Renumbered
	CR2	28		Attach Form N-325 - Carryover	9	N		Renumbered
	CR2	29	а	Attach Form N-360 - New	9	Ν		New Line, Renumbered
223	CR2	29		Attach Form N-360 - Applied	9	N		New Line, Renumbered
	CR2	29	С	Attach Form N-360 - Carryover	9	N		New Line, Renumbered
	CR2	30	b	Total Nonrefundable Credits	9	Ν		Renumbered
	N311	L10		Refundable Food/Excise Tax Credit	4	Ν		Renumbered
227	X1	Part I L12		Low-Income Household Renters Credit	4	Ν		Renumbered
228	X2	Part II L28		Credit for Child and Dependent Care Expenses	4	Ν		Renumbered
229				End of Record Trailer	5	А	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	
229					5	~	Standard trailer field to indicate the end of the 2D barcode data. Always equal to. LOD	
Dot	n Eic	Ido that an		Included in the 2D Percede				
Retur	n Fie	ids that ar		Included in the 2D Barcode				
	1			First Time Filer Checkbox				
	1			ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.				
	1	3a		MFS Spouse Name. This field appears below line 3.				
				Spouse meets qualifications Checkbox. This is the checkbox				
	1			below line 6b.				
	1	5a		QW Year Spouse Died	4	N		Field Removed (not on form)
	-	Ju		Table of dependent names, social security numbers, and				moved to Included in 2D barcode
	1	6d		relationship				moved to included in 2D barcode
	2	27		Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)				
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return- negative indicator checkbox				
	4	51		Amended Return: Amount Paid (Overpaid) on Original Return				
				Amended Return: Balance Due (Refund) on Amended Return-				
	4	52		negative indicator checkbox				
	4	52		Amended Return: Balance Due (Refund) on Amended Return				
	4	53d		Schedule C business activity/product				
	4	55d		Schedule F business activity/product				
	4			Designee Name				
	4			Designee Phone Number				
	4			Designee Identification Number				
	4			Signature Date				
	4			Occupation				
	4			Daytime Phone Number				
	4			Spouse Signature Date				
	4			Spouse Occupation				
	4			Spouse's Daytime Phone Number				
	4			Preparer Signature Date				
	4			Preparer Self Employed Checkbox				
	4			Preparer Name				
	4			Preparer Firm Name and Address				
				Preparer Phone Number				
	7	_						

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311

Appendix B: 2D Testing Cases - N-11 / Sch CR / Sch X / N-311

Set zero values for zero Use a carriage return for the field delimiter. Please provide data for each field indicated in the Vendor Test. For Software Developers that do not support the N-311 and Sch X please disregard the request for the test data. *Test 6 - Max Length and Mapping. Please submit data as indicated for the field

Field	Page		Colum								
#		Form Line #	n	Description Header Version Number	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Leng
1											-
2	ALL			Software Developer Code	99	99	99	99	99	1234	
3				Form Number	N11	N11	N11	N11	N11	N11	-
4	1			Form Year	2022	2022	2022	2022	2022	2022	-
5	1			2D Specification Version	0	0	0	0	0	12	
				· · ·							-
6				Software Version	0	0	0	0	0	123456789012345	15
7	1			Fiscal Year Begin Month	03					06	2
8	1			Fiscal Year Begin Day	01					11	2
9	1			Fiscal Year Begin Year	19					22	2
10	1			Fiscal Year End Month	2					12	2
1	1			Fiscal Year End Day	28					31	2
2 3	1			Fiscal Year End Year Amended Return Checkbox	20		X		v	22	2
3 4	1			NOL Carryback Checkbox	-		X		^		
4 5	1			IRS Adjustment Checkbox	-		^		X		
	I									MAXLENGTHPRIMAR	
6	1			Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	YFIRSTNAME	25
7	1			Primary Middle Initial	A					MAXIMUMLENGTHPF	
8	1			Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	AAAA	35
9	1			Primary Suffix	JR					JRRRRRRRR	10
~	4					TEATTMOODE	TEATTUREORE			MAXILENGTHSPOUS	
20	1			Spouse First Name		TESTTWOSPF	TESTTHRESPF			EFIRSTNAME	25
1	1			Spouse Middle Initial		с				М	1
										MAXIMUMLENGTHSF OUSELASTNAMEAAA	
2	1			Spouse Last Name		TESTTWOSPL	SPMFSLAST			BBBCC	35
3	1			Spouse Suffix		SR				SRRRRRRRR	10
4	1			First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL	4
5	1			Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789	9
6	1			Primary Deceased Checkbox				X		X	1
7	1			Primary Deceased Date of Death - Month				06		11	2
8	1			Primary Deceased Date of Death - Day				21		12	2
9	1			Primary Deceased Date of Death - Year				19		19	2
0	1			First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4
1	1			Spouse SSN		576557442	576661124			223456789	9
2	1			Spouse Deceased Checkbox		X				X	1
3	1			Spouse Deceased Date of Death - Month		03			06	10	2
4	1			Spouse Deceased Date of Death - Day		10			18	17	2
5	1			Spouse Deceased Date of Death - Year		20			21	20	2
										CARE OF MAX LENGTH AAABBBCCCDDDEEE	=
36				Care Of	V					FFFGGG	40

Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
"	"			Description				100(4	10010	123 MAX STREET LENGTH	
										AAABBBCCCDDDEEE	
37	1			Street Address	X	X	X	X	X	FFF MAX CITY LENGTH	40 0
38	1			City	х	x	х	х	х	AAAAA	21 0
39	1			U.S. State Code	х	x			х	US	2 0
40	1			ZIP (Postal) Code	x	x	x	x	x	ZIP CODE 1	10 0
41	1			Foreign State or Province				×		MAXIMUMLENGTHFO REIGNSTATE	
41	1			Country			X	X		MAXLENGTHCTRY	25 0 13 0
43	1	1		Filing Status Checkbox: Single	х					1	1 0
44	1	2		Filing Status Checkbox: Married filing joint		x				x	1 0
45	1	3		Filing Status Checkbox: Married filing separate			x			x	1 0
46	1	4		Filing Status Checkbox: Head of Household				x		x	1 0
47	1	5		Filing Status Checkbox: Qualifying Widower					x	x	1 0
48	1	4a		HOH Qualifying Person. This field appears below line 4.				x		MAXLENGTHHOHQU ALIFYNG	21 0
-	4	5a		QW Year Spouse Died					X	1234	
49	1	6a(i)		Primary Regular Exemption		Х	Х	Х	Х	Х	1 0
50	1	6a(ii)		Primary Over 65 Exemption		X	V			X	
51 52	1	6b(i) 6b(ii)		Spouse Regular Exemption Spouse Over 65 Exemption		X	X			X	
				Number of Primary and Spouse Exemptions. This is the field							
53	1	6a/b		that appears to the right of lines 6a and 6b.		X	X	X	X	4 ONEDEPMAXFIRST	1 0
54	1	LINE 6c/d-a1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		×	x			LASTNAMEABCDEFG	40 0
55	1	LINE 6c/d-a2		CHILD/OTHER DEPENDENT SSN		x	x			111221111	9 0
56	1	LINE 6c/d-a3		CHILD/OTHER DEPENDENT RELATIONSHIP		Х	Х			CHILDMAXTESTONE	15 0
57	1	LINE 6c/d-b1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		x				TWODEPMAXFIRST LASTNAMEABCDEFG HIJKLMNOPQ	40 0
58	1	LINE 6c/d-b2		CHILD/OTHER DEPENDENT SSN		x				111222222	9 0
59	1	LINE 6c/d-b3		CHILD/OTHER DEPENDENT RELATIONSHIP		Х				DEPMAXTESTONEXX	15 0
60	1	LINE 6c/d-c1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		¥				THRDEPMAXFIRST LASTNAMEABCDEFG HIJKLMNOPQ	40 0
61	1	LINE 6c/d-c2		CHILD/OTHER DEPENDENT SSN		×				111223333	9 0
62	1	LINE 6c/d-c3		CHILD/OTHER DEPENDENT RELATIONSHIP		X				CHILDMAXTESTTWO	
52		LINE 6c/d-d1		CHILD/OTHER DEPENDENT FIRST & LAST NAME						FOURDEPMAXFIRST	1
63	1					×				HJKLMNOP	40 0
64	1	LINE 6c/d-d2		CHILD/OTHER DEPENDENT SSN		×				111224444	9 0
65	1	LINE 6c/d-d3		CHILD/OTHER DEPENDENT RELATIONSHIP		X				CHILDMAXTESTTHR FVEDEPMAXFIRST	15 0
66		LINE 6c/d-e1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		N N				LASTNAMEABCDEFG HIJKLMNOPg	40 0

Field #		Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
67	1	LINE 6c/d-e2		CHILD/OTHER DEPENDENT SSN		x				111225555	9 0
		LINE 6c/d-e3		CHILD/OTHER DEPENDENT RELATIONSHIP							
68	1					X				DEPMAXTESTTWOXX	<u>(</u> 15 0
										SIXRDEPMAXFIRST	
69	1	LINE 6c/d-f1		CHILD/OTHER DEPENDENT FIRST & LAST NAME		Y				LASTNAMEABCDEFG HIJKLMNOP	40 0
09	-					<u>^</u>				TIJKLIVINOF	40 0
70	1	LINE 6c/d-f2		CHILD/OTHER DEPENDENT SSN		X				111226666	9 0
71	1	LINE 6c/d-f3		CHILD/OTHER DEPENDENT RELATIONSHIP		X				DEPMAXTESTTHREE	15 0
72	1	6c		Exemptions for Dependent Children		X		Х	Х	90	2 0
73	1	6d		Exemptions for Other Dependents			Х			91	2 0
74	1	6e		Total Exemptions Claimed	Х	Х	Х	Х	Х	92	2 0
75	2	7		Federal Adjusted Gross Income - negative indicator checkbox	-		X			X	1 0
76	2	7		Federal Adjusted Gross Income		х	х	x	x	112345678	9 0
77	2	8		Difference in state/federal wages	Х		<u> </u>			111456789	9 0
78	2	9		Interest on out of state bonds	Х			Х		111156789	9 0
79	2	10		Other HI Additions	Х	Х		Х		122256789	9 0
80	2	11		Total HI Additions	Х	X		Х		122226789	9 0
81	2	12		Total Income - negative indicator checkbox			Х			X	1 0
82	2	12		Total Income	~	v	v	v		123356789	
83	2	12		Pensions Taxed Federally	X	X	^	^	^	123336789	9 0
84	2	13		Social Security Benefits		X				123333789	
85	2	15		National Guard Duty Pay	Х	X			x	123446789	
86	2	16		Individual Housing Acct		X				123444489	9 0
87	2	17		Exceptional Tree					Х	123455789	9 0
88	2	18		Other Hawaii Subtractions	Х					123455589	9 0
89	2	19		Total Subtractions	X	Х			Х	123456689	9 0
90	2	20		HI Adjusted Gross Income - negative indicator checkbox			Х			Х	1 C
01	0	20		LILAdiusted Crees Income	Y	Y	×			102456660	
91 92	2	20 21		HI Adjusted Gross Income Dependent Indicator.	X	Х	Χ	^	×	123456669	9 0
92 93	2	21 21a		Medical and Dental	^	X			v	123456779	
93 94	2	21a 21b		Taxes		X			X	123456777	
94 95	2	210 21c		Interest Expense		X			X	123456788	
96	2	210 21d		Contributions		X			X	123456799	9 0
97	2	21e		Casualty and Theft Losses		X			X	323456789	9 0
98	2	21f		Miscellaneous deductions		Х			Х	423456789	9 0
99	2	22		Total Itemized Deductions		Х			Х	523456789	9 0
100	2	23		Standard Deduction	Х		Х	Х	Х	623456789	9 0
101	2	24		Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox			x			x	1 0
102	2	24		Subtotal (Line 20 – Line 22 or 23)	X	X	X	X	X	723456789	9 0
103	3	25		Total Exemptions	Х	Х	Х	Х	Х	823456789	9 0
104	3	25a		Primary Disability Indicator. This field appears below line 25.		х				x	1 0
105	3	25b		Spouse Disability Indicator. This field appears below line 25.		x				x	1 0
106	3	26		Taxable Income	Х	Х		Х	Х	923456789	9 0
107	3	27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	Х					Х	1 (
108	3	27		Tax Liability	Х	Х	<u> </u>	X	Х	123456781	9 (
109	3	27a		Net Capital Gain				X		123456782	9 (
110	3	28		Refundable Food/Excise Tax Credit		X	X	X		123456783	9 0
111	3	28a		Refundable Food/Excise Tax Credit - Count		Х				99	2 0
112	3	29		Low-Income Household Renters Credit			X			123456784	9 0

Hawaii Department of Taxation 2022 N-11 2D Barcode Layout or Testing Cases

ield Pa	ge		Colum						
# #		orm Line #	n Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
13 3	3	30	Child and Dependent Care Expenses					Х	123456785
114 3	3	31	Child Passenger Restraint Credit		X			Х	123456786
115 3	3	32	Total Refundable Credits - Sch CR	X		X	Х	Х	123456787
116 3	3	33	Total Refundable Credits	X	X	X	Х	Х	123456788
117 3	3	34	Tax Less Refundable Credits - negative indicator	X		Х			X
118 3	3	34	Tax Less Refundable Credits	X	Х	Х	Х	Х	443456789
119 3	3	35	Total Nonrefundable Credits - Sch CR	X	X		Х	Х	553456789
120 3	3	36	Tax Less Nonrefundable Credits - negative indicator	X		Х			X
121 3	3	36	Tax Less Nonrefundable Credits	X	X	х	х	Х	663456789
122 3	3	37	Withholding	X	X		х	Х	773456789
123 3	3	38	Estimated tax payments				Х	Х	883456789
124 3	3	39	Estimated tax from previous tax year				Х		993456789
125 3	3	40	Extension Payment			X	Х		123456100
126 3	3	41	Total Payments	X	X	X	Х	Х	123456200
127 3	3	42	Amount Overpaid	X	X	Х		Х	123456300
128 3	3	43a(i)	Primary School Repairs and Maintenance Donation	X	Х				X
129 3		43a(ii)	Spouse School Repairs and Maintenance Donation		Х				X
130 3	3	43b(i)	Primary Public Libraries Donation	X	X				X
131 3	-	43b(ii)	Spouse Public Libraries Donation		Х				
132 3	-	43c(i)	Primary Domestic Violence Donation	X	Х				
133 3	-	43c(ii)	Spouse Domestic Violence Donation		Х				
134 3	3	44	Total Donations	X	Х				18
135 3	3	45	Overpaid minus donations	X	Х	Х		Х	123456400
136 4	4	46	Estimated Tax apply to the following tax year				1	X	123456500
137 4	4	47a	Refunded to you	X	Х	Х	1	X	123456600
138 4	4	47a(i)	Refund will be deposited to a foreign bank, checkbox			X	1		X
139 4	1	47b	Routing Number	X			1	x	123456700
140 4	1	47c(i)	Account Type Checking	X			1		
141 4	1	47c(ii)	Account Type Savings					X	
142 4	1	47d	Account Number	X				X	12345678901234500
143 4	1	48	Amount you owe				X	Λ	123456999
144 4	1	49	Payment Amount				X		120400000
145 4	-	49 50(i)	Form N210 attached checkbox				X		X
146 4		50(1)					X		12344489
140 4		53(i)					^	v	V
148 4	T	53(i)		X	v	×	v	^	
149 4		53(ii) 53(iii)	Federal Schedule C - NO checkbox Federal Schedule C Hawaii Gross Receipts	^	~	^	~	V	123455559
143 4	+	55(III)						^	123433339
150	4	52(vii)	Federal Schedule C TSM Hawaii Tax ID					v	123456789012
150 4	+	53(vi)						X	123450769012
151 4	+	54(i)	Federal Schedule E - YES checkbox				X		
152 4	+	54(ii)	Federal Schedule E - NO checkbox	^	^	^		Λ	A 400450707
153 4	+	54(iii)	Federal Schedule E Hawaii Gross Rents				<u>х</u>		123456767
									100450700045
154 4	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID				X		123456789015
155 4		55(i)	Federal Schedule F - YES checkbox			X			
156 4		55(ii)	Federal Schedule F - NO checkbox	X	X		X	X	X
157 4	4	55(iii)	Federal Schedule F Hawaii Gross Receipts			X			122346789
58 4	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID			Х			123456789016
59 4	4		Preparer Identification Number			Х		Х	123455789
60 4	4		Primary HI Election Campaign - YES checkbox		X			Х	X
- 4	4		Primary HI Election Campaign - NO checkbox	×		X	X		×
161 4	4		Spouse HI Election Campaign - YES checkbox		Х				X
- 4	4	-	Spouse HI Election Campaign - NO checkbox						×
162 CF	R1	1	Capital Goods Excise Tax Credit					Х	456789101
163 CF	R1	2	Fuel Tax Credit					Х	456789102
164 CF	R1	3	Motion Picture and Film Tax Credit			Х			456789103
165 CF		4a(1)	Solar Checkbox				Х		X
166 CF		4a(2)	Wind Checkbox	X					

Hawaii Department of Taxation 2022 N-11 2D Barcode Layout or Testing Cases

Field	Page		Colum							
#		orm Line #	n Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
167	CR1	4	Renew Energy Tech Income Tax Credit-July 2009				X		456789104	9 (
	CR1	5	Important Agricultural Land Tax Credit			x			456789015	9 (
	CR1	6	Tax Credit for Research Activities			X		x	456789106	9
	CR1	7	Renewable Fuels Production tax Credit						456789107	
		,	Other refundable credits-pro rata share of taxes paid on sale of			<u>^</u>			400100101	— Ŭ
171	CR1	8a	real property				×		456789108	0
		oa	Other refundable credits-credit from regulated investment		-		<u>^</u>		430709100	
170		0.5	-						450700400	
172		8b	company				<u>X</u>		456789109	9 0
173		8c	Other Refundable Credits Total	,			X		456789110	9 0
	CR1	9	Total Refundable Credits X			X	X	X	456789111	9 (
	CR2	10	IncomeTax Paid to another state					X	567890101	9 (
	CR2	11	Enterprise Zone Tax Credit					X	567890102	9 (
	CR2	12	b Carryover of Energy Conservation Tax Credit - Applied					X	567890103	9 (
178	CR2	12	c Carryover of Energy Conservation Tax Credit - Carryover					X	567890104	9 (
			Carryover of the High Tech Business Investment Tax Credit -							
179	CR2	13	b Applied		x				567890105	9 (
			Carryover of the High Tech Business Investment Tax Credit -							
180	CR2	13	c Carryover		x				567890106	9 (
	CR2	14	b Carryover of the Cesspool Upgrade - Applied		X				567890107	9
	CR2	14	c Carryover of the Cesspool Upgrade		X		1		567890108	- G
		1.1	Carryover of Tech Infrastructure Renovation Tax Credit -							
183	CR2	15	b Applied		×				567890109	0
105		15	Carryover of Tech Infrastructure Renovation Tax Credit -		^	_			507890109	9
404	0.00	4.5			X				507000440	
184	CR2	15	c Carryover		X				567890110	9 0
			Carryover of the Hotel Construction and Remodeling Tax							
185	CR2	16	b Credit - Applied		X				567890111	9 (
			Carryover of the Hotel Construction and Remodeling Tax							
186	CR2	16	c Credit - Carryover		Х				567890112	9 (
			Carryover of Residential Construction and Remodel Tax Credit							
187	CR2	17	b - Applied		x				567890113	9 (
\rightarrow			Carryover of Residential Construction and Remodel Tax Credit							
188	CR2	17	c - Carryover		x				567890114	9 (
			Carryover of the Renew Energy Tech Income Tax Credit -							
189	CR2	18	b Applied		x				567890115	9 (
		10	Carryover of the Renew Energy Tech Income Tax Credit -							— Ŭ
190	CD2	18			×				567890116	0
	CR2	19			^	-			567890117	
								 		9
	CR2	19	b Attach Form N-586 - Applied					<u> </u>	567890118	9 0
193		19	c Attach Form N-586 - Carryover					X	567890119	9 0
	CR2	20	a Attach Form N-884 - New		_		_	X	567890120	9 (
	CR2	20	b Attach Form N-884 - Applied					X	567890121	9 (
	CR2	20	c Attach Form N-884 - Carryover			1		X	567890122	9 (
	CR2	21	a Attach Form N-330 - New		Х				567890123	9 (
	CR2	21	b Attach Form N-330 - Applied		Х				567890124	9 (
	CR2	21	c Attach Form N-330 - Carryover		Х				567890125	9 (
200	CR2	22a(1)	Solar Checkbox		Х				Х	1 (
	CR2	22a(2)	Wind Checkbox					Х	X	1 (
202		22	a Attach Form N-342 - New		Х			Х	567890126	9 (
203		22	b Attach Form N-342 - Applied		Х			X	567890127	9
	CR2	22	c Attach Form N-342 - Carryover		X		1	X	567890128	- G
	CR2	23	b Attach Form N-348 - Applied					X	567890130	
	CR2	23	c Attach Form N-348 - Carryover					X	567890131	
	CR2	23	a Attach Form N-352 - New		v	1			567890135	
										9 (
208		24	b Attach Form N-352 - Applied		Ă V				567890136	9 (
209		24	c Attach Form N-352 - Carryover		X				567890137	9 (
210		25	a Attach Form N-354 - New		X			X	567890138	9 (
	CR2	25	b Attach Form N-354 - Applied		Х			Х	567890139	9 (
212		25	c Attach Form N-354 - Carryover		Х			Х	567890140	9 (
	CR2	26	a Attach Form N-356 - New		Х		Х		567890141	9 (
					-		İ.			
213	CR2	26	b Attach Form N-356 - Applied		X		X		567890142	9 0
213	CR2	26 26	b Attach Form N-356 - Applied c Attach Form N-356 - Carryover		X		X		567890142	9 0

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Field Pag # #	Form	Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
217 CF		27		Attach Form N-358 - Applied		X		X		567890145	9 0
218 CF		27	С	Attach Form N-358 - Carryover		X		X		567890146	9 0
219 CF		28	а	Attach Form N-325 - New		X				567890147	9 0
220 CF	₹2 2	28	b	Attach Form N-325 - Applied		X				567890148	9 0
221 CF	2 2	28	С	Attach Form N-325 - Carryover		X				567890149	9 0
222 CF		29	а	Attach Form N-360 - New		X				567890150	9 0
223 CF	2 2	29	b	Attach Form N-360 - Applied		X				567890151	9 0
224 CF	R2 2	29	С	Attach Form N-360 - Carryover		X				567890152	9 0
225 CF		30	b	Total Nonrefundable Credits	Х	X		Х	Х	567890153	9 0
226 N3		.10		Refundable Food/Excise Tax Credit		X	X	Х		1239	4 0
227 X		t I L12		Low-Income Household Renters Credit			X			1238	4 0
228 X		II L28		Credit for Child and Dependent Care Expenses					X	1237	4 0
229	. .			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5 0
							•		•	•	
Return I	Fields t	hat are	e NOT	Included in the 2D Barcode							
1				First Time Filer Checkbox						7	
				ITIN Applied For. This will be hand written in the space below						-	
				the area reserved for the barcode.							
1		3a		MFS Spouse Name. This field appears below line 3.			Х			-	
				Spouse meets qualifications Checkbox. This is the checkbox						-	
				below line 6b.			x				
1		 5a		QW Year Spouse Died			~		X	-	
		Ja		Table of dependent names, social security numbers, and					~	-	
1	6	6d		relationship							
	. 6	oa								-	
				Tax source checkbox group (Tax Table, Tax Rate Schedule,				X (Capital Gains Tax			
2		27		Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	X (Tax Rate Schedule)		
	. 2	21		Amended Return: Amount Paid (Overpaid) on Original Return-				Worksneet)		-	
	5	51		negative indicator checkbox					×		
		51			-				^	-	
	5	51		Amended Return: Amount Paid (Overpaid) on Original Return			×		×		
4	. 0	51		Amended Return: Balance Due (Refund) on Amended Return-			^		^	-	
4	5	E0		negative indicator checkbox			×				
4	. 5	52					^			-	
				Arrended Deturne Delenses Due (Defund) an Arrended Deturn			×				
4		52		Amended Return: Balance Due (Refund) on Amended Return			^		X	-	
4		53d		Schedule C business activity/product			v		X	-	
4		55d		Schedule F business activity/product			X			-	
4				Designee Name				X		4	
4				Designee Phone Number				<u>X</u>		4	
4				Designee Identification Number				X		4	
4				Signature Date	X	X	X	X	X	4	
4				Occupation	X	X	X	X	X	4	
4				Daytime Phone Number	Х	X	Χ	X	Х	4	
4				Spouse Signature Date		X				4	
4				Spouse Occupation		X				4	
4				Spouse's Daytime Phone Number		X				4	
4	-			Preparer Signature Date			Х		Х	_	
4				Preparer Self Employed Checkbox			Х			_	
4	-			Preparer Name			Х		Х		
4	-			Preparer Firm Name and Address			X		X		
4	-			Preparer Phone Number			X		X	7	
L '						1	1		1° °		

	STATE OF HAWAIT-	- DEPARTMENT O	F TAXATION	DO NOT	WRITE IN THIS	AREA	
N-11	Individual I	ncome Tax I	Return				
(Rev. 2022)		ESIDENT					
Place		dar Year 2022					
QR Code Here	Calcin						
	iscal Year eginning 12 - 12	- 12 Ending	12 - 12	- 12			
B	eginning ⊥∠ − ⊥∠	⊥∠ Ending					
X AMENDED Re	eturn For OFFICE USE ONL	Y					
X NOL Carryba					-115		
X IRS Adjustme							
X First Time File	er			<u> </u>			
				DĽ			
	T Submit a Pho	otoconvil					
				RESE	RVFT		
Your First Name	M.I. You	r Last Name	Suffix				
				IMPORTAN	T Complete	this Section	on 🔶
			XXXX JR Suffix	Enter the first four let	ters		
Spouse's First Name	M.I. Spo	use's Last Name	SUTTX	of your last name. Use ALL CAPITAL la	etters		ABCI
SPOUSE'S	FIRSTXX MI S	POUSE'S LAS	TXXX JR	Your Social			
Care Of (See Instructio				Security Number	123 -	12 -	1234
C/O NAME	FOR MAILING A	DDRESSXXXXX	XXXXXXX	Deceased X Date	of Death 12	- 12	- 12
Present mailing or hon	e address (Number and street, includ	ing Rural Route)					
				Enter the first four let	ters		
				of your Spouse's last			
IAALAIDN	'S MAILING OR	HOME ADDRES	SXXXXXX	of your Spouse's last Use ALL CAPITAL Is	name.		ABCI
City, town or post office		HOME ADDRES State Postal/ZIP code		Use ALL CAPITAL Is Spouse's Social	name. etters	1.0	
City, town or post office		State Postal/ZIP code	e	Use ALL CAPITAL IS	name. etters	12 -	ABCI
City, town or post office	N, POSTOFFICE	State Postal/ZIP code	e	Use ALL CAPITAL Is Spouse's Social Security Number	name. htters		1234
City, town or post office		State Postal/ZIP code	e	Use ALL CAPITAL Is Spouse's Social Security Number	name. etters		
City, town or post office CITY, TOW If Foreign address, ent	N, POSTOFFICE	State Postal/ZIP code	e	Use ALL CAPITAL Is Spouse's Social Security Number	name. htters		1234
City, town or post office CITY, TOW If Foreign address, ent	POSTOFFICE Province and/or State	State Postal/ZIP code XX ZIP C Country	ODE	Use ALL CAPITAL Is Spouse's Social Security Number	name. htters		1234
City, town or post office CITY, TOW If Foreign address, ent FOREIGN	POSTOFFICE Province and/or State PROVINCEXXXXXX (Place an	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box)) ODE YXXXXXX	Use ALL CAPITAL Is Spouse's Social Security Number	name. titlers 123 – of Death 12	- 12	1234
City, town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married	IN , POSTOFFICE er Province and/or State PROVINCEXXXXX <i>(Place an</i> filing joint return (even if on!	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income).) ODE YXXXXXX 4 X	Use ALL CAPITAL Is Spouse's Social Security Number Deceased X Date Head of household (wit person is a child but no	name. titlers 123 – e of Death 12 h qualifying perso	- 12 on). If the qu	1234 - 12
City town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married	IN, POSTOFFICE er Province and/or State PROVINCEXXXXX <i>(Place an</i> filing joint return (even if only filing separate return. Enter	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and) ODE YXXXXXX 4 X	Use ALL CAPITAL Is Spouse's Social Security Number Deceased X Date Head of household (wit person is a child but no name.	name. tters 123 – of Death 12 h qualifying person t your dependent	n). If the qu	1234 - 12 Jalifying
City, town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married the first	IN, POSTOFFICE er Province and/or State PROVINCEXXXXXX (Place an filing joint return (even if only filing separate return. Enter four letters of last name abo	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and ve. Enter spouse's full) ODE YXXXXXX 4 X	Use ALL CAPITAL Is Spouse's Social Security Number Deceased X Date Head of household (wit person is a child but no name.	name. tters 123 – of Death 12 h qualifying perso t your dependent YING PERS	- 12 on). If the qu enter the cl	1234 - 12 Jalifying hild's ful
City, town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married the first name h	IN, POSTOFFICE er Province and/or State PROVINCEXXXXXX (Place an filing joint return (even if only filing separate return. Enter four letters of last name abo ere. MFS SPOUSE 'S	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and ye. Enter spouse's full NAMEXXXXXX	A X S X	Use ALL CAPITAL la Spouse's Social Security Number Deceased X Date Head of household (with person is a child but no name. QUALIF' Qualifying widow(er) (s	name. tters 123 – of Death 12 h qualifying perso t your dependent <u>YING PERS</u> ee page 8 of the 1	- 12 on). If the qu , enter the cl ONXXXX	1234 - 12 Jualifying hild's ful
City, town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married the first name h	IN, POSTOFFICE er Province and/or State PROVINCEXXXXXX (Place an filing joint return (even if only filing separate return. Enter four letters of last name abo	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and ye. Enter spouse's full NAMEXXXXXX	A X S X	Use ALL CAPITAL la Spouse's Social Security Number Deceased X Date Head of household (with person is a child but no name. QUALIF' Qualifying widow(er) (s	name. tters 123 – of Death 12 h qualifying perso t your dependent <u>YING PERS</u> ee page 8 of the 1	- 12 on). If the qu , enter the cl ONXXXX	1234 - 12 Jualifying hild's ful
City, town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married the first name h	IN, POSTOFFICE er Province and/or State PROVINCEXXXXX <i>(Place an</i> filing joint return (even if only filing separate return. Enter four letters of last name abo ere. MFS SPOUSE 'S can be claimed as a dependent on	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and ye. Enter spouse's full NAMEXXXXXX	CDE XXXXXXX 4 XX 5 X (such as your paren	Use ALL CAPITAL la Spouse's Social Security Number Deceased X Date Head of household (with person is a child but no name. QUALIF' Qualifying widow(er) (s	name. tters 123 – e of Death 12 h qualifying perso t your dependent <u>YING PERS</u> ee page 8 of the I line 6a, but be sure t	- 12 on). If the qu , enter the cl ONXXXX Instructions) o place an X al	1234 - 12 Jalifying hild's ful
City town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married the first name h	IN, POSTOFFICE er Province and/or State PROVINCEXXXXXX (Place an filing joint return (even if only filing separate return. Enter four letters of last name abo ere. MFS SPOUSE 'S can be claimed as a dependent on	State Postal/ZIP code XX ZIP C Country XXX COUNTR X in only ONE box) y one had income). spouse's SSN and ve. Enter spouse's full NAMEXXXXXX another person's tax return	CDE XXXXXXX 4 XX 5 XX 5 XX 5 X 5 Such as your parent Ver	Use ALL CAPITAL la Spouse's Social Security Number Deceased X Date Head of household (with person is a child but no name. QUALIF' Qualifying widow(er) (s	name. tters 123 – of Death 12 h qualifying perso t your dependent <u>YING PERS</u> ee page 8 of the 1	- 12 on). If the qu , enter the cl ONXXXX Instructions) o place an X al	1234 - 12 Jalifying hild's ful
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City town or post office CITY, TOW If Foreign address, ent FOREIGN 1 X Single 2 X Married 3 X Married 3 X Married 4 He first name h CAUTION: If you 6a X Yoursel 6b X Spouse If you placed at 6c Dependents: and 1 First and last nam 6d FIRST D SECOND THIRD D FOURTH FIFTH D	IN, POSTOFFICE ar Province and/or State PROVINCEXXXXXX (Place an filing joint return (even if only filing separate return. Enter four letters of last name abo ere. MFS SPOUSE 'S can be claimed as a dependent on f an X on lines 3 and 6b above, se an the claimed as a dependent on f more than 4 dependents use attachment DEPENDENT NAMEX DEPENDENT NAMEX DEPENDENT NAMEX DEPENDENT NAMEX DEPENDENT NAMEX	State Postal/ZIP code XX Z I P C Country Country XXX COUNTR X in only ONE box Country y one had income). Spouse's SSN and ye. Enter spouse's full NAME XXXXXX another person's tax return X Age 65 or o X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o X X Age 65 or o Y XXX 12 3 - 4 5 XXX 12 3 - 4 5	ODE YXXXXXX 4 X 4 X (such as your paren ver ver e 9 and if your spr *s social mber = 6789 R	Use ALL CAPITAL Is Spouse's Social Security Number Deceased X Date Deceased X Date Head of household (with person is a child but no name. PUALIF QUALIF QUALIF QUALIF QUALIF QUALIF QUALIF QUALIF Security Not place an X on Souse meets the qualification Souse meets the qualification Security NOT place an X on Souse meets the qualification Security NOT place an X on Souse meets the qualification Security NOT place an X on Security NOT place an X on Secu	name. tters 123 – of Death 12 h qualifying perso t your dependent YING PERS ee page 8 of the 1 line 6a, but be sure t Enter the numb on 6a and 6b pris, place an X her Enter number of your children line Enter number of	- 12 on). If the qu enter the cl ONXXXX Instructions) oplace an X al per of Xs e X	1234 - 12 Jalifying hild's ful Sove line 12
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2	6 8	10 12 14 16 18 20 22 24 26 28 30	0 32 34 36 38 40 42 44	4 46 48 50 52 54 56	58 60 62 64	66 68 70 72 74 76 78 8	2 80 82
3							3
	Form	N-11 (Rev. 2022)			our Spouse's SS	Page 2 of	4 4
5	6 Place		Your Social Security Num		pur spouse's SS		5
6 7	QR Co		123 - 12 - 12	234	123 - 12	2 - 1234	7
8	Her	e		NAME (S) AS	SHOWN ON	RETURXXXX	8
0	Human F	Readable text here	ne(s) as shown on return	XXXXXXXXXXXX			0
10							10
11					ROUND	TO THE NEAREST DOLLA	R 11
12							12
13	7	Federal adjusted gross income (AGI) (see	page 11 of the Instructions).		7 X	123456789	13
14	8	Difference in state/federal wages due to CO	• •				14
15		etc. (see page 11 of the Instructions)		123456789			15
16	9	Interest on out-of-state bonds					16
17		(including municipal bonds)		123456789			17
18	10	Other Hawaii additions to federal AGI					18
19		(see page 11 of the Instructions)		123456789			19
20							20
21	11	Add lines 8 through 10 Total Ha	awaii additions to federal A	GI 11 12	3456789		21
22							22
23	12	Add lines 7 and 11			12 X	123456789	23
24	13	Pensions taxed federally but not taxed by I		100455500			24
25		(see page 13 of the Instructions)		123456789			25
26				100456500			26
27	14	Social security benefits taxed on federal re		123456789			27
28	15	First \$7,345 of military reserve or Hawaii na		100450700			28
29		guard duty pay	15	123456789			29
30				123456789			30
31		Payments to an individual housing account		123430709			31
32	17	Exceptional trees deduction (attach affidav	,	123456789			32
33		(see page 14 of the Instructions)		123430709			33
34	18	Other Hawaii subtractions from federal AG		123456789			34
35	40	(see page 14 of the Instructions)		123430703			35
36	19	Add lines 13 through 18		12	3456789		36
37			subtractions from federal A	\GI 19 ⊥∠	5150705		37
38 39	20	Line 12 minus line 19		Hawaii AGI 🗲	20 X	123456789	39
40	20				20 21		40
	CAUT	ION: If you can be claimed as a dependen	t on another person's return,	see the Instructions on p	age 15, and plac	ce an X here. 🗙	41
42		If you do not itemize your deductions, go to					42
43		and enter your itemized deductions here.					43
44	21a						44
45		(from Worksheet A-1)		123456789			45
46						TOTAL ITEMIZED	46
47	21b	Taxes (from Worksheet A-2)		123456789		DEDUCTIONS	47
48					22	Add lines 21a through 21f.	48
49	21c	Interest expense (from Worksheet A-3)		123456789		If your Hawaii adjusted gross	49
50						income is above a certain amount, you may not be	50
51	21d	Contributions (from Worksheet A-4)		123456789		able to deduct all of your itemized deductions. See the	51
52						Instructions on page 19. Enter	52
53	21e	Casualty and theft losses (from Worksheet	A-5) 21e	123456789		total here and go to line 24.	53
54							54
55	21f	Miscellaneous deductions (from Workshee	t A-6) 21 f	123456789		123456789	55
56					┝┼┼┼┼┡┿┿╸		56
57	23	If you checked filing status box: 1 or 3 ente					57
58		2 or 5 enter \$4,400; 4 enter \$3,212		Standard Deduction 🕨	23	123456789	58
59						100450700	59
60		24 Line 20 minus line 22 or 23, which	ever applies. (This line MUST	T be filled in)	24 X	123456789	60
61							61
62							62
63 4	6 8		^{0 32 34 36} J ³⁸ N ⁴⁰ 42 4 ⁴	4 46 48 50 52 54 56	58 60 62 64	FORM N-11 (REV. 2022	63 80 82
	$N \perp 1$	$2 \pm 3 \pm 4$	0 32 34 36 38 NO XX 40			FORM N-11 (REV. 2022	
65							65

	N-11 (Rev. 2022)				Page 3 of
	••11 (Rev. 2022)	Your Social Secur	ity Number	Your Spouse's	
Place	e				
QR Co		123 - 12	- 1234	123 - 1	2 - 1234
Here				AS SHOWN ON	
Human E	Readable text here	me(s) as shown on re			
				XXXXXXXXXXXXX	XXXXXXXXXX
25	Multiply \$1,144 by the total number of exer	nptions claimed on lir	ie 6e.		
	If you and/or your spouse are blind, deaf, c	or disabled, place an)	< in the applicable be	ox(es).	
	and see page 20 of the Instructions.				
	X Yourself X Spouse				123456789
26	Taxable Income. Line 24 minus line 25 (bu	ut not less than zero)	Tayablo	Income 🕨 26	123456789
	Tax. Place an X if from X Tax Table:				
I					
	Worksheet on page 33 of the Instructions.				
	(X Place an X if tax from Forms N-2,				122456700
	N-344, N-348, N-405, N-586, N-615, or N-8	· · · · · · · · · · · · · · · · · · ·		Tax 🕨 27	123456789
27a	If tax is from the Capital Gains Tax Worksh	eet, enter			
	the net capital gain from line 14 of that wor	ksheet 27a	1234	56789	
28	Refundable Food/Excise Tax Credit				
	(attach Form N-311) DHS, etc. exemptions	<u>,</u> 12 28	1234	56789	
29					
29	Credit for Low-Income Household		1021	56789	
+++	Renters (attach Schedule X)		1234		
30	Credit for Child and Dependent				
	Care Expenses (attach Schedule X)		1234	56789	
31	Credit for Child Passenger Restraint				
	System(s) (attach a copy of the invoice)		1234	56789	
32	Total refundable tax credits from				
	Schedule CR (attach Schedule CR)		1234	56789	
22	Add lines 28 through 32		Total Refundable	Credits > 33	123456789

24				iahility > 34 X	123456789
- 34	Line 27 minus line 33. If line 34 is zero or le	200, SEE INSUUCIONS.	Aujusted Tax L	.iability > 34 🔺	
					123456789
35	Total nonrefundable tax credits (attach Sch	edule CR)		35	
	Line 34 minus line 35	+	E	Balance 🕨 36 🛛 🗙	123456789
37	Hawaii State Income tax withheld (attach V	V-2s)			
	(see page 22 of the Instructions for other attachmer	nts) 37	1234	56789	
38	2022 estimated tax payments		1234	56789	
20	Amount of optimated tax as all at the solution	1 return 39	1234	56789	
39	Amount of estimated tax applied from 2021	return			
+++		+++++++++++++++++++++++++++++++++++++++	1001	56789	
140	Amount paid with extension		1234		
40		+ + + + + + + + + + + + + + + + + + +			
			Total Pa	yments 🕨 41	123456789
	Add lines 37 through 40				
	Add lines 37 through 40				
	Add lines 37 through 40				
41		nount OVERPAID (line	41 minus line 36) (see li	nstructions) . 42	123456789
41	If line 41 is larger than line 36, enter the an				123456789
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr	ructions):	Yourself	Spouse	123456789
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schools Repairs and Maintena	uctions): ance Fund	Yourself X\$2	Spouse X \$2	123456789
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schools Repairs and Maintena 43b Hawaii Public Libraries Fund	uctions): ance Fund	Yourself X \$2 X \$5	Spouse X \$2 X \$5	123456789
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schocls Repairs and Maintena 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse a	uctions): ance Fund and Neglect Funds	Yourself X\$2 X\$5 X\$5	Spouse X \$2 X \$5 X \$5	
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schools Repairs and Maintena 43b Hawaii Public Libraries Fund	uctions): ance Fund and Neglect Funds	Yourself X\$2 X\$5 X\$5	Spouse X \$2 X \$5	123456789
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schocls Repairs and Maintena 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse a	uctions): ance Fund and Neglect Funds	Yourself X\$2 X\$5 X\$5	Spouse X \$2 X \$5 X \$5	12
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schocls Repairs and Maintena 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse a	uctions): ance Fund and Neglect Funds	Yourself X\$2 X\$5 X\$5	Spouse X \$2 X \$5 X \$5	
41 42 43	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schools Repairs and Maintena 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse a Add the amounts of the Xs on lines 43a thr	uctions): ance Fund and Neglect Funds	Yourself X\$2 X\$5 X\$5	Spouse X \$2 X \$5 X \$5 44	12
41 42 43 44	If line 41 is larger than line 36, enter the an Contributions to (see page 22 of the Instr 43a Hawaii Schools Repairs and Maintena 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse a Add the amounts of the Xs on lines 43a thr	uctions): ance Fund and Neglect Funds ough 43c and enter th	Yourself X\$2 X\$5 X\$5 ne total here	Spouse X \$2 X \$5 X \$5 44	123456789

Unin	N-11 (Rev. 2022)	Yc	our Social Secu	rity Number	Your Spou	se's SSN	Page 4 of
Plac QR C Her	ode	12	23 - 12	- 1234 NAME (S)	123 - AS SHOWN (
luman	Readable text here	Name(s)	as shown on re		XXXXXXXXXXXX		
46	Amount of line 45 to be applied	"		1004	F (700		
47					56789		
4- <i>1</i> a	Amount to be REFUNDED TO see page 23 of Instructions	YOU (line 45 mini	us line 46) If fill	ng late,	47a		123456789
	X Place an X in this box if th	is refund will ultir	natel <u>y</u> be depo	sited to a foreign (noi	ו-U.S.) bank. Do not	complete li	nes 47b, 47c, or 47d.
47b	Routing number 1	23456789	47c T		g X Savings		
47d	Account number		78901234	567			100450700
48	AMOUNT YOU OWE (line 36 n	,					123456789
49	PAYMENT AMOUNT Submit pa money order payable to "Hawai	-	-	or attach check or			123456789
50	Estimated tax penalty. (See p						
	Instructions.) Do not include on	line 42 or 48. Pla	ace an X in		F C 7 0 0		
	this box if Form N-210 is attach	ed X	50	1234	56789		
51	AMENDED RETURN ONLY - Amoun	t paid (overpaid) on c	original return. (Se	e Instructions) (attach Sch	n. AMD) 51	x	123456789
52	AMENDED RETURN ONLY - Balanc	e due (refund) with a	mended return. (S	ee Instructions) (attach S	ch AMD) 52	X	123456789
			X No				123456789
53	Did you file a federal Schedule (your main business activity: <u>SC</u>			If yes, enter Ha	awali gross receipts		123430703
	your main business product: <u>SC</u>			ur HI Tax I.D. No. for	this activity GE	123-	123-1234-12
54	Did you file a federal Schedule E			lf yes, enter Hawaii o	ross rents received		123456789
	for any rental activity?	X Yes	X No				
			AND yo	our HI Tax I.D. No. foi	this activity GE	123-	123-1234-12
55	Did you file a federal Schedule F your main business activity: SC		X No BUSIN	If yes, enter Ha	wali gross receipts		123456789
	your main business activity. <u>BC</u>			ur HI Tax I.D. No. for	this activity GE	123-	123-1234-12
	If designating another person t attorney. See page 25 of the Ir		urn with the Ha	waii Department of T	axation, complete the	e following.	This is not a full power of
			AMEXXXX	Phone no. (123)	456-7891 Identific	ation numb	er 12-3456789
	VAII ELECTION			awaii Election Campa			Placing an X in the "Yes" bo
				designates \$3 to the		es will n	ot change your tax or refund.
	DECLARATION - I declare, under the p of my knowledge and belief, is a true, co						
	Your signature		Date	Spous	e' s signature (if liling joint	ly, BOTH must s	ign) Date
			12-12-				12-12-12
	Your Occupation				Spouse's Occupation	TONISZI	Daytime Phone Numb
EXS HIE	TAXPAYER OCCUPA	TTONXX (-	123)123-	4567 SPOU		TONXX	(123)123-4567
	Preparer's Signature				-12-12 self-em	f ployed X	123456789
	Preparer's Name	PRINT PRE	EPARER'S	NAME HERE	XXXXXX Federa	al E.I. No. 🗡	12-1234567
	Firm's hame (pr yours	FIRMS 1	NAME OR	PREPARER'S	NAME		
	If self-employed), Address, and ZIP Code	ADDRESS	S AND ZI	P CODEXXXX	XXXXX	(1	23)123-4567

(FORM STATE OF HAWAII — DEPARTMENT OF T N-11 Individual Income Tax Re Rev. 2022) RESIDENT Place Calendar Year 2022 OR OR		DO NOT	WRITE IN THIS AREA	
E	uman Readable text here Fiscal Year Beginning 12 - 12 - 12 Ending	.2 - 12	- 12		
	X AMENDED Return FOR OFFICE USE ONLY X NOL Carryback		TH	HIS	
	Do NOT Submit a Photocopy!!		SPA RESE	ACE RVED	
	Your First Name M.I. Your Last Name	Suffix			
SE .	TAXPAYER'S FIRST MI LAST NAMEXXXX	XX JR		- Complete this Secti	on 🔶
-2 HEI	Spouse's First Name M.I. Spouse's Last Name	Suffix	Enter the first four lette of your last name. Use ALL CAPITAL lett		ABCD
ATTACH COPY 2 OF FORM W-2 HERE	SPOUSE'S FIRSTXX MI SPOUSE'S LASTX Care Of (See Instructions, page 7.)	XX JR	Your Social Security Number	123 - 12 -	-
2 OF	C/O NAME FOR MAILING ADDRESSXXXXXX	XXXXX	Deceased X Date	of Death <u>12</u> – 12	- 12
Н СОРУ	Present mailing or home address (Number and street, including Rural Route)	XXXXX	Enter the first four lette of your Spouse's last r Use ALL CAPITAL lett	iame.	ABCD
ATTAC	City, town or post office State Postal/ZIP code	_	Spouse's Social Security Number	123 - 12 -	1234
•	CITY, TOWN, POSTOFFICE XX ZIP COD If Foreign address, enter Province and/or State Country	E	Deceased X Date	of Death 12 - 12	- 12
	FOREIGN PROVINCEXXXXXXXXX COUNTRYX	XXXXX			
	(Place an X in only ONE box)	4 X	Llood of boundbold (with	qualifying person). If the g	alifying
	2 X Married filing joint return (even if only one had income).		,	qualifying person). If the quy your dependent, enter the c	
ш	3 X Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full		name.	ING PERSONXXXX	7
HER	name here. MFS SPOUSE'S NAMEXXXXXXX	5 X		e page 8 of the Instructions)	-
DER	CAUTION: If you can be claimed as a dependent on another person's tax return (sur	h as your parer	nts'), DO NOT place an X on li	ne 6a, but be sure to place an X a	bove line 21.
Y OF	6a X Yourself X Age 65 or over		······································	Enter the number of Xs	. 1
NONE	6b X Spouse X Age 65 or over		}	on 6a and 6b	• 1
OR N	If you placed an X on lines 3 and 6b above, see the Instructions on page 9	and if your spo	ouse meets the qualification	ns, place an X here \mathbf{X}	
IECK	6C Dependents: If more than 4 dependents 2. Dependent's so and 1. First and last name use attachment security number	r	3. Relationship		
• ATTACH CHECK OR MONEY ORDER HERE	6d FIRST DEPENDENT NAMEXXXX 123-45-6 SECOND DEPENDENT NAMEXXXX 123-45-6		ELATIONSHIP ELATIONSHIP	Enter number of	12
TAC	THIRD DEPENDENT NAMEXXXX 123-45-6	789 R	ELATIONSHIP	your children listed 6c	
Ŀ٩	FOURTH DEPENDENT NAMEXXX 123-45-6 FIFTH DEPENDENT NAMEXXXX 123-45-6		ELATIONSHIP ELATIONSHIP	other dependents6d	12
I	SIXTH DEPENDENT NAMEX 123-43-6		ELATIONSHIP		
	6e Total number of exemptions claimed. Add numbers ente	red in boxes	6a thru 6d above	6e 🖡	12

Form N-11 (Rev. 2022)

Page 2 of 4

Place QR Code Here	
Human Read	able text here

123 - 12 - 12	34		123 -	12	- 1234
	NAME(S)	AS	SHOWN	ON	RETURXXXX
e(s) as shown on return	XXXXXXXX	XXX	XXXXXX	XXX	XXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)		. 7	Х	123456789
8	Difference in state/federal wages due to COLA, ERS,				
	etc. (see page 11 of the Instructions)8	123456789			
9	Interest on out-of-state bonds				
	(including municipal bonds)9	123456789			
10	Other Hawaii additions to federal AGI				
	(see page 11 of the Instructions) 10	123456789			
		1		< 7 0 C	
11	Add lines 8 through 10 Total Hawaii additions to federal A	AGI 11 ⊥	2345	6/85	
40	Add lines 7 and 11		40	x	123456789
12	Add lines 7 and 11 Pensions taxed federally but not taxed by Hawaii		12	21	120100700
13	(see page 13 of the Instructions) 13	123456789			
	(see page 13 of the instructions)	110100700			
14	Social security benefits taxed on federal return14	123456789			
15	First \$7,345 of military reserve or Hawaii national				
	guard duty pay15	123456789			
16	Payments to an individual housing account 16	123456789			
17	Exceptional trees deduction (attach affidavit)				
	(see page 14 of the Instructions)17	123456789			
18	Other Hawaii subtractions from federal AGI				
	(see page 14 of the Instructions)18	123456789			
19	Add lines 13 through 18	1	0045	< 7 0 0	
19	Add lines 13 through 18 Total Hawaii subtractions from federal A	AGI 19 1	2345	6789)
	Total Hawaii subtractions from federal <i>i</i>				
19 20	-			6789 X	123456789
20	Total Hawaii subtractions from federal <i>i</i>	Hawaii AGI 🕨	20	x	123456789
20	Total Hawaii subtractions from federal J Line 12 minus line 19 ION : If you can be claimed as a dependent on another person's return	Hawaii AGI ➤	20 page 15	x	123456789
20 CAUT	Total Hawaii subtractions from federal A Line 12 minus line 19	Hawaii AGI ➤	20 page 15	x	123456789
20 CAUT	Total Hawaii subtractions from federal J Line 12 minus line 19 ION : If you can be claimed as a dependent on another person's return	Hawaii AGI ➤	20 page 15	x	123456789
20 <i>CAUT</i> 21	Total Hawaii subtractions from federal A Line 12 minus line 19 TON: If you can be claimed as a dependent on another person's return If you do not itemize your deductions, go to line 23 below. Otherwise g and enter your itemized deductions here.	Hawaii AGI ➤	20 page 15	x	123456789
20 <i>CAUT</i> 21		Hawaii AGI ➤ , see the Instructions on go to page 15 of the Instr 123456789	20 page 15	x	123456789 Nace an X here. 🗙
20 <i>CAUT</i> 21		Hawaii AGI ➤ , see the Instructions on go to page 15 of the Instr	20 page 15	x	123456789 Nace an X here. X TOTAL ITEMIZED
20 CAUT 21 21a	Total Hawaii subtractions from federal A Line 12 minus line 19 TON: If you can be claimed as a dependent on another person's return If you do not itemize your deductions, go to line 23 below. Otherwise g and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	Hawaii AGI → , see the Instructions on go to page 15 of the Instr 123456789 123456789	20 page 15	X	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f.
20 CAUT 21 21a	Total Hawaii subtractions from federal A Line 12 minus line 19 TON: If you can be claimed as a dependent on another person's return If you do not itemize your deductions, go to line 23 below. Otherwise g and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	Hawaii AGI ➤ , see the Instructions on go to page 15 of the Instr 123456789	20 page 15	X	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross
20 CAUT 21 21a 21b		Hawaii AGI ➤ , see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789	20 page 15	X	123456789 Mace an X here. X TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be
20 CAUT 21 21a 21b		Hawaii AGI → , see the Instructions on go to page 15 of the Instr 123456789 123456789	20 page 15	X	123456789 Mace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain
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20 CAUT 21 21a 21b 21c 21d 21e 21f		Hawaii AGI → , see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789 123456789	20 page 15 uctions	X	123456789 Wace an X here. X DESCRIPTION SET UP: SET P SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SETUTUTE SET
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Form N-11 (Rev. 2022)

Your Social Security Number

Page 3 of 4

123 - 12 Name(s) as shown on re Iv \$1,144 by the total number of exemptions claimed on lir and/or your spouse are blind, deaf, or disabled, place an N ee page 20 of the Instructions. Yourself X Spouse De Income. Line 24 minus line 25 (but not less than zero). Place an X if from X Tax Table; X Place an X if from X N-348, N-405, N-586, N-615, or N-814 is included.) s from the Capital Gains Tax Worksheet, enter t capital gain from line 14 of that worksheet. able Food/Excise Tax Credit n Form N-311) DHS, etc. exemptions 12	NAME (S) AS S. turn XXXXXXXXXXXXXX ne 6e. K in the applicable box(es), Taxable Income > dule; or X Capital Gains Ta , N-312, N-338,	HOWN XXXX 25 26 ax	I ON R	- 1234 ETURXXXX 123456789 123456789 123456789
 ly \$1,144 by the total number of exemptions claimed on lir and/or your spouse are blind, deaf, or disabled, place an > are page 20 of the Instructions. Yourself X Spouse	turm XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	. 25 - 26 ax	XXXXX	XXXXXXXXX 123456789 123456789
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and/or your spouse are blind, deaf, or disabled, place an X ee page 20 of the Instructions. Yourself X Spouse Place an X if from X Tax Table; X Tax Rate Scheet sheet on page 33 of the Instructions. C Place an X if tax from Forms N-2, N-103, N-152, N-168 , N-348, N-405, N-586, N-615, or N-814 is included.) s from the Capital Gains Tax Worksheet, enter t capital gain from line 14 of that worksheet 27a dable Food/Excise Tax Credit	K in the applicable box(es), 	• 26 ax		123456789
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n Form N-311) DHS, etc. exemptions 12 28	100456500			
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for Low-Income Household				
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•	100/56700			
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nes 28 through 32	Total Refundable Credits 🕨	33		123456789
7 minus line 33. If line 34 is zero or less, see Instructions.	Adjusted Tax Liability 🕨	34	x	123456789
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age 22 of the Instructions for other attachments)	123456789			
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nt of estimated tax applied from 2021 return	123430709			
nt paid with extension40	123456789			
nes 37 through 40		. 11		123456789
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Form N-11 (Rev. 2022)

Di			Your	Social Security Num	ber	Y	our Spous	e's SSN	
Place QR Co Here	ode e	_		- 12 - 12 N	AME(S)	AS SE	IOWN (12 - DN REI	URXXXX
	Readable text h			shown on return X	XXXXXXXX	XXXXX	XXXXX	XXXXXX	XXXXXX
46		f line 45 to be applied to IMATED TAX	-	46	12345	6789			
47a	Amount to	be REFUNDED TO YO	DU (line 45 minus	line 46) If filing late,					
	see page	23 of Instructions					47a		123456789
	X Plac	e an X in this box if this	refund will ultimat	ely be deposited to a	a foreign (non-l	J.S.) banl	k. Do not	complete li	ines 47b, 47c, or 47d.
47b	Routing n	umber 12	3456789	47c Type: X	Checking	X	Savings		
47d	Account n			901234567					100456700
		YOU OWE (line 36 min	,				48		123456789
49		FAMOUNT Submit pays der payable to "Hawaii S		•			49		123456789
50	Estimate	d tax penalty. (See pag	ge 23 of						
		ns.) Do not include on lir Form N-210 is attached			12345	6789			
	une dox II	T OTHER TO IS ALLACHED	(* 4 1 .						
51	AMENDED	RETURN ONLY - Amount p	aid (overpaid) on origi	nal return. (See Instructio	ons) (attach Sch. A	AMD)	51 3	Z	123456789
52	AMENDED	RETURN ONLY - Balance of	due (refund) with amer	nded return. (See Instruc	tions) (attach Sch.	AMD)	₅₂ 2	Σ	123456789
	your main	e a federal Schedule C? business activity: <u>SCH</u> business product: <u>SCH</u>	EDULE C B	<u>u</u> sin	yes, enter Haw	-		123-	123456789
	-	e a federal Schedule E		-	nter Hawaii gro	-			123456789
		tal activity?	X Yes X	No AND your HI Ta			_	123-	-123-1234-12
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		business product: <u>SCH</u>			k I.D. No. for th	is activity	GE	123-	123-1234-12
IGNEE		ating another person to See page 25 of the Inst		with the Hawaii Dep	partment of Tax	ation, cor	mplete the	following.	This is not a full power of
DES	Designee			EXXXX Phone r	no. > (123) 4	56-7891	Identific	ation numb	er >12-3456789
	All ELECT			go to the Hawaii Ele		•	X Yes		: Placing an X in the "Yes" box ot change your tax or refund.
	age 25 of the I DECLARAT	nstructions) If JOINT I TON — I declare, under the pen	alties set forth in section		urn (including accon	npanying scł		itements) has	been examined by me and, to the be
	of my knowl	edge and belief, is a true, correction ignature			taxable year stated,	pursuant to	the Hawaii In		/, Chapter 235, HRS.
				12-12-12					12-12-12
шW			TON1222 (10	Daytime Phone Number		ouse's Occ			Daytime Phone Numbe
	'I'AXPA	AYER OCCUPAT	IONXX (12	3)123-4567	SPOUS	E OCC		LONXX	(123)123-4567
		Preparer's Signature				12-12	Check if self-emp	loyed	123456789
	Paid Preparer's	Print Preparer's Name > P	RINT PREP	ARER'S NAM	E HEREX	XXXXX	ζ Federa	I E.I. No. 🕨	12-1234567
	Information	Firm's name (or yours if self-employed), Address, and ZIP Code		ME OR PREF AND ZIP CC			Phone	No. 🕨 (1	23)123-4567
							-		