SCHEDULE X (FORM N-11/N-15) (REV. 2023)

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Name(s) as shown on Form N-11 or N-15

Your social security number 999-99-99999

2023

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 line 2.

2 Are you a resident who was present in Hawaii more than nine months in 2023? If "No," STOP. You cannot claim this credit. If "Yes," go to line 3.

STATE OF HAWAII - DEPARTMENT OF TAXATION

TAX CREDITS FOR HAWAII RESIDENTS

Both pages of Schedule X **must** be attached to Form N-11 or N-15

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 fr	om rea	al 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 or		
	Address (give Apt. No., if any) ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	Occupied From MONTH XXXXXXX, 2023, To MONTH XXXXXXX, 2023. Total rent paid for th	is pe	riod. \$ <u>99999999</u>
	month month		
	Owned by (or agent for owner) NAME AND ADDRESS OF OWNER XXXXXXXXXXXXXXXXXX GE	999	<u>9 999 9999 99</u>
	name address		(Hawaii Tax I.D. No.)
5	Add up your share of rent paid during the taxable year for all the units you have listed.	5	999999999.99
6	Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance)	6	999999999.99
7	Line 5 minus line 6. If this amount is \$1,000, or less, STOP . You cannot claim this credit	7	999999999.99
8	List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS that meet all of the following: a) Resident of Hawaii, b) F	rese	nt
	in Hawaii for more than nine months in 2023, 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 depend	ents.	

8		Name	Relationship				Name			R	elationship
		NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXX	Self		NAME	4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXXXX	: R	SHIP4
		NAME 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						R	RSHIP5		
		NAME 3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						: R	RSHIP6		
	En	ter the number of qualified persons listed above								8	99
9	lf y	ou are a qualified exemption and you are age 65 or over,	enter 1. Other	vis	se, enter -	0				9	99
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											
	exe	emption; and your spouse is age 65 or over; enter 1. Otherw	/ise, enter -0							10	99
						11	99				
12 Multiply the number of exemptions on line 11 by \$50 and enter the result here and on Form N-11, line 29;											
	or	Form N-15, line 46. This is your credit for low-income hou	sehold renters.	. (\	Whole doll	ars	only)	12	9999	999	99 00
PA	RT	II: CREDIT FOR CHILD AND DEPENDENT CAR	= 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

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, 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 Ta	IX	(e) Amount paid
	provider's name	(number, street	, city, state, and Postal/ZIP code)	(SSN or FEIN)	I.D. No.		
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXXXX		999 999 99	99	00
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXXXXX	99999999999999	GE		99999999.00
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXXXXX			00	0.0
CARE	PROVIDER	ADDRESS	XXXXXXXXXXXXXXX	99999999999999	GE	99 	999999999.00
Section B: Dependent Care Benefits — (If you did not receive dependent care benefits, skip to line 21)							
2 Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee							
s	should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner, include amounts						
you received under a dependent care assistance program from your sole proprietorship or partnership						99999999.00	
3 Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period					3	99999999.00	
4 Enter the amount, if any, you forfeited or carried forward to 2024. (See the Instructions)					4	(99999999.00)	
5 0	Combine lines 2 thro	ugh 4				5	99999999.00
0.03	71 11 7 7 7 0		TD NO	VV	•	<u> </u>	

SCHEDULE X (FORM N-11/N-15) (REV. 2023)

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6	Enter the total amount of qualified expenses incurred in 2023	for the care of the qualif	fying person(s)	(6	99999999.00		
	Enter the smaller of line 5 or 6				7	99999999.00		
8	Enter your earned income. (See the Instructions).			8	8	99999999.00		
9	If married filing jointly, enter your spouse's earned	income (if you or yo	ur spouse					
	was a student or disabled, see the Instructions); if	married filing separa	ately,					
	see the Instructions; all others, enter the amount f	rom line 8		9	9	99999999.00		
10	Enter the smallest of line 7, 8, or 9			10	0	99999999.00		
11	Enter \$5,000 (\$2,500 if married filing separately a	nd you were required	d to enter you	ır				
	spouse's earned income on line 9)			1'	1	99999999.00		
12	Is any amount on line 2 from your sole proprietors	hip or partnership?						
	No. Enter -0							
	Yes. Enter the amount here						12	99999999.00
13	Line 5 minus line 12			1:	3	99999999.00		
14	Deductible benefits. Enter the smallest of line 10	, 11, or 12. Also, incl	lude this amo	unt on t	the a	appropriate line(s) of		
	your return.					•••••	14	99999999.00
15	Excluded benefits. If line 12 is zero, enter the sm	aller of line 10 or 11	. Otherwise,	subtract	t line	e 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 zero o						-	
	On the dotted line next to line 7, write "DCB." (For						16	99999999.00
17	Enter \$10,000 (\$20,000 if two or more qualifying p			,			17	
	Add lines 14 and 15.	,					18	
	Line 17 minus line 18. If zero or less, STOP . You							55555555.00
	2023, see the Instructions for line 28		-			•	19	99999999.00
20	Complete line 21. Do not include in column (d) any							555555566
	and enter the total here						20	99999999.00
Se	ction C: Credit for Child and Dependent						urn to	claim the tax credit.)
	ction C: Credit for Child and Dependent		– (Generally,	married	d pe	rsons must file a joint ret		(d) Qualified expenses
Se 21				married	d pe	rsons must file a joint ret		(d) Qualified expenses you incurred and paid
	ction C: Credit for Child and Dependent		– (Generally,	married	d pe	rsons must file a joint ret		(d) Qualified expenses you incurred and paid in 2023 for the person
	ction C: Credit for Child and Dependent		– (Generally,	married	d pe	rsons must file a joint ret		(d) Qualified expenses you incurred and paid
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21 Q Q 22	ction C: Credit for Child and Dependent ((a) Qualifying person's name UALIFYING PERSON NAME XXX UALIFYING PERSON NAME XXX	Care Expenses – XXXXXXXXX XXXXXXXX enter more than \$10, ne smaller of line 19 o	- (Generally, (b) Relatio RSHIP RSHIP 0000 for one cor 20.	marriec nship XXX XXX yualifyin		rsons must file a joint retr c) Qualifying person's so security number 999–99–99999 999–99–99999 erson or \$20,000 for two	cial 22	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a) 999999999.00 99999999.00
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