SCHEDULE X (FORM N-11/N-15) (REV. 2022)

## STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CREDITS FOR HAWAII RESIDENTS

Place QR Code Here Human Readable text here Both pages of Schedule X must be attached to Form N-11 or N-15

Name(s) as shown on Form N-11 or N-15 Your social security number 999-99-9999 NAMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX PART I: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS 1 Is your adjusted gross income (Form N-11, line 20; or Form N-15, line 35, Column A) less than \$30,000? If "No," STOP. You cannot claim this credit. If "Yes," go to Question 2. 2 Are you a resident who was present in Hawaii more than nine months of the taxable year? If "No," STOP. You cannot claim this credit. If "Yes," go to Question 3. 3 Can you be claimed as a dependent by another taxpayer? If "Yes," STOP. You cannot claim this credit. If "No," go to line 4. 4 Enter required information for each rental unit that was fully subject to real property tax. Do not list rental units that were wholly or partially exempt from real property tax. If you occupied more than one qualified unit, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only your share of the rent. Occupied From MONTH XXXXXXXX, 2022, To MONTH XXXXXXXX, 2022. Total rent paid for this period. \$ 99999999 month month Owned by (or agent for owner) NAME AND ADDRESS OF OWNER XXXXXXXXXXXXXXX GE 999-999-999-99 address (Hawaii Tax I.D. No.) 99999999.99 5 5 Add up your share of rent paid during the taxable year for all the units you have listed. ..... 99999999.99 6 Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance). ..... 6 99999999.99 8 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS that meet all of the following: a) Resident of Hawaii, b) Present in Hawaii for more than nine months in 2022, and c) Cannot be claimed as a dependent by another taxpayer. Include minor children receiving more than half of their support from public agencies which you can claim as dependents. Relationship Relationship Self RSHIP4 NAME NAME Spouse NAME 2 RSHIP5 NAME 5 XXXXXXXXXXXXXXXXXXX RSHIP3 NAME RSHIP6 NAME Enter the number of qualified persons listed above..... 99 8 99 9 If you are a qualified exemption and you are age 65 or over, enter 1. Otherwise, enter -0-..... 9 10 If you are married filing jointly or married filing separately where your spouse is not filing a Hawaii return, had no income, and was not the dependent of someone else; and your spouse is a qualified 99 exemption; and your spouse is age 65 or over; enter 1. Otherwise, enter -0-..... 10 99 11 Add lines 8 through 10. 12 Multiply the number of exemptions on line 11 by \$50 and enter the result here and on Form N-11, line 29; 00 99999999 PART II: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. X Section A: Care Provider Information

or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.										
1	(a) Care	(b) Address (c) Identification number (d) Hawaii		(d) Hawaii Ta	X	(e) Amount paid				
	provider's name	me (number, street, city, state, and Postal/ZIP code) (SSN or FEIN) I.D. No.								
CARI	E PROVIDER	ADDRESS XXXXXXXXXXXXXX		000 000 00	00 0	00				
CARI	E PROVIDER	ADDRESS XXXXXXXXXXXXXX	99999999999	GE	99 3 ——	99999999.00				
CARI	E PROVIDER	ADDRESS XXXXXXXXXXXXX		000 000 00	00 (	20				
CARI	E PROVIDER	ADDRESS XXXXXXXXXXXXX	99999999999	GE		99999999.00				
Sec	tion B: Depende									
2	Enter the total amour	is an employee								
	should be shown in E	include amounts								
	you received under a	2	99999999.00							
3	Enter the amount, if a	3	99999999.00							
4	Enter the amount, if a	4	(99999999.00)							
5 Combine lines 2 through 4.						9999999.00				

Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column,

Place QR Code Here

 Your social security number 999-99-99-999

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	Enter the total amount of qualified expenses incurred in				99999999.00	-	
	Enter the smaller of line 5 or 6			99999999.00			
	Enter your earned income. (See the Instruction	8	99999999.00	-			
9	If married filing jointly, enter your spouse's earned income (if you or your spouse						
	was a student or disabled, see the Instructions); if married filing separately,						
					99999999.00		
10 Enter the smallest of line 7, 8, or 9					99999999.00		
11	Enter \$5,000 (\$2,500 if married filing separate	to enter you	r				
	spouse's earned income on line 9)		11	99999999.00			
12 Is any amount on line 2 from your sole proprietorship or partnership?							
No. Enter -0							
	Yes. Enter the amount here					12	99999999.00
	Line 5 minus line 12						
14 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of							
	your return					14	99999999.00
15	Excluded benefits. If line 12 is zero, enter the	he smaller of line 10 or 11	. Otherwise,	subtract li	ne 14 from the smaller of		
	line 10 or 11. If zero or less, enter -0					15	99999999.00
16	Taxable benefits. Line 13 minus line 15. If z	zero or less, enter -0 Also	, include this	amount o	on Form N-15, line 7.		
	On the dotted line next to line 7, write "DCB."	" (Form N-11 filers, see the	e Instructions	)		16	99999999.00
17	Enter \$2,400 (\$4,800 if two or more qualifyin	ng persons)				17	99999999.00
18	Add lines 14 and 15					18	99999999.00
19	Line 17 minus line 18. If zero or less, <b>STOP</b> .	. You cannot take the cred	dit. Exceptio	<b>n</b> . If you	paid 2021 expenses in		
2022, see the Instructions for line 28.						19	99999999.00
20	Complete line 21. Do not include in column (	(d) any benefits shown on	line 18. Then	, add the	amounts in column (d)		
	20 Complete line 21. Do not include in column (d) any benefits shown on line 18. Then, add the amounts in column (d) and enter the total here						99999999.00
and enter the total here							
Se							
Se 21		lent Care Expenses –		married p		urn to	
21	ction C: Credit for Child and Depend	lent Care Expenses –	- (Generally,	married p	persons must file a joint ret (c) Qualifying person's so	urn to	claim the tax credit.) (d) Qualified expenses you incurred and paid in 2022 for the person
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<b>21</b>	(a) Qualifying person's na  UALIFYING PERSON NAME 2  UALIFYING PERSON NAME 2  Add the amounts in column (d) of line 21. Do	Inne  XXXXXXXXXXXXXX  XXXXXXXXXXXXX  Do not enter more than \$2,4	(b) Relatio  RSHIP  RSHIP  00 for one qu	married properties of the control of	(c) Qualifying person's so security number  999-99-99999999999999999999999999999	urn to	claim the tax credit.) (d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)  999999999000
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