## STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Schedule X (Rev. 2023)

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

Hawaii Department of Taxation
Technical Section
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#### Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation Attn: Document Processing — Quality Assurance Test Team 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

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

#### Schedule X (Rev. 2023)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule X. Schedule X is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule X 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. A 2D QR code must be present on each page of the form.

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 Schedule X 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 on page 1 of the form:
  - 1. SCHEDULE X: 12 pt Arial bold
  - 2. FORM N-11/N-15: 8 pt Arial bold
  - 3. REV. 2023: 8 pt Arial bold
- The following fonts and sizes should be used for the form number and revision year located at the top left corner on page 2 of the form:
  - SCHEDULE X (FORM N-11/N-15)(REV. 2023): 8 pt Arial (Schedule X is bold)

- The following font and size should be used for the form number located at the bottom right corner on pages 1 and 2 of the form:
  - 1. SCHEDULE X (REV. 2023): 10 pt Arial bold

#### 4. Variable Data

- All variable data fields must utilize 12 pt Courier New font. Exception: On page 1, Part II, Section A, Hawaii Tax I.D. No., variable data field is 10 pt Courier New font.
- All variable data fields require exact placement.
- · Print all alpha characters uppercase.

#### 5. Variable Data Delimiters

 Taxpayer's Social Security Number must be printed with the dash (-) delimiters. For example:

123-45-6789

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

#### 6. Dollar Amounts

999999999

- 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.

#### 7. Testing and Approval of the Scannable Form

- A minimum of 5 hardcopy test samples 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.
- Test samples must be populated with unique sample variable data showing different scenarios.

- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department prior to filing.
- Schedule X (Rev. 2023) cannot be filed until 2024.

#### SCANNABLE SPECIFICATIONS

#### 1. Layout

 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 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 63.
- The Hawaii Vendor I.D. Number must utilize 12 pt Courier New font.

#### 3. QR code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
  - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and between rows 9 and 10.
  - 2. Page 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 7.
- · Height of the QR code is 0.5 inch.
- · Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is: SCHX\_T 2023A 01 VIDXX

The required QR code for page 2 is: SCHX\_T 2023A 02 VIDXX

The QR code includes the form number (SCHX), an underscore, type of form (T), space, 4-digit form year (2023), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), 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, between rows 9 and 10
  - 2. Page 2: Column 6, row 8
- 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.

#### 4. Form Serial Number

- The form serial number MUST be printed at column 6, row 63, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is: SCX1H7V9

The required form serial number for page 2 is: SCX2H7V9

#### 5. 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 Schedule X. If you did not receive the acetate overlays, please contact the Forms Coordinator.

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

### TAX CREDITS FOR HAWAII RESIDENTS

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

Place QR Code Here

Human Readable text here

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

Your social security number

NAMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

18 20

999-99-9999

#### 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.
- 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 2023, To MONTH XXXXXXXXX 2023. 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 Add up your share of rent paid during the taxable year for all the units you have listed ......
- 999999999 99 6 Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance). .... 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 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 dependents.

8	Name	Relationship	Name	Relationship
	NAME 1 XXXXXXXXXXXXXXXXXXXXX	Self	NAME 4 XXXXXXXXXXXXXXXXXXX	XX RSHIP4
	NAME 2 XXXXXXXXXXXXXXXXXXXXX	Spouse	NAME 5 XXXXXXXXXXXXXXXXXX	XX RSHIP5
	NAME 3 XXXXXXXXXXXXXXXXXXXXX	RSHIP3	NAME 6 XXXXXXXXXXXXXXXXX	XX RSHIP6
				- 00

Enter the number of qualified persons listed above...... 9 If you are a qualified exemption and you are age 65 or over, enter 1. Otherwise, enter -0-

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 exemption; and your spouse is age 65 or over; enter 1. Otherwise, enter -0-..... 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 №11, line 29; or Form N-15, line 46. This is your credit for low-income household renters. (Whole dollars only)......

#### 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. 🗶

#### 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.

50 1	(a) Care	(b)	Address	(c) Identification number	(d	) Hawa	iii Tax		(e) Amount paid	
	rovider's name	(number, street, city,	state, and Postal/ZIP code)	(SSN or FEIN)		1.D. î	lo.			
5CARE	PROVIDER	ADDRESS XX	XXXXXXXXXXX		999	999	9999	99		
5CARE	PROVIDER	ADDRESS XX	XXXXXXXXXXXX	999999999999	GE	·EEE:			99999999.	00
5CARE	PROVIDER	ADDRESS XX	XXXXXXXXXXXX		000	000	0000	0.0		
CARE	PROVIDER	ADDRESS XX	XXXXXXXXXXX	999999999999	GE TTT		9999	. 73	99999999	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 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 9999999.00 3 Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period...... (99999999.00)4 Enter the amount, if any, you forfeited or carried forward to 2024. (See the Instructions)......
- 9999999.00 5 Combine lines 2 through 4...

4	6	8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 5	2 54 56 58 60 62	64 66	68	70 72 74 76 78 80	82 84
3	SC	CHEDULE X (FORM N-11/N-15) (REV. 2023)				PAGE 2	3
4	-						4
5		Place Name(s) as shown on Form N-11 or N-15					5
6	1	R Code NAMES AS SHOWN ON TAX RETURN XXXXXXXX	XXXXXXXXXX	99	9-9	9-9999	6
7		Here					7
0	Hum	man Readable text here					8
-		<del></del>					
9			99999999	001			9
10							10
11			7 99999999				11
12	8	Enter your earned income. (See the Instructions)	99999999	.00			12
13	9	If married filing jointly, enter your spouse's earned income (if you or your spouse					13
14		was a student or disabled, see the Instructions); if married filing separately,					14
			99999999	$\cap$			
15	40	Enter the smallest of line 7, 8, or 9					15
16			99999999	.00			16
17	11	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your					17
18		spouse's earned income on line 9)1	1 99999999	.00			18
19	12	ls any amount on line 2 from your sole proprietorship or partnership?					19
20		No. Enter -0					20
		Yes. Enter the amount here			12	9999999.00	21
21	19	Line 5 minus line 12	99999999	00			
22							22
23	14	Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on t		of			23
24	Ш	your return.			14	9999999.00	24
25	15	Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract	line 14 from the smal	ler of			25
26	П	line 10 or 11. If zero or less, enter -0			15	9999999.00	26
27	16	Taxable benefits. Line 13 minus line 15. If zero or less, enter -0 Also, include this amoun					27
	H.	On the dotted line next to line 7, write "DCB." (Form N-11 filers, see the Instructions)			16	9999999.00	
28	4-7						28
29		Enter \$10,000 (\$20,000 if two or more qualifying persons)					29
30		Add lines 14 and 15.			18	9999999.00	30
31	19	Line 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If yo	ou paid 2022 expense	s in			31
32		2023, see the Instructions for line 28			19	9999999.00	32
33	20	Complete line 21. Do not include in column (d) any benefits shown on line 18. Then, add the	e amounts in column	(d)			33
		and enter the total here.			20	9999999.00	
34		and enter the lotar nere			20		34
34	Se			 oint retu			34
35		ection C: Credit for Child and Dependent Care Expenses — (Generally, married	l persons must file a j		rn to c	laim the tax credit.)	35
35 36	Se 21	ection C: Credit for Child and Dependent Care Expenses — (Generally, married	persons must file a journal (c) Qualifying persons	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid	35 36
35 36 37		ection C: Credit for Child and Dependent Care Expenses — (Generally, married	l persons must file a j	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person	35 36 37
35 36		ection C: Credit for Child and Dependent Care Expenses — (Generally, married	persons must file a journal (c) Qualifying persons	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid	35
35 36 37	21	ection C: Credit for Child and Dependent Care Expenses — (Generally, married  (a) Qualifying person's name  (b) Relationship	(c) Qualifying persons security num	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)	35 36 37
35 36 37 38	21	ection C: Credit for Child and Dependent Care Expenses — (Generally, married  (a) Qualifying person's name  (b) Relationship	persons must file a journal (c) Qualifying persons	on's soc	rn to c	d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)	35 36 37 38
35 36 37 38 39	<b>21</b>	ection C: Credit for Child and Dependent Care Expenses — (Generally, married  (a) Qualifying person's name  (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(c) Qualifying persons security num	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)	35 36 37 38 39
35 36 37 38 39 40	<b>21</b>	ection C: Credit for Child and Dependent Care Expenses — (Generally, married  (a) Qualifying person's name  (b) Relationship	(c) Qualifying persons security num	on's soc	rn to c	daim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)	35 36 37 38 39 40
35 36 37 38 39 40 41 42	<b>21</b> Q	ection C: Credit for Child and Dependent Care Expenses — (Generally, married  (a) Qualifying person's name  (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(c) Qualifying persons must file a journal (c) Qualifying persons security number 1999–99–9	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 99999999.00	35 36 37 38 39 40 41
35 36 37 38 39 40 41 42 43	<b>21</b> Q	ction C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXXXXXX RSHIP XXX  Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifyin	(c) Qualifying persons must file a just of the file	on's soc	rn to c	daim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)	35 36 37 38 39 40 41
35 36 37 38 39 40 41 42 43	Q Q 22	ction C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXXX RSHIP XXX  Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifyin or more persons. If you completed Section B, enter the smaller of line 19 or 20	(c) Qualifying persons must file a just of the file	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 99999999900 9999999900	35 36 37 38 39 40 41 42 43 44
35 36 37 38 39 40 41 42 43 44	Q Q 22 23	ction C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  2 Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20	(c) Qualifying persons must file a junction (c) Qualifying person security num  9999-99-9  999-99-99-9  g person or \$20,000 for	on's soc	rn to c	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 99999999.00	35 36 37 38 39 40 41 42 43 44 45
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35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	21 Q 22 23 24 25 26	(a) Qualifying person's name  (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXXX RSHIP XXX  Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20.  Enter your earned income (See the Instructions)  If married filing jointly, enter your spouse's earned income (if you or your spouse was a sturbed the smallest of line 22, 23, or 24	(c) Qualifying persons must file a junction of the control of the	9999 r two	22 23	claim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 999999999.00 999999999.00 999999999.00	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	21 Q 22 23 24 25 26	(a) Qualifying person's name  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(c) Qualifying persons must file a junction of the control of the	9999 r two	22 23	claim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 999999999.00 999999999.00 999999999.00	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	21 Q 22 23 24 25 26	ction C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20	(c) Qualifying persons must file a junction of the control of the	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  999999999.00  999999999.00  999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	21 Q 22 23 24 25 26	(a) Qualifying person's name  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(c) Qualifying persons must file a junction of the control of the	9999 r two	22 23	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  999999999.00  999999999.00  999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	21 Q 22 23 24 25 26 27	ction C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship  QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20	(c) Qualifying persons must file a junction of the control of the	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  999999999.00  999999999.00  999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56
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35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (a) Qualifying person's name  (b) Relationship  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20.  (c) Enter your earned income (See the Instructions)	g persons must file a junction of the linstructions.	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	21 Q 22 23 24 25 26 27	cation C: Credit for Child and Dependent Care Expenses — (Generally, married (a) Qualifying person's name (b) Relationship (b) Relationship (b) Relationship (b) Relationship (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX (QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX (C) Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20. (c) Enter your earned income (See the Instructions) (d) If married filing jointly, enter your spouses earned income (if you or your spouse was a sture see the Instructions); all others, enter the amount from line 23. (c) Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, (c) Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, (c) Enter on line 27 the decimal amount shown below that applies to the amount on line 26. If line 26 is: Decimal amount is: Under \$25,001	g persons must file a junction of the linstructions.	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a) 999999999.00 999999999.00 999999999.00 99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (a) Qualifying person's name  (b) Relationship  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20.  (c) Enter your earned income (See the Instructions)	g persons must file a junction of the linstructions.	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (a) Qualifying person's name  (b) Relationship  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20.  (c) Enter your earned income (See the Instructions)	g persons must file a junction of the linstructions.	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (a) Qualifying person's name  (b) Relationship  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) QUALIFYING PERSON NAME XXXXXXXXXXXX RSHIP XXX  (c) Add the amounts in column (d) of line 21. Do not enter more than \$10,000 for one qualifying or more persons. If you completed Section B, enter the smaller of line 19 or 20.  (c) Enter your earned income (See the Instructions)	g persons must file a junction of the linstructions.	9999 r two	22 23 24 25	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 60 61 62 63	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (c) Qualifying person's name  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	g persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.	9999 r two	22 23 24 25 27 28 28	laim the tax credit.) d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	21 Q 22 23 24 25 26 27	(a) Qualifying person's name  (b) Relationship  (c) Qualifying person's name  (b) Relationship  (c) QUALIFYING PERSON NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	g persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.  I persons must file a junction of the linstructions.	9999 r two	22 23 24 25 27 28 28	laim the tax credit.) d) Qualified expenses you incurred and paid n 2023 for the person listed in column (a)  9999999999.00  9999999999.00  99999999	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62

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

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

2023

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

	man Readable text here					
Na	ame(s) as shown on Form N-11 or N-15	Yo	our soci	al sed	curity	y number
NZ	AMES AS SHOWN ON TAX RETURN XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	999-	99-	99	99
	ART I: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS					
	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	2 Are you a resident who was present in Hawaii more than nine months in 2023? If "No," STOP. You cannot claim th	is cre	edit. If "'	Yes,"	go to	o line 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	1.			
4	Inter 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 propert	y tax.	lf 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 XXXXXXXX, 2023, To MONTH XXXXXXXX, 2023. Total rent paid for the	is pe	riod. \$	99	99	19999
	month month					
	Owned by (or agent for owner) $\underline{NAME}$ $\underline{AND}$ $\underline{ADDRESS}$ $\underline{OF}$ $\underline{OWNER}$ $\underline{XXXXXXXXXXXXXXXX}$ $\underline{\textbf{GE}}$	99				
	name address		(Hawai	i Tax	I.D.	No.)
5	Add up your share of rent paid during the taxable year for all the units you have listed.	5	999	999	999	9.99
6	Enter the amount of your exclusions (e.g., utilities, parking stalls, ground rent, rental subsidies such as public assistance)	6	999	999	999	99.99
7	Line 5 minus line 6. If this amount is \$1,000, or less, <b>STOP</b> . You cannot claim this credit	7	999	999	999	99.99
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.				
					I -	
8		,,,,,			_	elationship
8	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				R	SHIP4
8	NAME1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX.	XXXX	XX	R R	SHIP4 SHIP5
8	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX.	XXXX	XX	R R	SHIP4 SHIP5 SHIP6
	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R R	SHIP4 SHIP5 SHIP6 99
	NAME 1 XXXXXXXXXXXXXXXXXXSelfNAME 4 XXXXXXXXXXXXXXNAME 2 XXXXXXXXXXXXXXXXXXSpouseNAME 5 XXXXXXXXXXXXXXXNAME 3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R R	SHIP4 SHIP5 SHIP6
9	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R R	SHIP4 SHIP5 SHIP6 99
9	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX XX	R R 8 9	SHIP4 SHIP5 SHIP6 99 99
9	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R 8 9	SHIP4 SHIP5 SHIP6 99 99
9 10	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R 8 9	SHIP4 SHIP5 SHIP6 99 99
9 10	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R 8 9	SHIP4 SHIP5 SHIP6 99 99 99
9 10 11 12	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXX	XX	R R 8 9	SHIP4 SHIP5 SHIP6 99 99 99
9 10 11 12	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12	99	XX XX 	R R R 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SHIP4 SHIP5 SHIP6 99 99 99
9 10 11 12 PA	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12	99	XX XX 	R R R 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SHIP4 SHIP5 SHIP6 99 99 99
9 10 11 12 PA	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12	99	XX XX 	R R R 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SHIP4 SHIP5 SHIP6 99 99 99
9 10 11 12 PA You	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12	299	XX XX 	R R R 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SHIP4 SHIP5 SHIP6 99 99 99 99 onts listed
9 10 11 12 PA You in t	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12 Du me	XXXX XXXX 99 eet the r	XX XX  999	R R R R 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	SHIP4 SHIP5 SHIP6 99 99 99 99 00 onts listed
9 10 11 12 PA You in t	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12 Du me	299 eet the r	XX XX  9999 equir	R R R R 9 9 110 111 eme	SHIP4 SHIP5 SHIP6 99 99 99 99 00 Ints listed
9 10 11 12 PA You in t	NAME 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12 Du me	299 eet the r	XX XX  9999 equir	R R R R 9 9 110 111 eme	SHIP4 SHIP5 SHIP6 99 99 99 99 00 Ints listed

CARE PROVIDER	ADDRESS	XXXXXXXXXXXXX		999 999 90	199	99
CARE PROVIDER	ADDRESS	XXXXXXXXXXXXX	99999999999	GE		99999999.00
CARE PROVIDER	ADDRESS	XXXXXXXXXXXXX		000 000 00	000	0.0
CARE PROVIDER	ADDRESS	XXXXXXXXXXXXX	999999999999	GE 999 - 999 - 9999 - 9		99999999.00
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						
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					2	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 Combine lines 2 thro	ough 4		······································		5	99999999.00
		_				

Place QR Code Here

 Your social security number 999-99-99-999

Human Readable text here

6 E	Enter the total amount of qualified expenses incurred in 2023 for the care of t	he qualifying person(s)	6	99999999.00		
	Enter the smaller of line 5 or 6.		7	99999999.00		
	Enter your earned income. (See the Instructions)		8	99999999.00		
	If married filing jointly, enter your spouse's earned income (if yo					
	was a student or disabled, see the Instructions); if married filing	• •				
S	see the Instructions; all others, enter the amount from line 8		9	99999999.00		
10 E	Enter the smallest of line 7, 8, or 9.		10	99999999.00		
11 E	Enter \$5,000 (\$2,500 if married filing separately and you were n	equired to enter your				
S	spouse's earned income on line 9).		11	9999999.00		
12 l	Is any amount on line 2 from your sole proprietorship or partner	ship?				
N	No. Enter -0					
١	Yes. Enter the amount here		<u></u>		12	99999999.00
13 L	Line 5 minus line 12		13	99999999.00		
14 [	Deductible benefits. Enter the smallest of line 10, 11, or 12. A	lso, include this amou	nt on th	e appropriate line(s) of		
У	your return.				14	99999999.00
15 E	Excluded benefits. If line 12 is zero, enter the smaller of line 1	0 or 11. Otherwise, su	btract I	ine 14 from the smaller of		
li	line 10 or 11. If zero or less, enter -0				15	99999999.00
16 T	Taxable benefits. Line 13 minus line 15. If zero or less, enter -	0 Also, include this a	mount (	on Form N-15, line 7.		
	On the dotted line next to line 7, write "DCB." (Form N-11 filers,				16	99999999.00
17 E	Enter \$10,000 (\$20,000 if two or more qualifying persons)				17	
	Add lines 14 and 15.				18	99999999.00
	Line 17 minus line 18. If zero or less, <b>STOP</b> . You cannot take		-			
	2023, see the Instructions for line 28				19	99999999.00
	Complete line 21. Do not include in column (d) any benefits sho			` ,		
	and enter the total here				20	99999999.00
Seci	ction C: Credit for Child and Dependent Care Expen	ises — (Generally, n	iarried p	persons must file a joint reti	ırn to	(d) Qualified expenses
21	(a) Qualifying person's name	(b) Relation	ship	(c) Qualifying person's so	cial	you incurred and paid
				security number		in 2023 for the person
						listed in column (a)
OU	UALIFYING PERSON NAME XXXXXXXXX	XXX RSHIP	XXX	999-99-9999		99999999.00
~						3333333.00
QU	JALIFYING PERSON NAME XXXXXXXXX	XXX RSHIP X	XXX	999-99-9999		99999999.00
22 /	Add the amounts in column (d) of line 21. Do not enter more that	an \$10.000 for one gu	alifving	person or \$20,000 for two		33333333.00
	or more persons. If you completed Section B, enter the smaller of li	•		•	22	99999999.00
	Enter your earned income. (See the Instructions)				23	99999999.00
24	If married filing jointly, enter your spouse's earned income (if yo	u or your spouse was	a stude	ent or disabled,		
S	see the Instructions); all others, enter the amount from line 23				24	99999999.00
2F -	Enter the smallest of line 22, 23, or 24.				25	99999999.00
40 E		form N 15 line 25				
	Enter your adjusted gross income from Form N-11, line 20; or F	onn n-15, line 35,	1			
<b>26</b> E	Enter your adjusted gross income from Form N-11, line 20; or F Column A		26	99999999.00		
<b>26</b> E				99999999.00		
26 E	Column A		26.	99999999.00		
26 E	Column A  Enter on line 27 the decimal amount shown below that applies   If line 26 is: Decimal amount is: If line 26 is:   Under \$25,001 .25 \$40,001 – 45,000	to the amount on line  Decimal amount  .21	26.	99999999.00		
26 E	Column A  Enter on line 27 the decimal amount shown below that applies  If line 26 is: Decimal amount is: If line 26 is:  Under \$25,001	to the amount on line  Decimal amount  .21 .20	26.	99999999.00		
26 E	Column A  Enter on line 27 the decimal amount shown below that applies  If line 26 is: Decimal amount is: If line 26 is: \$40,001 - 45,000 \$25,001 - 30,000 .24 \$45,001 - 50,000 \$30,001 - 35,000 .23 \$50,001 and ove	to the amount on line  Decimal amount  .21 .20	26.	99999999.00		n aa
26 E	Column A	to the amount on line  Decimal amount	26. <b>is:</b>		27	x 0.99
26 E C C 27 E E E E E E E E E E E E E E E E E E	Column A	to the amount on line  Decimal amount  21 20 15 15 222 expenses in 2023	26. <b>is:</b> see th	e Instructions.	27	x 0.99
26 E	Column A	to the amount on line  Decimal amount  21 20 15 15 222 expenses in 2023 line 47. This is your c	26. is: see the redit for	e Instructions. child and	27	x 0.99