



Individual Income Tax Return RESIDENT Calendar Year 2024 OR

Place QR Code Here Human Readable text here

Fiscal Year Beginning 12 - 12 - 12 and Ending 12 - 12 - 12

- X AMENDED Return
X NOL Carryback
X IRS Adjustment
X First Time Filer

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Do NOT Submit a Photocopy!!

Your First Name M.I. Your Last Name Suffix
TAXPAYER'S FIRST MI LAST NAMEXXXXXXXXX JR
Spouse's First Name M.I. Spouse's Last Name Suffix
SPOUSE'S FIRSTXX MI SPOUSE'S LASTXXX JR
Care Of (See Instructions, page 7.)
C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXX
Present mailing or home address (Number and street, including Rural Route)
TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX
City, town or post office State Postal/ZIP code
CITY, TOWN, POSTOFFICE XX ZIP CODE
If Foreign address, enter Province and/or State Country
FOREIGN PROVINCEXXXXXXXXXX COUNTRYXXXXXX

IMPORTANT — Complete this Section

Enter the first four letters of your last name. Use ALL CAPITAL letters ABCD
Your Social Security Number 123 - 12 - 1234
Deceased X Date of Death 12 - 12 - 12
Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters ABCD
Spouse's Social Security Number 123 - 12 - 1234
Deceased X Date of Death 12 - 12 - 12

- 1 X Single (Place an X in only ONE box)
2 X Married filing joint return (even if only one had income).
3 X Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. MFS SPOUSE'S NAMEXXXXXXXXX
4 X Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.
5 X Qualifying surviving spouse (see page 8 of the Instructions)
QUALIFYING PERSONXXXX

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

6a X Yourself X Age 65 or over
6b X Spouse X Age 65 or over
Enter the number of Xs on 6a and 6b 1

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here X

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. (blank). Rows for First through Sixth dependent.

Enter number of your children listed... 6c 12
Enter number of other dependents.... 6d 12

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above... 6e 12

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME (S) AS SHOWN ON RETURN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

Table with 4 columns: Line number, Description, Amount, and Status. Includes lines 7 through 20 with various tax-related descriptions and amounts.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here. X

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

Table for itemized deductions (lines 21a-21f) with descriptions and amounts.

TOTAL ITEMIZED DEDUCTIONS box containing instructions for line 22 and a field for the total amount.

Table for lines 23 and 24, including the Standard Deduction and the final total calculation.

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

NAME (S) AS SHOWN ON RETURN

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

25 Multiply \$1,144 by the total number of exemptions claimed on line 6e.
If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),
and see page 20 of the Instructions.
 Yourself Spouse..... **25** 123456789

26 Taxable Income. Line 24 minus line 25 (but not less than zero)..... **Taxable Income** ▶ **26** 123456789

27 Tax. Place an X if from Tax Table; Tax Rate Schedule; or Capital Gains Tax
Worksheet on page 33 of the Instructions.
(Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-325, N-338,
N-344, N-348, N-405, N-586, N-615, or N-814 is included.) **Tax** ▶ **27** 123456789

27a If tax is from the Capital Gains Tax Worksheet, enter
the net capital gain from line 14 of that worksheet.....**27a** 123456789

28 Refundable Food/Excise Tax Credit
(attach Form N-311) **DHS, etc.** exemptions 12**28** 123456789

29 Credit for Low-Income Household
Renters (attach Schedule X)**29** 123456789

30 Credit for Child and Dependent
Care Expenses (attach Schedule X)**30** 123456789

31 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)**31** 123456789

32 Total refundable tax credits from
Schedule CR (attach Schedule CR).....**32** 123456789

33 Add lines 28 through 32**Total Refundable Credits** ▶ **33** 123456789

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.**Adjusted Tax Liability** ▶ **34** 123456789

35 Total nonrefundable tax credits (attach Schedule CR) **35** 123456789

36 Line 34 minus line 35 **Balance** ▶ **36** 123456789

37 Hawaii State Income tax withheld (attach W-2s)
(see page 22 of the Instructions for other attachments)**37** 123456789

38 2024 estimated tax payments**38** 123456789

39 Amount of estimated tax applied from 2023 return**39** 123456789

40 Amount paid with extension**40** 123456789

41 Add lines 37 through 40**Total Payments** ▶ **41** 123456789

42 If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions) . **42** 123456789

43 Contributions to (see page 22 of the Instructions):..... **Yourself** **Spouse**

43a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

43b Hawaii Public Libraries Fund \$5 \$5

43c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here **44** 12

45 Line 42 minus line 44..... **45** 123456789

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

NAME (S) AS SHOWN ON RETURN

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be **applied** to your **2025 ESTIMATED TAX** **46** 123456789

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late, see page 23 of Instructions **47a** 123456789

X Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number 123456789 **47c** Type: **X** Checking **X** Savings

47d Account number 12345678901234567

48 **AMOUNT YOU OWE** (line 36 minus line 41) **48** 123456789

49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." **49** 123456789

50 **Estimated tax penalty.** (See page 23 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached **X** **50** 123456789

51 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **51** **X** 123456789

52 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **52** **X** 123456789

53 Did you file a federal Schedule C? **X** Yes **X** No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE C BUSIN
 your main business product: SCHEDULE C PR, **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

54 Did you file a federal Schedule E for any rental activity? **X** Yes **X** No If yes, enter **Hawaii** gross rents received 123456789
AND your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

55 Did you file a federal Schedule F? **X** Yes **X** No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE F BUSIN
 your main business product: SCHEDULE F PR, **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 25 of the Instructions.
 Designee's name **DESIGNEE'S NAMEXXXX** Phone no. **(123) 456-7891** Identification number **12-3456789**

HAWAII ELECTION CAMPAIGN FUND (See page 25 of the Instructions) Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. **X** Yes **Note:** Placing an X in the "Yes" box will not change your tax or refund.
 If joint return, indicate if your spouse designates \$3 to the fund. **X** Yes

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	Your signature	Date	Spouse's signature (if filing jointly, BOTH must sign)	Date
		12-12-12		12-12-12
	Your Occupation	Daytime Phone Number	Your Spouse's Occupation	Daytime Phone Number
	TAXPAYER OCCUPATIONXX	(123) 123-4567	SPOUSE OCCUPATIONXX	(123) 123-4567
Paid Preparer's Information	Preparer's Signature	Date	Check if self-employed X	PTIN
		12-12-12		123456789
	Print Preparer's Name	FIRMS NAME OR PREPARER'S NAME		Federal E.I. No.
	ADDRESS AND ZIP CODEXXXXXXXXXX		Phone No.	
			(123) 123-4567	