STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-11 (Rev. 2024)

Contact Information for General Questions

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FORM N-11 (Rev. 2024)

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. 2024: 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. 2024): 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. 2024) cannot be filed until 2025.

• 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 2024A 01 VIDXX

The required QR code for page 2 is: N11_T 2024A 02 VIDXX

The required QR code for page 3 is: N11_T 2024A 03 VIDXX

The required QR code for page 4 is: N11_T 2024A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2024), 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

Form N-11 (Rev. 2024) General Information and Scannable Specifications

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 / N-356 / N362 Set zero values for zero Use a carriage return for the field delimiter.

Data Types: A-Alpha	, N-Numeric,	AN-Alphanumeric.	C-Checkbox.
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	Page #	Form	Colum		Max	Data		
Field #	-	Line #	n	Description	Length	Туре	Field Business Rules	Changes
1				Header Version Number	2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
	ALL						Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved	
2				Software Developer Code	4	AN	space on each page of the return.	
3				Form Number	6		"N11"	
4	1			Form Year	4	Ν	The tax year for which the return is being filed. "2024" 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		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.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
7				Fiscal Year Begin Month	2		include slashes "/" in this field.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
8				Fiscal Year Begin Day	2		include slashes "/" in this field.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
9				Fiscal Year Begin Year	2		include slashes "/" in this field.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
10				Fiscal Year End Month	2		include slashes "/" in this field.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
11				Fiscal Year End Day	2		include slashes "/" in this field.	
	1						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
12				Fiscal Year End Year	2		include slashes "/" in this field.	
13	1			Amended Return Checkbox	1		"X" or null.	
14	1			NOL Carryback Checkbox	1		"X" or null.	
15	1			IRS Adjustment Checkbox	1	С	"X" or null.	
	1						The total width of this name (First MI Last) is 40, truncate the first name and last name as	
16				Primary First Name	25		needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	
17	1			Primary Middle Initial	1	Α	Field should be all CAPITAL LETTERS.	
	1							
18	<u> </u>			Primary Last Name	35		Field should be all CAPITAL LETTERS.	
19				Primary Suffix	3		Field should be all CAPITAL LETTERS.	increased field length
	1						Required entry if married filing joint, otherwise null. The total width of this name (First MI	
					05	•	Last) is 40, truncate the first name and last name as needed to fit within this overall form	
20				Spouse First Name	25	A	space. Field should be all CAPITAL LETTERS.	
04	1			Chausa Middle Initial		^	Optional antry if married filing joint athenuing null. Field should be all CADITAL LETTERS	
21	4			Spouse Middle Initial	- 1	A	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
	1							
22				Shouse Last Name	35	^	Dequired entry if merried filing joint, etherwise rull. Field should be all CARITAL LETTERS	
22 23	1			Spouse Last Name Spouse Suffix	35	A A	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS. Field should be all CAPITAL LETTERS.	increased field length
23	1			First 4 Characters of Primary Last Name	4	A	TICIU STIUUIU DE AII OAFTTAL LETTERO.	แก่งเตลรอน แอน เยเมนแ
24	1			Primary SSN	9		Do not include hyphone, analogo or other delimiters in this field	
25	1			Primary SSN Primary Deceased Checkbox	9		Do not include hyphens, spaces or other delimiters in this field. "X" or null	
26	1			Primary Deceased Checkbox Primary Deceased Date of Death - Month	2		Do not include slashes "/" and dashed "-" in this field.	
21				Primary Deceased Date of Death - Month	2	IN	Do not include siasnes / and dashed - in this lield.	

	Page #	Form	Colum		Max	Data	ZD Barcode Layout or Testing Cases	
Field #	l uge #	Line #	n	Description	Length		Field Business Rules	Changes
28	1			Primary Deceased Date of Death - Day	2	N		Changes
29	1			Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
25	1			Thindry Deceased Date of Death - Teah	2		Required entry if married filing joint or married filing separate, otherwise null. Field should be	
30	'			First 4 Characters of Spouse Last Name	4	А	all Capital Letters.	
50	1				-	~	Required entry if married filing joint or married filing separate, otherwise null. Do not include	
31				Spouse SSN	9	Ν	hyphens, spaces or other delimiters in this field.	
32	1			Spouse Deceased Checkbox	1	C	"X" or null	
33	1			Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	
34	1			Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	
35	1			Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.	
00	1				2	11		
36				Care Of	40	AN		
50	1				40			
	'							
37				Street Address	40		Field should be all CAPITAL LETTERS.	
51	1			Street Address	40	AN		
38	1			City	21	А	Field should be all CAPITAL LETTERS.	
30	1			City	21	A	If a U.S. address, enter the U.S. Postal Service standard two character abbreviation code for	
	1						the state. If a foreign address, leave null. Field should be all CAPITAL LETTERS. The valid	
							U.S. state codes are published by the USPS at:	
39				U.S. State Code	2	А	http://www.usps.com/ncsc/lookups/usps_abbreviations.html	
39	1				2	A	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.	
40	1				10	AN	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.	
41	1			Country	13	A	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	
42	1			Country	13	A	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
43	'	1		Filing Status Checkbox: Single	1	С	filing status checkbox marked.	
43	1	1			1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
44	'	2		Filing Status Checkbox: Married filing joint	1	С	filing status checkbox marked.	
44	1	۷			1	U	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
45	'	3		Filing Status Checkbox: Married filing separate	1	С	filing status checkbox marked.	
45	1	5		Thing Status Checkbox. Married hing separate	1	0	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
46	'	4		Filing Status Checkbox: Head of Household	1	С	filing status checkbox marked.	
40	1	4		i ning otatus offectibox. Head of Household	1	U	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
47	'	5		Filing Status Checkbox: Qualifying surviving spouse	1	С	filing status checkbox marked.	
47	1	<u>ິ</u> ບ		rinny Status Checkbox. Quaniying Surviving spouse	1	U	IIIIIY SIAIUS UIEUKUUX IIIAIKEU.	
10	I	10		HOH Qualifying Person. This field appears helow line 4	21	٨	Null if no value	
48 49	1	4a 6a(i)		HOH Qualifying Person. This field appears below line 4. Primary Regular Exemption	21		I'X" or null	
49 50	1	6a(ii)		Primary Over 65 Exemption	1		"X" or null	
50	1	6b(i)		Spouse Regular Exemption	1		"X" or null	
51	1	()		Spouse Over 65 Exemption	1		"X" or null	
52	1	6b(ii)		Number of Primary and Spouse Exemptions. This is the field	1	U		
52	I	60 lb		that appears to the right of lines 6a and 6b.	1	N	Number of primery and encurse exemptions marked in lines for and fh	
53		6a/b		unar appears to the right of lines of and op.	1	IN	Number of primary and spouse exemptions marked in lines 6a and 6b.	

	Page #	Form	Colum		Мах	Data	ZD Barcoue Layout of Testing Cases	
Field #		Line #	n	Description	Length		Field Business Rules	Changes
	1			Decemption	Longai	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Changoo
		6c/d		Child/Other Dependent First & Last Name				
54		00,4	a1		40	А	Field should be all CAPITAL LETTERS.	
• •	1						Required entry if name and/or relationship is present otherwise null.	
55		6c/d	a2	Child/Other Dependent SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	
56	1	6c/d		Child/Other Dependent Relationship	15	A	Field should be all CAPITAL LETTERS.	
	1	00/4						
		6c/d		Child/Other Dependent First & Last Name				
57		00,4	b1		40	А	Field should be all CAPITAL LETTERS.	
	1						Required entry if name and/or relationship is present otherwise null.	
58	•	6c/d	b2	Child/Other Dependent SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	
59	1	6c/d		Child/Other Dependent Relationship	15	A	Field should be all CAPITAL LETTERS.	
	1				-			
		6c/d		Child/Other Dependent First & Last Name				
60			c1		40	А	Field should be all CAPITAL LETTERS.	
	1	o / ·			-		Required entry if name and/or relationship is present otherwise null.	
61		6c/d	c2	Child/Other Dependent SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	
62	1	6c/d	c3	Child/Other Dependent Relationship	15	Α	Field should be all CAPITAL LETTERS.	
	1							
		6c/d		Child/Other Dependent First & Last Name				
63			d1	·	40	А	Field should be all CAPITAL LETTERS.	
	1	0.11					Required entry if name and/or relationship is present otherwise null.	
64		6c/d	d2	Child/Other Dependent SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	
65	1	6c/d	d3	Child/Other Dependent Relationship	15	Α	Field should be all CAPITAL LETTERS.	
	1			· · ·				
		6c/d	e1	Child/Other Dependent First & Last Name				
66					40	Α	Field should be all CAPITAL LETTERS.	
	1	6c/d		Child/Other Dependent SSN			Required entry if name and/or relationship is present otherwise null.	
67		oc/u	e2		9	Ν	Do not include hyphens, spaces or other delimiters in this field.	
	1	6c/d		Child/Other Dependent Relationship				
68		oc/u	e3		15	Α	Field should be all CAPITAL LETTERS.	
	1							
		6c/d		Child/Other Dependent First & Last Name				
69			f1		40	Α	Field should be all CAPITAL LETTERS.	
	1	6c/d		Child/Other Dependent SSN			Required entry if name and/or relationship is present otherwise null.	
70			f2		9		Do not include hyphens, spaces or other delimiters in this field.	
71	1	6c/d		Child/Other Dependent Relationship	15	A	Field should be all CAPITAL LETTERS.	
72	1	6c		Exemptions for Dependent Children	2	N	0 if no value	
73	1	6d		Exemptions for Other Dependents	2		0 if no value	
74	1	6e		Total Exemptions Claimed	2	N	0 if no value	
	2							
75		7		Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	
	2	7		Federal Adjusted Gross Income			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.	
70					•	l	If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
76	<u> </u>	<u> </u>			9	N	negative sign in this field.	
77	2	8		Difference in state/federal wages	9	N	0 if no value	
78	2	9		Interest on out of state bonds	9	Ν	0 if no value	

	Page #	Form	Colum		Max	Data		
Field #		Line #	n	Description	Length			Changes
79	2	10		Other HI Additions	9		0 if no value	
80	2	11		Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	
81	2	12		Total Income - negative indicator checkbox	1	C	"X" or null	
_	2			5			If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
82	_	12		Total Income	9	Ν	negative sign in this field.	
83	2	13		Pensions Taxed Federally	9		0 if no value	
84	2	14		Social Security Benefits	9		0 if no value	
85	2	15		National Guard Duty Pay	9		0 if no value	
86	2	16		Individual Housing Acct	9			
87	2	17		Exceptional Tree	9		0 if no value	
88	2	18		Other Hawaii Subtractions	9	N	0 if no value	
89	2	19		Total Subtractions	9	N	0 if no value	
90	2	20		HI Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	
	2						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
91		20		HI Adjusted Gross Income	9	Ν	negative sign in this field.	
92	2	21		Dependent Indicator.	1	С	"X" or null	
93	2	21a		Medical and Dental	9	N	0 if no value	
94	2	21b		Taxes	9	N	0 if no value	
95	2	21c		Interest Expense	9	N	0 if no value	
96	2	21d		Contributions	9		0 if no value	
97	2	21e		Casualty and Theft Losses	9		0 if no value	
98	2	21f		Miscellaneous deductions	9	N	0 if no value	
99	2	22		Total Itemized Deductions	9	N	0 if no value	
100	2	23		Standard Deduction	9	N	0 if no value	
	2			Subtotal (Line 20 – Line 22 or 23) - negative indicator				
101		24		checkbox	1	С	"X" or null	
	2						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
102		24		Subtotal (Line 20 – Line 22 or 23)	9	N	negative sign in this field.	
103	3	25		Total Exemptions	9	N	0 if no value	
	3							
104		25a		Primary Disability Indicator. This field appears below line 25.	1	С	"X" or null	
	3							
105		25b		Spouse Disability Indicator. This field appears below line 25.	1		"X" or null	
106	3	26		Taxable Income	9	Ν	0 if no value	
	3							
107		27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	1		"X" or null	
108	3	27		Tax Liability	9		0 if no value	
109	3	27a		Net Capital Gain	9		0 if no value	
110	3	28		Refundable Food/Excise Tax Credit	9		0 if no value	
111	3	28a		Refundable Food/Excise Tax Credit - Count	2		1 – 99.	
112	3	29		Low-Income Household Renters Credit	9	Ν	0 if no value	
113	3	30		Child and Dependent Care Expenses	9	Ν	0 if no value	
114	3	31		Child Passenger Restraint Credit	9	Ν	0 if no value	
115	3	32		Total Refundable Credits - Sch CR	9	Ν	0 if no value	
116	3	33		Total Refundable Credits	9	Ν		
117	3	34		Tax Less Refundable Credits - negative indicator	1	С	"X" or null	
118	3	34		Tax Less Refundable Credits	9	Ν		
119	3	35		Total Nonrefundable Credits - Sch CR	9	Ν		

		Form	Colum		Max	Data		
Field #	ge #	Line #	n	Description	Length		Field Business Rules	Changes
120 3	3	36		Tax Less Nonrefundable Credits - negative indicator	1	Ċ	"X" or null	•
121 3	3	36		Tax Less Nonrefundable Credits	9	Ν		
122 3	3	37		Withholding	9	Ν		
123 3	3	38		Estimated tax payments	9	Ν		
124 3	3	39		Estimated tax from previous tax year	9	Ν		
125 3	3	40		Extension Payment	9	Ν		
126 3	3	41		Total Payments	9	Ν		
127 3	3	42		Amount Overpaid	9	Ν		
128 3		43a(i)		Primary School Repairs and Maintenance Donation	1	С	"X" or null	
129 3	3	43a(ii)		Spouse School Repairs and Maintenance Donation	1	С	"X" or null	
130 3		43b(i)		Primary Public Libraries Donation	1	С	"X" or null	
131 3	3	43b(ii)		Spouse Public Libraries Donation	1	С	"X" or null	
132 3	3	43c(i)		Primary Domestic Violence Donation	1	С	"X" or null	
133 3	3	43c(ii)		Spouse Domestic Violence Donation	1	С	"X" or null	
134 3	3	44		Total Donations	2	Ν		
135 3	3	45		Overpaid minus donations	9	Ν		
136 4	4	46		Estimated Tax apply to the following tax year	9	Ν		
137 4	4	47a		Refunded to you	9	Ν		
138 4	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.	
139 4	4	47b		Routing Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols.	
140 4	4	47c(i)		Account Type Checking	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
141 4	4	47c(ii)		Account Type Savings	1	С	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
142 4	4	47d		Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
143 4	4	48		Amount you owe	9	Ν		
144 4	4	49		Payment Amount	9	Ν		
145 4	4	50(i)		Form N210 attached checkbox	1	С	"X" or null	
146 4	4	50		Estimated Tax Penalty	9	Ν		
147 4	4	53(i)		Federal Schedule C - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
148 4	4	53(ii)		Federal Schedule C - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
149 4	4	53(iii)		Federal Schedule C Hawaii Gross Receipts	9	Ν		
4	4						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		53(vi)		Federal Schedule C TSM Hawaii Tax ID	12	Ν	include hyphens, spaces or other delimiters in this field.	
-	4	54(i)		Federal Schedule E - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
	4	54(ii)		Federal Schedule E - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
153 4	4	54(iii)		Federal Schedule E Hawaii Gross Rents	9	Ν		
4	4						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		54(iv)		Federal Schedule E TSM Hawaii Tax ID	12	Ν	include hyphens, spaces or other delimiters in this field.	
155 4		55(i)		Federal Schedule F - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
156 4		55(ii)		Federal Schedule F - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
157 4	4	55(iii)		Federal Schedule F Hawaii Gross Receipts	9	Ν		
4	4	T					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		55(vi)		Federal Schedule F TSM Hawaii Tax ID	12	Ν	include hyphens, spaces or other delimiters in this field.	
159 4	4			Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
	4			Primary HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
161 4	4			Spouse HI Election Campaign - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	

	Page #	Form	Colum		Max	Data		
Field #	· J ·	Line #	n	Description	Length		Field Business Rules	Changes
162	CR1	1		Capital Goods Excise Tax Credit	9	N		
163	CR1	2		Fuel Tax Credit	9	N		
164	CR1	3		Motion Picture and Film Tax Credit	9	N		
165	CR1	4a(1)		Solar Checkbox	1		"X" or null	
166	CR1	4a(2)		Wind Checkbox	1	C	"X" or null	
167	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	9	N		
168	CR1	5		Important Agricultural Land Tax Credit	9	N		
169	CR1	6		Tax Credit for Research Activities	9	N		
170	CR1	7		Renewable Fuels Production tax Credit	9	N		
170	CR1	8		Earned Income Tax Credit	9	N		
17.1	CR1	Ŭ		Other refundable credits-pro rata share of taxes paid on sale of	0			
172	ON	9a		real property	9	Ν		
172	CR1	Ja		Other refundable credits-credit from regulated investment	3			
173	CKI	9b			9	N		
175		90		company Other refundable credits-Repayment of Amounts Included in	9	IN		
474		0-			0	N		Newline
174	0.54	9c		Income from Earlier Years	9	N		New Line
175	CR1	9d		Other Refundable Credits Total	9	N		New Line
176	CR1	10		Total Refundable Credits	9	N		
177	CR1	11		Income Tax Paid to another state	9	N		
178	CR1	12		Enterprise Zone Tax Credit	9	N		
179	CR1	13	а	Carryover of Energy Conservation - Unused	9	N		new column
180	CR1	13		Carryover of Energy Conservation - Applied	9	N		new column, renumbered, new line number
181	CR1	13	d	Carryover of Energy Conservation - Carryover	9	N		new column, renumbered, new line number
182	CR2	14		High Technology Business Investment - Unused	9	N		new column
183	CR2	14	С	High Technology Business Investment - Applied	9	N		new column, renumbered, new line number
184	CR2	14	d	High Technology Business Investment - Carryover	9	Ν		new column, renumbered, new line number
	CR2							
185		15	а	Carryover of the Cesspool Upgrade Unused	9	Ν		new column
	CR2							
186		15	с	Carryover of the Cesspool Upgrade Applied	9	Ν		new column, renumbered, new line number
	CR2							
187		15	d	Carryover of the Cesspool Upgrade Carryover	9	Ν		new column, renumbered, new line number
	CR2		-	•	-			
188	0.1.2	16	а	Carryover of Tech Infrastructure Renovation - Unused	9	N		new column
189	CR2	16		Carryover of Tech Infrastructure Renovation - Applied	9	N		new column, renumbered, new line number
190	CR2	16		Carryover of Tech Infrastructure Renovation - Carryover	9	N		new column, renumbered, new line number
100	CR2	10	U		5			
191	0112	17	а	Carryover of the Hotel Construction and Remodeling - Unused	9	N		new column
191	CR2	17	u	ourryever of the field construction and Remodeling - Offused	3	IN I		
192	0112	17	b	Carryover of the Hotel Construction and Remodeling - Applied	9	N		new column, renumbered, new line number
192	CR2	11		Carryover of the Hotel Construction and Remodeling -	3	IN		
193	682	17		Carryover of the Hotel Construction and Remodeling -	9	N		new column, renumbered, new line number
190	CR2	17	С	CallyOver	э	IN		
104	UR2	10	c c	Corruptor of Posidontial Construction and Domodel	0	N		now column
194	000	18	а	Carryover of Residential Construction and Remodel - Unused	9	N		new column
105	CR2	10	h	Correction of Decidential Construction and Devendel Availant	0	N		now column renumbered new line number
195	000	18		Carryover of Residential Construction and Remodel - Applied	9	N		new column, renumbered, new line number
100	CR2	10		Carryover of Residential Construction and Remodel -	9	N		new column, repumbered, new line symbols
196		18	С	Carryover	Э	Ν		new column, renumbered, new line number

Intel Name Description Large Type Pield Business Rules Opengation 119 CR2 10 8 Carryover of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Energy Tech Incore - Acpled 0 N 119 CR2 10 6 Carryover of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Energy Tech Incore - Acpled 0 N 20 CR2 20 16 Carryover of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Energy Tech Incore - Acpled 0 N Rever Of Rever Tech Incore - Acpled 0 N Rever Of Rever Tech Incore - Acpled 0 N Rever Of Rever Tech Incore - Acpled N Reve Of Rever Tech Incore Acpled N		Page #	Form	Colum	Мах	Data	ZD Barcoue Layout of Testing Cases	
197 Onto 198 Call Call N Description 198 CR2 19 b Call Call <th>Field #</th> <th>r uge #</th> <th></th> <th></th> <th>-</th> <th></th> <th>Field Rusiness Rules</th> <th>Changes</th>	Field #	r uge #			-		Field Rusiness Rules	Changes
1986 CR2 10 b Carryover of Rome Energy Tech Incress-Applied 0 N new column, renumbered, new line number 100 CR2 10 c Carryover of Rome Energy Tech Incress-Applied 0 N new column, renumbered, new line number 200 CR2 20 c Carryover of Rome Energy Tech Incress-Applied 0 N new column, renumbered, new line number 200 CR2 20 c Carryover of Rome Energy Tech Incress-Applied 0 N new column, renumbered, new line number 201 CR2 20 c Carryover of Romeal Tuck Atlanch From N-324 - Carryover of Capplied Informationan Atlanch From N-342 - D new column, renumbered, new line number 201 CR2 2 a Carryover of Capplied Informationan Atlanch From N-342 - D N new column, renumbered, new line number 201 CR2 2 a Carryover of Capplied Informationan Atlanch From N-342 - D N new column, renumbered, new line number 201 CR2 2 a Carryover of Capplied Informationan Atlanch From N-342 - D N new column, renumbered, new line n		000			•		Field Dusiliess Rules	· · · · · · · · · · · · · · · · · · ·
198 CH2 19 c Carryover of Starwyer	-				-			
200 CR2 200 b Carryover of Organic Food Attach From N323 - Applied 9 N 201 CR2 20 b Carryover of Organic Food Attach From N323 - Applied N inser Column inser Column 201 CR2 20 b Carryover of Organic Food Attach From N323 - Applied N inser Column inser Column 201 CR2 20 b Carryover of Carryover of Saturation From N233 - Applied N inser Column inser Column 201 CR2 21 b Carryover of Saturation N inser Column inser Column 201 CR2 2 c Carryover of Carryover				b Carryover of Renew Energy Tech Income - Applied	-			
201 CR2 20 b Carryover of Depart Food Attach Form N323 - Applied 9 N 202 CR2 20 c Carryover of Statish Form N323 - Carryover N new column, returnbered, new line number 203 CR2 1 b Carryover of Renewal Fuels Attach Form N323 - Carryover 9 N new column, returnbered, new line number 203 CR2 1 b Carryover of Antowal Fuels Attach Form N323 - Carryover 9 N new column, returnbered, new line number 204 CR2 2 c Carryover of Capital Infrastructure Attach Form N-348 - 0 N new column, returnbered, new line number 205 CR2 2 a Larged 9 N new column, returnbered, new line number 206 CR2 2 b Applied 9 N new column, returnbered, new line number 207 C Carryover of Capital Infrastructure Attach Form N-348 - 0 N new column, returnbered, new line number 208 CR2 3 a Carryover of Earned Incore Attach N-556 - Lonsod					-			
Image: CP2 CP2 CP2 CP2 CP3 CP3 <thcp3< th=""> CP3 <thcp3< th=""> <thcp3< td=""><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></thcp3<></thcp3<></thcp3<>		-			-			
200 CR2 21 a Cargore of Reveal Fuels Attach From N323 - Applied 9 N new column, reundmend, new line number 206 CR2 21 b Cargore of Reveal Fuels Attach From N323 - Applied 9 N new column, reundmend, new line number 206 CR2 21 c Cargore of Reveal Fuels Attach From N323 - Applied 9 N new column, reundmend, new line number 206 CR2 22 c c Cargore of Reveal Infrastructure Attach From N348 - 9 N new column, reundmend, new line number 208 CR2 22 c cargore of Cargotal Infrastructure Attach From N348 - 9 N new column, reundmend, new line number 208 CR2 23 a Cargore of Cargotal Infrastructure Attach From N348 - 9 N new column, reundmend, new line number 208 CR2 23 a Cargore of Cargotal Infrastructure Attach From N348 - 9 N new column, reundmend, new line number 208 CR2 23 a Cargore of Cargotal Infrastructure Attach From N348 - 9 N new column, reundmend, new line number								
204 CR2 21 b Curryour of Renewal Fuels Attach Form N-323 - Curryour 9 N new column, renumbered, new line number 205 CR2 21 c Carryour of Renewal Fuels Attach Form N-323 - Curryour 9 N new column, renumbered, new line number 206 CR2 2 c Carryour of Capital Infrastructure Attach Form N-345 - 9 N new column, renumbered, new line number 207 CR2 c Carryour of Capital Infrastructure Attach Form N-345 - 9 N new column, renumbered, new line number 208 CR2 c c Carryour of Capital Infrastructure Attach Form N-345 - 9 N new column, renumbered, new line number 208 CR2 c c Carryour of Capital Infrastructure Attach Form N-345 - 9 N new column new column new column 208 CR2 c c Carryour of Capital Infrastructure Attach Form N-345 - 9 N new column, renumbered, new line number 210 CR2 d a Low-Hoone Housing Attach Form N-365 - Carryour 9	-	-			-			
20 CR2 21 c Carryover of Renewal Fuels Altach Form N-323 - Carryover 9 N new column, neumbered, new line number 20 CR2 2 a Unsed new column, neumbered, new line number new column, neumbered, new line number 20 CR2 2 b Carryover of Capital Infrastructure Attach Form N-348 - 9 N new column, neumbered, new line number 208 CR2 2 c Carryover of Capital Infrastructure Attach Form N-348 - 9 N new column, neumbered, new line number 208 CR2 2 c Carryover of Earned Income Attach N-36 - Unused 9 N new column, neumbered, new line number 209 CR2 3 c Carryover of Earned Income Attach N-358 - Unused 9 N new column, neumbered, new line number 210 CR2 23 c Carryover of Earned Income Attach N-358 - Unused 9 N new column, neumbered, new line number 210 CR2 4 0. N new column, neumbered, new line number new column, neumbered, new line number new					-			
205 21 C Carryoer of Renewal Fuels Attach Form N-32. Carryoer 9 N 206 22 Carryoer of Renewal Fuels Attach Form N-33. 9 N 207 22 A gplied new column, neumbered, new line number 208 22 A gplied new column, feature Attach Form N-34. 9 N 208 CR2 22 A splied new column, feature Attach Form N-34. 9 N 208 CR2 22 Carryoer of Capital Infrastructure Attach Form N-34. 9 N 208 CR2 22 Carryoer of Capital Infrastructure Attach Form N-34. 9 N 208 CR2 23 Carryoer of Eamed Income Attach N-356. Junued 9 N 210 CR2 23 Carryoer of Eamed Income Attach N-356. Junued 9 N 211 CR2 24 Carryoer of Eamed Income Attach N-356. Junued 9 N 211 CR2 24 Carryoer of Eamed Income Attach N-356. Junued 9 N 212 CR2 24 Carryoer of Eamed Income Attach N-356. Junued 9 N 212 CR2 24 Carryoer of Eamed Income Attach N-356. Junued 9 N 212 CR2 Eamelyonant Un	204	-	21	b Carryover of Renewal Fuels Attach Form N-323 - Applied	9	Ν		new column, renumbered, new line number
CR2 Carryoser of Capital Infrastructure Attach Form N-348 - N new column CR2 2 a Carryoser of Capital Infrastructure Attach Form N-348 - 9 N 208 CR2 2 a Carryoser of Capital Infrastructure Attach Form N-348 - 9 N 208 CR2 2 a Carryoser of Capital Infrastructure Attach Form N-348 - 9 N 208 CR2 2 a Carryoser of Capital Infrastructure Attach Form N-348 - 9 N 208 CR2 2 a Carryoser of Earned Income Attach N-356 - Unused 9 N 201 CR2 23 a Carryoser of Earned Income Attach N-356 - Unused 9 N 210 CR2 24 a Corryoser of Earned Income Attach N-356 - Unused 9 N new column, renumbered, new Ine number 211 CR2 24 a Low-Income Housing Attach Form N-586 - Unused 9 N new column, renumbered, new Ine number 2114 CR2 24 a Low-Income Housing Attach Form N-586 -		CR2						
200 V2 a Unused 9 N CR2 22 a Unused 9 N CR2 22 a Carryour of Capital Infrastructure Attach Form N-349 0 N CR2 22 c Carryour of Capital Infrastructure Attach Form N-349 0 N new column, renumbered, new line number 200 CR2 23 c Carryour of Earned Income Attach N-369, Junued 9 N 210 CR2 23 c Carryour of Earned Income Attach N-369, Junued 9 N 211 CR2 24 a Low-Income Housing Attach From N-369, - Unuedd 9 N new column, renumbered, new line number 212 CR2 24 a Low-Income Housing Attach From N-369, - Canryour of Earned Income Attach Set Oarnyour of Sample Attach From N-369, - Canryour of Earned Income Attach Set Oarnyour of Carryour of Carr	205		21		9	Ν		new column, renumbered, new line number
CR2 Carryover of Capital Infrastructure Attach Form N-348 - N new column, renumbered, new line number CR2 2 b. Applied Garryover of Capital Infrastructure Attach Form N-348 - new column, renumbered, new line number CR2 2 c. Carryover of Earned Income Attach N-356 - Unused 9 N new column, renumbered, new line number CR2 2 c. Carryover of Earned Income Attach N-356 - Unused 9 N new column, renumbered, new line number 210 CR2 23 d. Carryover of Earned Income Attach N-356 - Unused 9 N new column, renumbered, new line number 210 CR2 23 d. Carryover of Earned Income Attach N-356 - Unused 9 N new column, renumbered, new line number 211 CR2 24 b. Con-Income Housing Attach from N-386 - Unused 9 N new column, renumbered, new line number 212 CR2 24 b. Con-Income Housing Attach from N-386 - Varyover 9 N new column, renumbered, new line number 216 CR2 a. Erryohyment of Vocational Rehabilitation Referrata Attach 9 N nemo column, renumbered, new line num		CR2						
207 22 b Applied 9 N 208 22 c Carryover of Captal Infrastructure Attach Form N-348 - 9 N 209 C Carryover of Captal Infrastructure Attach Form N-348 - 9 N 200 CR2 23 c Carryover of Earned Income Attach N-356 - Unused 9 N 210 CR2 23 c Carryover of Earned Income Attach N-356 - Carryover 9 N 211 CR2 24 a Carryover of Earned Income Attach N-356 - Carryover 9 N 211 CR2 24 a Carryover of Earned Income Attach N-356 - Carryover 9 N 212 CR2 24 a Corryover of Earned Income Attach N-356 - Carryover 9 N 213 CR2 24 a Corryover of Earned Income Attach N-356 - New 9 N 214 CR2 24 c Corryover of Carryover of Earned Income Attach N-356 - Carryover 9 N 214 CR2 24 c Corryover of Carryover of Earned Income Attach N-356 - Carryover 9 N 215 CR2 24 c Corryover of Carryover of Carryover of Earned Income Attach N-356 - Carryover 9 N	206		22		9	Ν		new column
CR2 Carryover of Capital Infrastructure Attach Form N-348 - P N new column, renumbered, new line number 20 CR2 2 a Carryover of Earned Income Attach N-366 - Unused 9 N new Column 210 CR2 23 a Carryover of Earned Income Attach N-366 - Applied 9 N new Column, renumbered, new line number 210 CR2 23 c Carryover of Earned Income Attach N-366 - Applied 9 N new Column, renumbered, new line number 211 CR2 23 a Carryover of Earned Income Attach N-366 - Nuew 9 N new Column, renumbered, new line number 212 CR2 24 b Covincome Housing Attach From N-268 - New 9 N new column, renumbered, new line number 213 CR2 24 c Low-Income Housing Attach From N-268 - Applied 9 N new column, renumbered, new line number 216 CR2 4 Comployment of Vocational Rehabilitation Referals Attach 9 N new column, renumbered, new line number 216 CR2 <t< td=""><td></td><td>CR2</td><td></td><td>Carryover of Capital Infrastructure Attach Form N-348 -</td><td></td><td></td><td></td><td></td></t<>		CR2		Carryover of Capital Infrastructure Attach Form N-348 -				
208 22 c Caryover of Earned Income Attach N336 - Unused 9 N new Column 209 PR 2 3 a Caryover of Earned Income Attach N336 - Unused 9 N new Column 210 CR2 23 c Caryover of Earned Income Attach N356 - Caryover 9 N new column, renumbered, new line number 211 CR2 24 4 Cover of Earned Income Attach N356 - Caryover 9 N new column, renumbered, new line number 212 CR2 24 4 Low-Income Housing Attach From N-S86 - New 9 N new column, renumbered, new line number 214 CR2 24 d Low-Income Housing Attach From N-S86 - Caryover 9 N new column, renumbered, new line number 216 CR2 24 d Low-Income Housing Attach From N-S86 - Caryover 9 N new column, renumbered, new line number 216 CR2 4 Demolymetric Vocational Rehabilitation Referrals Attach new column, renumbered, new line number new column, renumbered, new line number 210 CR	207		22		9	Ν		new column, renumbered, new line number
CR2 23 a Carryover of Earned Income Attach N356 - Lnused 9 N new Column 210 CR2 23 c Carryover of Earned Income Attach N356 - Applied 9 N new column, renumbered, new Ine number 211 CR2 CR2 23 d Carryover of Earned Income Attach N356 - Carryover 9 N new column, renumbered, new Ine number 212 CR2 24 a Low-Income Housing Attach From N-S86 - Valued 9 N new column new column 214 CR2 24 b Low-Income Housing Attach From N-S86 - Applied 9 N new column, renumbered, new Ine number 214 CR2 24 c Low-Income Housing Attach From N-S86 - Applied 9 N new column, renumbered, new Ine number 216 CR2 24 d Low-Income Housing Attach From N-S86 - Applied 9 N new column, renumbered, new Ine number 216 CR2 12 B From M-S84 - Lanyover 9 N new column, renumbered, new Ine number 217 25		CR2		Carryover of Capital Infrastructure Attach Form N-348 -				
209 23 a Carprover of Eamed Income Attach N-356 - Unused 9 N new colum, renumbered, new line number 210 CR2 23 d Carprover of Eamed Income Attach N-356 - Applied 9 N new colum, renumbered, new line number 211 CR2 23 d Carprover of Eamed Income Attach N-356 - Applied 9 N new colum, renumbered, new line number 212 CR2 24 a Low-hoome Housing Attach From N-S86 - New 9 N new colum, renumbered, new line number 214 CR2 24 d Low-hoome Housing Attach From N-S86 - Carryover 9 N new colum, renumbered, new line number 216 CR2 24 d Low-hoome Housing Attach From N-S86 - Carryover 9 N new colum, renumbered, new line number 216 CR2 a Forn N-884 - Applied 9 N new column, renumbered, new line number 217 CR2 a Form N-884 - Applied 9 N new column, renumbered, new line number 218 CR2 a Form N-	208		22	c Carryover	9	Ν		new column, renumbered, new line number
209 23 a Carryover of Earned Income Attach N-356 - Unused 9 N 210 CR2 23 c Carryover of Earned Income Attach N-356 - Orryover 9 N 211 CR2 23 d Carryover of Earned Income Attach N-356 - Orryover 9 N 212 CR2 24 a Low-hoome Housing Attach From N-S86 - New 9 N 213 CR2 24 b Low-hoome Housing Attach From N-S86 - Applied 9 N 214 CR2 24 d Low-hoome Housing Attach From N-S86 - Applied 9 N 214 CR2 24 d Low-hoome Housing Attach From N-S86 - Carryover 9 N 216 CR2 24 d Low-hoome Housing Attach From N-S86 - Carryover 9 N 216 CR2 a Frank Justich From N-S86 - Carryover 9 N new column, renumbered, new line number 216 CR2 a Frank Justich Mattach Mattach Attach 9 N new column, renumbered, new line number 217 CR2 a Frank Justich Mattach Referals Attach 9 N new column, renumbered, new line number 218 CR2 Employment of Vocational Rehabilitation Referals Attach		CR2						
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225 CR3 27(2) Wind Checkbox 1 C "X" or null CR3 Nonrefundable Renewable Energy Tech After July 1, 2009 Nonrefundable Renewable Energy Tech After July 1, 2009 new column 226 27 a Attach From N-342 - Unused 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 new column 227 27 b Attach From N-342 - New 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 9 N 227 27 b Nonrefundable Renewable Energy Tech After July 1, 2009 9 N		CR3	— ÷		-		"X" or null	
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229 CR3 27 d Attach From N-342 - Carryover 9 N new column, renumbered, new line number 9 N N	229	CR3	27	d Attach From N-342 - Carryover	9	N		new column, renumbered, new line number

	Page #	Form	Colum		Мах	Data	2D Barcode Layout of Testing Cases	
Field #		Line #	n	Description	Length		Field Business Rules	Changes
230	CR3	28	a	Healthcare Preceptor Attach Form N-358 - Unused	9	N		new column
231	CR3	28	b	Healthcare Preceptor Attach Form N-358 - New	9	Ν		new column, renumbered, new line number
232	CR3	28	С	Healthcare Preceptor Attach Form N-358 - Applied	9	Ν		new column, renumbered, new line number
233	CR3	28	d	Healthcare Preceptor Attach Form N-358 - Carryover	9	Ν		new column, renumbered, new line number
234	CR3	29	а	Historic Preservation Attach Form N-325 - Unused	9	Ν		new column
235	CR3	29	b	Historic Preservation Attach Form N-325 - New	9	Ν		new column, renumbered, new line number
236	CR3	29	С	Historic Preservation Attach Form N-325- Applied	9	Ν		new column, renumbered, new line number
237	CR3	29	d	Historic Preservation Attach Form N-325 - Carryover	9	Ν		new column, renumbered, new line number
238	CR3	30	а	Renewable Fuels Production Attach Form N-360 - Unused	9	Ν		new column
239	CR3	30	b	Renewable Fuels Production Attach Form N-360 - New	9	Ν		new column, renumbered, new line number
240	CR3	30	С	Renewable Fuels Production Attach Form N-360 - Applied	9	Ν		new column, renumbered, new line number
241	CR3	30	d	Renewable Fuels Production Attach Form N-360 - Carryover	9	Ν		new column, renumbered, new line number
242	CR3	31	b	Pass-Through Entity Attach From N-362 - New	9	Ν		New Line
243	CR3	31	С	Pass-Through Entity Attach From N-362 - Applied	9	Ν		New Line
244	CR3	31	d	Pass-Through Entity Attach From N-362 - Carryover	9	Ν		New Line
245	CR3	32	b	Total Nonrefundable Credits	9	Ν		renumbered
246	N311	L9		Refundable Food/Excise Tax Credit	4	Ν		renumbered
	X1	Part I						
247		L12		Low-Income Household Renters Credit	4	N		renumbered
	X2	Part II C						
248		L21(a)	b	Date of Birth - Month	2	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
	X2	Part II C						
249		L21(a)	b	Date of Birth - Day	2	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
050	X2	Part II C						
250	VO	L21(a)	b	Date of Birth - Year	4	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
054	X2	Part II C		Orada	10		Field should be all CAPITAL LETTERS.	
251	VO	L21(a)	С	Grade	12	AN	FIEID SHOUID DE AII CAPITAL LETTERS.	new column
252	X2	Part II C L21(a)	d	Qualifying person's SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	new column
202	X2	Part II C	u		9	IN	Do not include hypnens, spaces of other delimiters in this field.	
253	~2	L21(a)	е	Qualified expenses	9	Ν		new column
200	X2	Part II C	C		3	IN		
254	~~ <u>~</u>	L21(b)	b	Date of Birth - Month	2	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
	X2	Part II C	~		-			
255		L21(b)	b	Date of Birth - Day	2	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
	X2	Part II C	-			-		
256		L21(b)	b	Date of Birth - Year	4	Ν	Do not include slashes "/" and dashed "-" in this field.	new column
	X2	Part II C						
257		L21(b)	с	Grade	12	AN	Field should be all CAPITAL LETTERS.	new column
	X2	Part II C						
258		L21(b)	d	Qualifying person's SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	new column
	X2	Part II C						
259		L21(b)	е	Qualified expenses	9	Ν		new column
	X2	Part II C						
260		L25		Minimum of Expense Cap and Earned Income	9	Ν		renumbered
	X2	Part II						
261		L28		Credit for Child and Dependent Care Expenses	4	Ν		renumbered

	Page #	Form	Colum		Max	Data	2D Barcode Layout or Testing Cases	
Field #	ugo "	Line #	n	Description	Length		Field Business Rules	Changes
		Line #		Description	Lengui	Type		Changes
				End of Record Trailer	5	А	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	
	266			This is to balance the field #. Sometimes when lines are	5	~	Standard trailer field to indicate the end of the 2D barcode data. Always equal to. LOD	
	200			added deleted the filed # is not updated correctly. Delete this				
				row before making the PDF				
				(ENTER LAST ROW # In B 268, C 268 -5 are the heading				
				lines do not count them. Column D 268 equals the last				
		_	004	field number from column A)				
		-5	261	neid number from column A)				
Detum	Fields	the at and		ncluded in the 2D Barcode				
Return	1							
	1			First Time Filer Checkbox				
	1			ITIN Applied For. This will be hand written in the space below				
				the area reserved for the barcode.				
\vdash	1	3a		MFS Spouse Name. This field appears below line 3.				
	1			Spouse meets qualifications Checkbox. This is the checkbox				
				below line 6b.				
		_						
	1	5a		QW Year Spouse Died	4	Ν		
	2							
				Tax source checkbox group (Tax Table, Tax Rate Schedule,				
		27		Form N-168, Form N-615, Cap. Gains Worksheet)				
	4			Amended Return: Amount Paid (Overpaid) on Original Return-				
		51		negative indicator checkbox				
	4	- /						
		51		Amended Return: Amount Paid (Overpaid) on Original Return				
	4			Amended Return: Balance Due (Refund) on Amended Return-				
		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				
	4			Preparer Phone Number				
		Part I L4		Rental Unit Information				
		Part I L5		Share of Rent				
	X1	Part I L6		Exclusions from Rent				

P	Page #	Form	Colum		Max			
Field #	.	Line #	n	Description	Length		Field Business Rules	Changes
	X1	Part I L7		Rent less Exclusions		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Part I L8		Qualified Persons - Name				
		Part I L8		Qualified Persons - Relationship				
		Part I L9		Qualified Exemptions				
	X1	Part I						
		L10		Spouse 65 or over Exemption				
	X1	Part I						
		L11		Total Exemptions				
	X1	Part II A						
		L1a		Care Provider - Name				
	X1	Part II A						
		L 1b		Care Provider - Address				
	X1	Part II A						
		L 1c		Care Provider - identification Number				
	X1	Part II A						
		L 1d		Care Provider - Hawaii Tax I.D. No.				
	X1	Part II A						
		L 1e		Care Provider - Amount Paid				
	X1	Part II A						
		L2		Dependent Care Benefits - Current year				
	X1	Part II B						
		L3		Dependent Care Benefits - Carried over from prior year				
	X1	Part II B						
	×4	L4		Dependent Care Benefits - Forfeited				
	X1	Part II B		Total Dependent Care Benefits				
	X2	L 5 Part II B						
	~2	L6		Qualified Expenses - Current year				
	X2	Part II B						
	~2	L7		Smaller of Dependent Care Benefits or Qualified Exp				
	X2	Part II B						
	~~	L 8		Dependent Care Benefits - Your Earned Income				
	X2	Part II B						
		L9		Dependent Care Benefits Spouse's Earned Income				
	X2	Part II B		Smaller of Dep Care Benefits, Your or Spouse's Earned				
		L 10		Income				
	X2	Part II B						
		L 11		Enter 5,000 or 2,500				
	X2	Part II L						
		12		Amount from Proprietorship or Partnership				
	X2	Part II B						
		L 13		Line 5 minus Line 12				
	X2	Part II B						
		L 14		Deductible Benefits				
	X2	Part II B						
		L 15		Excluded Benefits				
	X2	Part II B						
		L 16		Taxable Benefits				

Page #	Form	Colum	Max	Data		
Field #	Line #	n Description	Length	Туре	Field Business Rules	Changes
X2	Part II B					
	L 17	Enter 10,000 or 20,000)				
X2	Part II B					
	L 18	Add Lines 14 and 15				
X2	Part II B					
	L 19	Line 17 minus Line 18				
X2	Part II B					
	L 20	Sum of amounts from Line 21 Column D				
X2	Part II C					
	L 21(a)	a Dependent Care Exp Qualifying Person - Name				
X2	Part II C					
	L 21 (a)	b Dependent Care Exp Qualifying Person - Relationship				Column Removed
X2	Part II C					
NO.	L 21(b)	a Dependent Care Exp Qualifying Person - Name				
X2	Part II C	h Denendent Care Fun Qualifying Denen Deletionship				Caluman Damayord
X2	L 21 (b) Part II C	b Dependent Care Exp Qualifying Person - Relationship				Column Removed
~~~	L 22	Total Qualifying Persons				
X2	Part II C					
~~~	L 23	Child and Dependent Care Exp -Your Earned Income				
X2	Part II C					
~~~~	L 24	Child and Dependent Care Exp - Spouses Earned Income				
X2	Part II C		1			
	L 26	Smallest of lines 22, 23 or 24				
X2	Part II C		1			
	L 27	Decimal Amount				

#### Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311 / N-356 / N362 Set zero values for zero Use a carriage return for the field delimiter.

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

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

	Page #	Form	Colum				<b>T</b> 10		<b>-</b> / -	<b>T</b> 1.00	
Field #		Line #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
1	 ALL			Header Version Number	T1	T1	T1	T1	T1	T1	
2	ALL			Software Developer Code	99	99	99	99	99	1234	
3				Form Number	N11	N11	N11	N11	N11	N11	-
4	1			Form Year	2024	2024	2024	2024	2024	2024	
-					2024	2024	2024	2024	2024	2024	
5				2D Specification Version	0	0	0	0	0	12	
6				Software Version	0	0	0	0	0	123456789012345	15 0
	1				v						
7	-			Fiscal Year Begin Month	03					06	2 0
	1										
8				Fiscal Year Begin Day	01					11	2 0
	1										
9				Fiscal Year Begin Year	22					23	2 0
	1										
10				Fiscal Year End Month	2					12	2 0
	1										
11				Fiscal Year End Day	28					31	2 0
10	1			Fiscal Year End Year	22					22	2 0
12 13	1			Amended Return Checkbox	23		X		X	23 X	2 0
13	1			NOL Carryback Checkbox			X		^	X	1 0
15	1			IRS Adjustment Checkbox			~		X	X	1 0
10	1								~	MAXLENGTHPRIMAR	1 0
16	'			Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	YFIRSTNAME	25 0
17	1			Primary Middle Initial	A				D	M	1 0
	1									MAXIMUMLENGTHPRI	
	-									MARYLASTNAMEAAA	
18				Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	ΑΑΑΑ	35 0
19	1			Primary Suffix	JR						3 0
	1										
										MAXILENGTHSPOUS	
20				Spouse First Name		TESTTWOSPF	TESTTHRESPF			EFIRSTNAME	25 0
	1										
21				Spouse Middle Initial		C				M	1 0
	1									MAXIMUMLENGTHSP	
				<b>-</b>						OUSELASTNAMEAAA	
22				Spouse Last Name		TESTTWOSPL	SPMFSLAST			BBBCC	35 0
23	1			Spouse Suffix	TONE		TUDE	TEOU		3RD	3 0
24	1			First 4 Characters of Primary Last Name Primary SSN	TONE	TTWO	THRE 576661123	TFOU	TFIV	MAXL	4 0
25	1			Primary SSN Primary Deceased Checkbox	400001902	575661121	5/0001123	575661124	575661125	123446789	9 0
26 27	1			Primary Deceased Checkbox Primary Deceased Date of Death - Month				X 06		X 11	1 0
27	1			Primary Deceased Date of Death - Month Primary Deceased Date of Death - Day				21		12	2 0 2 0
28	1			Primary Deceased Date of Death - Day Primary Deceased Date of Death - Year				21		12	2 0 2 0
29	I			Filinary Deceased Date of Death - Tear				22		19	2 0

	Page #	Form	Colum							
Field #	4	Line #	n Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
30	1		First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4 (
24	1		Spouse SSN		570557440	570001101			222456700	
31 32	1		Spouse SSN     Spouse Deceased Checkbox		576557442	576661124			223456789 X	9 (
32	1		Spouse Deceased Checkbox Spouse Deceased Date of Death - Month		03			06	10	2 (
34	1		Spouse Deceased Date of Death - Month Spouse Deceased Date of Death - Day		10			18	17	
35	1		Spouse Deceased Date of Death - Year		2023			22	20	2 (
55	1				2020				CARE OF MAX	
									LENGTH	
									AAABBBCCCDDDEEE	
36			Care Of	×					FFFGGG	40 (
	1								123 MAX STREET	
	•								LENGTH	
									AAABBBCCCDDDEEE	
37			Street Address	X	х	х	х	х	FFF	40 0
-	1								MAX CITY LENGTH	
38			City	x	х	x	x	Х	ΑΑΑΑΑ	21 (
	1									
39			U.S. State Code	x	Х			Х	US	2 (
	1									1
40			ZIP (Postal) Code	X	Х	x	X	Х	ZIP CODE 1	10 0
	1								MAXIMUMLENGTHFO	
41			Foreign State or Province				X		REIGNSTATE	25 0
42	1		Country			X	X		MAXLENGTHCTRY	13 (
	1									
43		1	Filing Status Checkbox: Single	X					1	1 (
	1									
44		2	Filing Status Checkbox: Married filing joint		Х				X	1 (
	1									
45		3	Filing Status Checkbox: Married filing separate			X			X	_ 1 (
40	1								X	
46	4	4	Filing Status Checkbox: Head of Household				X		X	1 (
47	1	5	Filing Status Checkberry Qualifying surviving answer					v	×	4
47	1	Э	Filing Status Checkbox: Qualifying surviving spouse					×	MAXLENGTHHOHQUA	
48	1	4a	HOH Qualifying Person. This field appears below line 4.				~		LIFYNG	21 (
40	1	4a 6a(i)	Primary Regular Exemption		Y	X	× ×	X		
49 50	1	6a(ii)	Primary Over 65 Exemption			^	^	^	×	
51	1	6b(i)	Spouse Regular Exemption		X	X			X	
52	1	6b(ii)	Spouse Over 65 Exemption		X				X	1 (
52	1	00(11)	Number of Primary and Spouse Exemptions. This is the field		X				~~~~	- ' `
53	'	6a/b	that appears to the right of lines 6a and 6b.		x	×	x	x	4	1 (
00	1	00/0			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				ONEDEPMAXFIRST	
		6c/d	Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
54		00/4	a1		x	x			HIJKLMNOPQ	40 0
<u> </u>	1									
55		6c/d	a2 Child/Other Dependent SSN		х	х			111221111	9 (
		6c/d	a3 Child/Other Dependent Relationship			X			CHILDMAXTESTONE	15 (

					2D Ba	arcode Layout or Testing	j Cases				
Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
	1									TWODEPMAXFIRST	_
		6c/d		Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
57			b1			х				HIJKLMNOPQ	40
58	1	6c/d	b2	Child/Other Dependent SSN		x				111222222	9
59	1	6c/d	b3	Child/Other Dependent Relationship		X				DEPMAXTESTONEXX	
	1									THRDEPMAXFIRST	_
		6c/d		Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
60			c1			Х				HIJKLMNOPQ	40
61	1	6c/d	c2	Child/Other Dependent SSN		x				111223333	9
62	1	6c/d	c3	Child/Other Dependent Relationship		X				CHILDMAXTESTTWO	
02	1	00/4								FOURDEPMAXFIRST	- 10
		6c/d		Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
63		00/4	d1			x				HIJKLMNOP	40
00	1		u.							Thorte Million	40
64		6c/d	d2	Child/Other Dependent SSN		х				111224444	9
65	1	6c/d	d3	Child/Other Dependent Relationship		X				CHILDMAXTESTTHR	15
	1									FVEDEPMAXFIRST	
		6c/d	e1	Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
66						Х				HIJKLMNOPq	40
67	1	6c/d	e2	Child/Other Dependent SSN		Y				111225555	9
07	1		ez			*				111220000	9
68		6c/d	e3	Child/Other Dependent Relationship		x				DEPMAXTESTTWOX	15
00	1									SIXRDEPMAXFIRST	
		6c/d		Child/Other Dependent First & Last Name						LASTNAMEABCDEFG	
69		00,4	f1			х				HIJKLMNOP	40
70	1	6c/d	f2	Child/Other Dependent SSN		Y				111226666	9
70	1	6c/d	12 f3	Child/Other Dependent Relationship		X				DEPMAXTESTTHREE	
72	1	6c		Exemptions for Dependent Children		X		×	X	90	2
73	1	6d		Exemptions for Other Dependents			X	~	<u>л</u>	91	2
74	1	6e		Total Exemptions Claimed	×	x x	•	X	X	92	2
1 -	2	00			×	,	ι .	~	<i>N</i>	52	
75	-	7		Federal Adjusted Gross Income - negative indicator checkbox		>	K			х	1
	2	7		Federal Adjusted Gross Income							-
76						x >	X	X	Х	112345678	9
77	2	8		Difference in state/federal wages	X					111456789	9
78	2	9		Interest on out of state bonds	Х			X		111156789	-
79	2	10		Other HI Additions		X		X		122256789	9
80	2	11		Total HI Additions	X	X		X		122226789	9
81	2	12		Total Income - negative indicator checkbox		>	X			X	1
00	2	10		Tatel Income		v l	1	v	V	400056700	0
82		12		Total Income	X	X >	λ.	X	X	123356789	9
83	2	13		Pensions Taxed Federally	-	X				123336789	9
84	2	14		Social Security Benefits	-	X			V	123333789	9
85	2	15		National Guard Duty Pay	X	X			۸ 	123446789	9
86	2	16		Individual Housing Acct		^			-	12344489	9

Pa	age #	Form	Colum				<u> </u>				
Field #	- <b>J</b>	Line #	n	Description	Test 1	Test	2 Test 3	Test 4	Test 5	Test 6*	Max Length
87	2	17		Exceptional Tree					Х	123455789	9 0
88	2	18		Other Hawaii Subtractions	X					123455589	9 0
89	2	19		Total Subtractions	X	Х			Х	123456689	9 0
90	2	20		HI Adjusted Gross Income - negative indicator checkbox			X			X	1 0
	2										
91		20		HI Adjusted Gross Income	X	Х	x	x	x	123456669	9 0
92	2	21		Dependent Indicator.	X					X	1 0
93	2	21a		Medical and Dental		Х			Х	123456779	9 0
94	2	21b		Taxes		Х			X	123456777	9 0
95	2	21c		Interest Expense		Х			Х	123456788	9 0
96	2	21d		Contributions		Х			X	123456799	9 0
97	2	21e		Casualty and Theft Losses		Х			Х	323456789	9 0
98	2	21f		Miscellaneous deductions		Х			X	423456789	9 0
99	2	22		Total Itemized Deductions		Х			X	523456789	9 0
	2	23		Standard Deduction	X		Х	X	Х	623456789	9 0
	2			Subtotal (Line 20 – Line 22 or 23) - negative indicator							
101		24		checkbox			x			Х	1 0
	2										
102		24		Subtotal (Line 20 – Line 22 or 23)	X	х	x	x	х	723456789	9 0
	3	25		Total Exemptions	X	Х	X	X	Х	823456789	9 0
	3			•							
104	-	25a		Primary Disability Indicator. This field appears below line 25.		х				x	1 0
	3	-		, , , , , , , , , , , , , , , , , , ,							
105	-	25b		Spouse Disability Indicator. This field appears below line 25.		х				x	1 0
	3	26		Taxable Income	X	Х		X	Х	923456789	9 0
	3										
107	-	27(iv)		Indicator if tax from other forms (N-2, N-103, etc.) is included	X					x	1 0
	3	27		Tax Liability	X	Х		X	Х	123456781	9 0
	3	27a		Net Capital Gain				X		123456782	9 0
	3	28		Refundable Food/Excise Tax Credit		Х	X	X		123456783	9 0
	3	28a		Refundable Food/Excise Tax Credit - Count		Х				99	2 0
112	3	29		Low-Income Household Renters Credit			X			123456784	9 0
113	3	30		Child and Dependent Care Expenses					X	123456785	9 0
	3	31		Child Passenger Restraint Credit		Х			Х	123456786	9 0
	3	32		Total Refundable Credits - Sch CR	X		X	X	Х	123456787	9 0
	3	33		Total Refundable Credits	X	X	X	X	Х	123456788	9 0
117	3	34		Tax Less Refundable Credits - negative indicator	X		Х			X	1 0
118	3	34		Tax Less Refundable Credits	X	X	X	X	Х	443456789	9 0
	3	35		Total Nonrefundable Credits - Sch CR	X	X		X	Х	553456789	9 0
	3	36		Tax Less Nonrefundable Credits - negative indicator	X		X			Х	1 0
	3	36		Tax Less Nonrefundable Credits	X	X	X	X	Х	663456789	9 0
	3	37		Withholding	X	X		X	X	773456789	9 0
	3	38		Estimated tax payments				X	Х	883456789	9 0
	3	39		Estimated tax from previous tax year				X		993456789	9 0
	3	40		Extension Payment			X	X		123456100	9 0
	3	41		Total Payments	X	X	X	X	Х	123456200	9 0
	3	42		Amount Overpaid	X	X	X		Х	123456300	9 0
	3	43a(i)		Primary School Repairs and Maintenance Donation	X	X				X	1 0
	3	43a(ii)		Spouse School Repairs and Maintenance Donation		X				X	1 0
	3	43b(i)		Primary Public Libraries Donation	X	X				X	1 0
	3	43b(ii)		Spouse Public Libraries Donation		X				Х	1 0
101	5	-55(II)				^^	Į		Į	<u>^</u>	

	Page #	Form	Colum			D Darcoue Layout or					
Field #	rage #	Line #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
132	3	43c(i)		Primary Domestic Violence Donation	X	X	Test 5	10314	1631.0	X	1 0
133	3	43c(ii)		Spouse Domestic Violence Donation	~	X					
133	3	44		Total Donations	Х	X				18	
135	3	45		Overpaid minus donations	X	X	X		X	123456400	
136	4	46		Estimated Tax apply to the following tax year	~	X	~~~~~		X	123456500	
130	4	40 47a		Refunded to you	Х	X	X		X	123456600	9 0
138	4	47a(i)		Refund will be deposited to a foreign bank, checkbox	A	~	X		Λ	X	
139	4	47b		Routing Number	Х		~		X	123456700	9 0
140	4	47c(i)		Account Type Checking	X				^	V	9 0
140	4	47c(i) 47c(ii)		Account Type Savings	^				v		
141	4	47C(II) 47d		Account Type Savings	Х				X	12345678901234500	17 0
142	4	47u 48		Account Number	^			X	^	123456111	9 0
143	4	40		Payment Amount				X		123456222	9 0
144		49 50(i)		<i>,</i>				X		123430222	9 0
	4			Form N210 attached checkbox						12344489	
146	4	50		Estimated Tax Penalty				X	v	120444409	9 0
147		53(i)		Federal Schedule C - YES checkbox	V	x	v	v	^		
148	4	53(ii)		Federal Schedule C - NO checkbox	Х	X	X	X	V	X 400455550	
149	4	53(iii)		Federal Schedule C Hawaii Gross Receipts					X	123455559	9 0
	4										
450		50( ))							N .	100 150 7000 10	10 0
150		53(vi)		Federal Schedule C TSM Hawaii Tax ID					X	123456789012	12 0
151	4	54(i)		Federal Schedule E - YES checkbox				X		X	1 0
152	4	54(ii)		Federal Schedule E - NO checkbox	Х	Х	X		X	X	1 0
153	4	54(iii)		Federal Schedule E Hawaii Gross Rents				Х		123456767	9 0
	4										
154		54(iv)		Federal Schedule E TSM Hawaii Tax ID				X		123456789015	12 0
155	4	55(i)		Federal Schedule F - YES checkbox			X			X	1 0
156	4	55(ii)		Federal Schedule F - NO checkbox	Х	X		Х	Х	X	1 0
157	4	55(iii)		Federal Schedule F Hawaii Gross Receipts			X			122346789	9 0
	4										
158		55(vi)		Federal Schedule F TSM Hawaii Tax ID			X			123456789016	12 0
159	4			Preparer Identification Number			X		Х	123455789	9 0
160	4			Primary HI Election Campaign - YES checkbox		Х			Х	X	1 0
161	4			Spouse HI Election Campaign - YES checkbox		Х				X	1 0
162	CR1	1		Capital Goods Excise Tax Credit					Х	456789101	9 0
163	CR1	2		Fuel Tax Credit					Х	456789102	9 0
164	CR1	3		Motion Picture and Film Tax Credit			X			456789103	9 0
165	CR1	4a(1)		Solar Checkbox				Х		X	1 0
166	CR1	4a(2)		Wind Checkbox	Х					X	1 0
167	CR1	4		Renew Energy Tech Income Tax Credit-July 2009	Х			Х		456789104	9 0
168	CR1	5		Important Agricultural Land Tax Credit			X			456789015	9 0
169	CR1	6		Tax Credit for Research Activities			X		Х	456789106	9 0
170	CR1	7		Renewable Fuels Production tax Credit			Х			456789107	9 0
171	CR1	8		Earned Income Tax Credit		Х				456789108	9 0
	CR1	1		Other refundable credits-pro rata share of taxes paid on sale of							
172		9a		real property				Х		456789110	9 0
	CR1	İ		Other refundable credits-credit from regulated investment							
173		9b		company				Х		456789111	9 0
<u> </u>											

	Page #	Form	Colum								
Field #	. uge "	Line #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
				Other refundable credits-Repayment of Amounts Included in							
174		9c		Income from Earlier Years						456789112	9 0
175	CR1	9d		Other Refundable Credits Total				Х		456789113	9 0
176	CR1	10		Total Refundable Credits	X		X	Х	Х	456789114	9 0
177	CR1	11		Income Tax Paid to another state					Х	456789115	9 0
178	CR1	12		Enterprise Zone Tax Credit					Х	456789116	9 0
179	CR1	13	а	Carryover of Energy Conservation - Unused		Х			Х	456789117	9 0
180	CR1	13	С	Carryover of Energy Conservation - Applied		Х				456789118	9 0
181	CR1	13	d	Carryover of Energy Conservation - Carryover		Х				456789119	9 0
182	CR2	14	а	High Technology Business Investment - Unused					Х	567890101	9 0
183	CR2	14	С	High Technology Business Investment - Applied					Х	567890102	9 0
184	CR2	14	d	High Technology Business Investment - Carryover					Х	567890103	9 0
	CR2			5 57							
185	÷=	15	а	Carryover of the Cesspool Upgrade Unused		×				567890104	9 0
100	CR2	10	u			~				007000104	Ŭ
186	0112	15	<u> </u>	Carryover of the Cesspool Upgrade Applied		x				567890105	9 0
100	CR2	10	U U			~				507090105	
187	UNZ	15	d	Carryover of the Cesspool Upgrade Carryover		×				567890106	9 0
107	CR2	10	u			^				507690100	9 0
100	UR2	16		Corrector of Tools Infractructure Reportation Unused		×				567900107	0 0
188	000	16		Carryover of Tech Infrastructure Renovation - Unused Carryover of Tech Infrastructure Renovation - Applied		<u> </u>				567890107 567890108	9 0
189	CR2	16		Carryover of Tech Infrastructure Renovation - Applied		X				567890108	9 0
190	CR2	16	С	Carryover of Tech Infrastructure Renovation - Carryover						201890109	9 0
404	CR2	47		Or many states that the state of the state o		X				507000440	0 0
191	000	17	а	Carryover of the Hotel Construction and Remodeling - Unused		X				567890110	9 0
400	CR2	47		Ormania a fither United Organizations and Descendeding. Applied		X				507000444	0 0
192	0.00	17		Carryover of the Hotel Construction and Remodeling - Applied		X				567890111	9 0
400	CR2	47		Carryover of the Hotel Construction and Remodeling -		X				507000440	
193	0.50	17	С	Carryover		X				567890112	9 0
404	CR2	10		Ormania of Desidential Oractmentian and Demodel Ulaward		X				507000440	
194	000	18	а	Carryover of Residential Construction and Remodel - Unused		X				567890113	9 0
405	CR2	10		Ormania of Desidential Organization and Desceded. Applied		X				507000444	
195	0.00	18	b	Carryover of Residential Construction and Remodel - Applied		X				567890114	9 0
196	CR2	10		Carryover of Residential Construction and Remodel -		×				E6700011E	0 0
	000	18		Carryover						567890115	9 0
197	CR2	19		Carryover of Renew Energy Tech Income - Unused		X				567890116	9
198	CR2	19 19		Carryover of Renew Energy Tech Income - Applied		X				567890117	9 0
199	CR2	-		Carryover of Renew Energy Tech Income - Carryover						567890118	9 0
200	CR2	20		Carryover of Organic Food Attach Form N323 - Unused		v				567890119	9
201	CR2	20	b	Carryover of Organic Food Attach Form N323 - Applied		X				567890120	9 0
202	CR2	20		Carryover of Organic Food Attach Form N323 - Carryover		X			V	567890121	9 0
203	CR2	21	a	Carryover of Renewal Fuels Attach Form N-323 - Unused					Ă	567890122	9
204	CR2	21	b	Carryover of Renewal Fuels Attach Form N-323 - Applied				+	X	567890123	9 0
205	CR2	21	6	Carryover of Renewal Fuels Attach Form N-323 - Carryover					Y	567890124	0 0
200	CR2	21		Carryover of Capital Infrastructure Attach Form N-323 - Carryover				+	^	307090124	9 0
206	UR2	22	а	Unused					Y	576890125	9 0
200	CR2	22	d	Carryover of Capital Infrastructure Attach Form N-348 -				+	^	570090123	9 0
207	UR2	22	h	Carryover of Capital Infrastructure Attach Form N-348 - Applied					v	576890126	0 0
207	000	22	b	Applied Carryover of Capital Infrastructure Attach Form N-348 -					^	5/0890120	9 0
208	CR2	22		Carryover of Capital Infrastructure Attach Form N-346 -					v	576890127	0 0
200			С	Callyover		1	1	1	I^	5/009012/	9 0

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	CR2	Line #		Decemption	10011		10010	10014			indx Longth
209	0112	23	а	Carryover of Earned Income Attach N-356 - Unused					х	576890128	9 (
210	CR2	23		Carryover of Earned Income Attach N-356 - Applied					X	576890129	9 (
211	CR2	23		Carryover of Earned Income Attach N-356 - Carryover					X	576890130	9 (
212	CR2	24		Low-Income Housing Attach From N-586 - Unused					X	576890131	9
213	CR2	24	b	Low-Income Housing Attach From N-586 - New					X	576890132	9 (
214	CR2	24		Low-Income Housing Attach From N-586 - Applied					X	576890133	9 (
215	CR2	24	d	Low-Income Housing Attach From N-586 - Carryover					X	576890134	9 (
210	CR2	- 1	ų	Employment of Vocational Rehabilitation Referrals Attach Form							Ŭ
216	0112	25	а	N-884 - Unused		×				576890135	9 (
210	CR2	20		Employment of Vocational Rehabilitation Referrals Attach Form						010000100	``
217	0112	25		884 - New		x				576890136	9 (
211	CR2	20	b	Employment of Vocational Rehabilitation Referrals Attach Form		X				010000100	``
218	0112	25	с	N-884 - Applied		x				576890137	9 (
210	CR2	20	0	Employment of Vocational Rehabilitation Referrals Attach Form		X					
219	0112	25	d	N-884 -Carryover		x				576890138	9 (
213	CR2	20	u			~				010000100	
220	UNZ	26	а	School Repair and Maintenance Attach Form N-330 - Unused		×				676890101	9 (
220	CR2	20		School Repair and Maintenance Attach Form N-330 - New		^ 				676890102	9 (
221	CR2 CR2	20	b	School Repair and Maintenance Attach Form N-550 - New		^				070890102	
222	URZ	26	с	School Repair and Maintenance Attach Form N-330 - Applied		×				676890103	9 (
222	CR2	20	U	School Repair and Maintenance Attach Form N-330 -		^				070890103	9
222	URZ	26	d	Carryover		×				679690104	0
223	000	26		Solar Checkbox		<u> </u>				678689104	9 (
224	CR3	27(1)				^				— <u>(</u> )	1 (
225	CR3	27(2)		Wind Checkbox					X	X	1 (
000	CR3	07	_	Nonrefundable Renewable Energy Tech After July 1, 2009		X			X	07000405	
226	0.50	27	а	Attach From N-342 - Unused		×			X	678689105	9 (
007	CR3	07		Nonrefundable Renewable Energy Tech After July 1, 2009		X			X	070000100	
227	0.50	27	b	Attach From N-342 - New		X			X	678689106	9 (
000	CR3	07		Nonrefundable Renewable Energy Tech After July 1, 2009		X			X	070000407	
228	0.50	27		Attach From N-342 - Applied		X			X	678689107	9 (
229	CR3	27		Attach From N-342 - Carryover		X			X	678689108	9 (
230	CR3	28	a	Healthcare Preceptor Attach Form N-358 - Unused		X			X	678689109	9 (
231	CR3	28	b	Healthcare Preceptor Attach Form N-358 - New		X			X	678689110	9 (
232	CR3	28	с	Healthcare Preceptor Attach Form N-358 - Applied		X			X	678689111	9 (
233	CR3	28		Healthcare Preceptor Attach Form N-358 - Carryover		Х			Х	678689112	9 (
234	CR3	29	a	Historic Preservation Attach Form N-325 - Unused				X		678689113	9 (
235	CR3	29	b	Historic Preservation Attach Form N-325 - New				Х		678689114	9 (
236	CR3	29		Historic Preservation Attach Form N-325- Applied				X		678689115	9 (
237	CR3	29	d	Historic Preservation Attach Form N-325 - Carryover				Х		678689116	9 (
238	CR3	30	а	Renewable Fuels Production Attach Form N-360 - Unused		Х				678689117	9 (
239	CR3	30	b	Renewable Fuels Production Attach Form N-360 - New		Х				678689118	9 (
240	CR3	30	С	Renewable Fuels Production Attach Form N-360 - Applied		Х				678689119	9 (
	CR3	30	-	Renewable Fuels Production Attach Form N-360 - Carryover							
241			d	,		X				678689120	9 (
242	CR3	31		Pass-Through Entity Attach From N-362 - New		X				678689121	9 (
243	CR3	31		Pass-Through Entity Attach From N-362 - Applied		X				678689122	9 (
244	CR3	31		Pass-Through Entity Attach From N-362 - Carryover		Х				678689113	9 (
245	CR3	32	b		Х	Х		Х	Х	678689114	9 (
246	N311	L9		Refundable Food/Excise Tax Credit		X	X	Х		1239	4 (

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Field #	Page #	Form Line #	Colum n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Leng	th
247	X1	Part I L12		Low-Income Household Renters Credit			x			1238	4	0
271	X2	Part II C					<u>л</u>			1200		U
248		L21(a)	b	Date of Birth - Month		03				10	2	0
249	X2	Part II C L21(a)	b	Date of Birth - Day		10				17	2	0
250	X2	Part II C L21(a)	b	Date of Birth - Year		2022				2023	4	0
251	X2	Part II C L21(a)	с	Grade		x				KINDERGARTEN	12	0
252	X2	Part II C L21(a)	d	Qualifying person's SSN		x				555443333	9	0
253	X2	Part II C L21(a)	е	Qualified expenses		x				789012345	9	0
254	X2	Part II C L21(b)	b	Date of Birth - Month		06				08	2	0
255	X2	Part II C L21(b)	b	Date of Birth - Day		18				10	2	0
256	X2	Part II C L21(b)	b	Date of Birth - Year		21				2022	4	0
257	X2	Part II C L21(b)	с	Grade		4				PRESCHOOL	9	3
258	X2	Part II C L21(b)	d	Qualifying person's SSN		x				555442222	9	0
259	X2	Part II C L21(b)	е	Qualified expenses		x				789012346	9	0
260	X2	Part II C L25		Minimum of Expense Cap and Earned Income		x				789012347	9	0
261	X2	Part II L28		Credit for Child and Dependent Care Expenses			х		x	1240	4	0
				End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	5	0
	266	-5		This is to balance the field #. Sometimes when lines are added deleted the filed # is not updated correctly. Delete this row before making the PDF (ENTER LAST ROW # In B 268, C 268 -5 are the heading lines do not count them. Column D 268 equals the last field number from column A)								3
	. F: 17	41 1	NOT	a shuda din tha OD Danas da								
Returr		that are	ITON	ncluded in the 2D Barcode First Time Filer Checkbox			-			_		
	1			ITIN Applied For. This will be hand written in the space below								
	I			the area reserved for the barcode.								
	1	3a		MFS Spouse Name. This field appears below line 3.			Х					
	1			Spouse meets qualifications Checkbox. This is the checkbox below line 6b.			x					
		_										
	1	5a		QW Year Spouse Died				1	Х			

	Page #		Colum								
eld #	-	Line #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Leng
	2										
				Tax source checkbox group (Tax Table, Tax Rate Schedule,				X (Capital Gains Tax			
		27		Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	X (Tax Rate Schedule)		
	4			Amended Return: Amount Paid (Overpaid) on Original Return-							
		51		negative indicator checkbox	_				X		
	4	<b>F</b> 4					×		X		
		51		Amended Return: Amount Paid (Overpaid) on Original Return			X		X		
	4	50		Amended Return: Balance Due (Refund) on Amended Return-			×				
		52		negative indicator checkbox	-		X				
	4	50		Annual de la Determina Delementa Destructura (Defensal) en Annual de Determina			×		X		
		52		Amended Return: Balance Due (Refund) on Amended Return			X		<u>×</u>		
	4	53d		Schedule C business activity/product	-				Х		
	4	55d		Schedule F business activity/product			X				
	4			Designee Name				<u> </u>			
	4			Designee Phone Number				<u>X</u>			
	4			Designee Identification Number	V	V	V	X			
	4			Signature Date	X	X	X	X	X		
	4			Occupation	X	X	X	X	X		
	4			Daytime Phone Number	X	X	Х	X	Х		
	4			Spouse Signature Date	-	X					
	4			Spouse Occupation	-	X					
	4			Spouse's Daytime Phone Number	-	X					
	4			Preparer Signature Date			X		Х		
	4			Preparer Self Employed Checkbox	_		X				
	4			Preparer Name	-		X		X		
	4			Preparer Firm Name and Address	-		X		X		
	4			Preparer Phone Number	-		X		Х		
		Part I L4		Rental Unit Information		X					
		Part I L5		Share of Rent		X					
		Part I L6		Exclusions from Rent		X					
	X1	Part I L7		Rent less Exclusions		X					
		Part I L8		Qualified Persons - Name		X					
	X1	Part I L8	b	Qualified Persons - Relationship		X					
		Part I L9		Qualified Exemptions		X					
	X1	Part I		On success OF an avera Francisco tina		×					
	V/A	L10		Spouse 65 or over Exemption		X					
	X1	Part I		Tatal Franciscus		~					
		L11		Total Exemptions		X					
	X1	Part II A		Oran Descrider Mente		×					
		L 1a		Care Provider - Name		X					
	X1	Part II A		Oran Deviden Address							
		L 1b		Care Provider - Address		X					
	X1	Part II A		Orne Desvident identification No. 1		X					
	N/ 4	L 1c		Care Provider - identification Number		X					
	X1	Part II A				X					
		L 1d		Care Provider - Hawaii Tax I.D. No.		X					
	X1	Part II A									
	N/ 4	L 1e		Care Provider - Amount Paid		X					
	X1	Part II A									
		L 2		Dependent Care Benefits - Current year		X					

Page #	Form	Colum			Barcoue Layout of Testi					
Field #	Line #	n	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
X1	Part II B									
	L3		Dependent Care Benefits - Carried over from prior year		Х					
X1	Part II B L 4		Dependent Care Benefits - Forfeited		v					
X1	Part II B				^					
	L 5		Total Dependent Care Benefits		x					
X2	Part II B									
	L 6		Qualified Expenses - Current year		Х					
X2	Part II B									
	L 7		Smaller of Dependent Care Benefits or Qualified Exp		Х					
X2	Part II B									
Y2	L 8 Part II B		Dependent Care Benefits - Your Earned Income		X					
X2	L9		Dependent Care Benefits Spouse's Earned Income		x					
X2	Part II B		Smaller of Dep Care Benefits, Your or Spouse's Earned		~					
	L 10		Income		x					
X2	Part II B									
	L 11		Enter 5,000 or 2,500		х					
X2	Part II L									
	12		Amount from Proprietorship or Partnership		Х					
X2	Part II B									
×2	L 13		Line 5 minus Line 12		X					
X2	Part II B L 14		Deductible Benefits		x					
X2	Part II B				~					
	L 15		Excluded Benefits		x					
X2	Part II B									
	L 16		Taxable Benefits		х					
X2	Part II B									
	L 17		Enter 10,000 or 20,000)		Х					
X2	Part II B		Add Lines 14 and 15		×					
X2	L 18 Part II B		Add Lines 14 and 15		^					
~~~	L 19		Line 17 minus Line 18		x					
X2	Part II B									
	L 20		Sum of amounts from Line 21 Column D		х					
X2	Part II C									
	L 21(a)	а	Dependent Care Exp Qualifying Person - Name		Х					
X2	Part II C									
×0	L 21 (a)	þ	Dependent Care Exp Qualifying Person - Relationship		X					
X2	Part II C L 21(b)		Dependent Care Exp Qualifying Person - Name		x					
×2	Part II C	a	Dependent Care Exp Qualitying reison - Name		~					
	L 21 (b)	þ	Dependent Care Exp Qualifying Person - Relationship		×					
X2	Part II C									
	L 22		Total Qualifying Persons		X					
X2	Part II C									
	L 23		Child and Dependent Care Exp -Your Earned Income		Х					
X2	Part II C		Child and Danandant Care Eve. Or succes Even dire		V					
	L 24		Child and Dependent Care Exp - Spouses Earned Income		^					

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		X2	Part II C									
			L 26		Smallest of lines 22, 23 or 24		х					
		X2	Part II C									
			L 27		Decimal Amount		Х					

Place	024)	RESI					
QR Cod		Calendar Y					
Here		0	R				
Human Fle	eadable text here	Year	and	0 10	10		
	Begini	ning 12 - 12 - 1	2 Ending 12	2 - 12	- 12		
	MENDED Return	FOR OFFICE USE ONLY					
	IOL Carryback					115	
	RS Adjustment First Time Filer						
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	DONUTS	Submit a Photoc	opy!!		DECE	DVEN	
					┝┼┼┼┸╲┲┊╖┚╂╴	<mark>/┹╲╴<mark>Ѷ╶</mark>┻<u>┙</u>╄┛┤┼┼┼</mark>	
You	ur First Name	M.I. Your Last Na	me	Suffix			
т	TAXPAYER'S	FIRST MI LAST	NAMEXXXXX	XX JR	IMPORTANT	F Complete this Sec	ction 🔶
	oouse's First Name	M.I. Spouse's Las		Suffix	Enter the first four lett of your last name.	ers	
					Use ALL CAPITAL le	tters	ABCI
	SPOUSE 'S FI are Of (See Instructions, pag		SE'S LASTXX	XX JR	Your Social Security Number	123 - 12 -	- 1234
Ga	The Ch (See Instructions, page						1201
(C/O NAME FO	OR MAILING ADDR	ESSXXXXXXXX	XXXXX	Deceased X Date	of Death 12 - 12	2 - 12
Pre	esent mailing or home addre	ess (Number and street, including Rural	Route)		Enter the first four lett	ers	
Г	TAXPAYER'S	MAILING OR HOM	E ADDRESSXX	xxxxx	of your Spouse's last Use ALL CAPITAL le	name.	ABCI
	ty, town or post office	State			Spouse's Social		
					Security Number	123 - 12 -	- 1234
		POSTOFFICE XX		<u>5</u>	Deceased X Date	of Death 12 - 12	2 - 12
	Foreign address, enter Prov		Country				- <u> </u>
E	FOREIGN PRO	VINCEXXXXXXXX	COUNTRYXX	XXXXX			
	Y or t	(Place an X in o	nly ONE box)				
	X Single X Married filing	joint return (even if only one h	ad income)			n qualifying person). If the your dependent, enter the	
	X Married filing	separate return. Enter spous	e's SSN and		name.		
		etters of last name above. Ent			QUALIEY	ING PERSONXXX	
	name nere. M	IFS SPOUSE'S NAI	MEXXXXXXXX	5 X	Qualifying surviving spo	ouse (see page 8 of the Ins	structions)
	CAUTION: If you can be	claimed as a dependent on another	person's tax return (such	as your parer	nts'), DO NOT place an X on	line 6a, but be sure to place an 2	X above line
	X Yourself		X Age 65 or over		η	Enter the number of Xs	
6a	X Spouse		X Age 65 or over		j	on 6a and 6b	. 🌒 1
6a	If you placed an X on	l lines 3 and 6b above, see the In	structions on page 9 ar	nd if your spo	ouse meets the qualificatio	ns, place an X here 🗙	
6a	Dependents:	If more than 6 dependents	2. Dependent's socia				
6a 6b		use attachment	security number		3. Relationship		
6a 6b 6c <u>7</u> and	1. First and last name	ENDENT NAMEXXXX	123-45-67		ELATIONSHIP ELATIONSHIP	Enter number of	12
6a 6b 6c <u>7</u> and 1 6d	1. First and last name FIRST DEPE	FNDENT NAMEYYY			ELATIONSHIP	your children listed 6c	
6a 6b 6c <u>7</u> and 1 6d	1. First and last name FIRST DEPE SECOND DEF	PENDENT NAMEXXX INDENT NAMEXXXX	123-45-67	/89 K		Enter number of	
6a 6b 6c <u>7</u> and 1 6d	1 First and last name FIRST DEPE SECOND DEP THIRD DEPE FOURTH DEP	NDENT NAMEXXXX PENDENT NAMEXXX	123-45-67 123-45-67	789 R	ELATIONSHIP	other dependents6d	12
6a 6b 6c <u>7</u> and 1 6d	1 First and last name FIRST DEPE SECOND DEP THIRD DEPE FOURTH DEP FIFTH DEPE	NDENT NAMEXXXX ENDENT NAMEXXX ENDENT NAMEXXXX	123-45-67 123-45-67 123-45-67	789 R 789 R	ELATIONSHIP		12
6a 6b 6c <u>7</u> and 1 6d	1 First and last name FIRST DEPE SECOND DEF THIRD DEPE FOURTH DEF FIFTH DEPE SIXTH I	NDENT NAMEXXXX PENDENT NAMEXXX	123-45-67 123-45-67 123-45-67 123-45-67	789 R 789 R 789 R	ELATIONSHIP ELATIONSHIP		▶ 12▶ 12

	10 12 14 16 18 20 22 24 26 28 30 32 34	4 36 38 40 42 44	46 48 50 52 54	56 58	60 62 6	4 66 68 70 72 74 76 78	80 82
4 Form	N-11 (Rev. 2024)					Page 2	of 4 4
5		· Social Security Numbe	r	Your Sp	ouse's SS		5
6 Pla							6
7 QR C	125			123		2 - 1234	7
8 He						N RETURXXXX	8
9 Human	Readable text here (Name(S) as	shown on return	XXXXXXXXX	XXXXX	XXXXX	XXXXXXXXXXX	9
10							10
11					ROUND	TO THE NEAREST DOLL	.AR 11
12				7	X	123456789	12
13 7				7	•	123430703	13
14 8 15	Difference in state/federal wages due to COLA, ER etc. (see page 11 of the Instructions)		12345678	9			14
16 9			12010070				1.
17	(including municipal bonds)		12345678	9			17
18 10							18
19	(see page 11 of the Instructions)		12345678	9			19
20							20
21 11	Add lines 8 through 10 Total Hawaii ad	Iditions to federal AGI	11	12345	6789		21
22							22
23 12				12	X	123456789	23
24 13	Pensions taxed federally but not taxed by Hawaii		10045670	0			24
25	(see page 13 of the Instructions)		12345678	3			25
26			12345678	9			26
	Social security benefits taxed on federal return		TTTTTT	9			27
28 15 29	First \$8,082 of military reserve or Hawaii national guard duty pay		12345678	9			28
30	guard duty pay		12010070	5			30
31 16	Payments to an individual housing account		12345678	9			31
32 17							32
33	(see page 14 of the Instructions)		12345678	9			33
34 18							34
35	(see page 14 of the Instructions)		12345678	9			35
36 19	Add lines 13 through 18			1001			36
37		tions from federal AGI	19	12345	6789		37
38						100450700	38
39 20	Line 12 minus line 19		Hawaii AGI	▶ 20	X	123456789	39
	TICN: If you can be claimed as a dependent on ano	ther person's return se	e the Instructions (on nace 1	5 and pla	re an X here v	40
							41
42 21 43	If you do not itemize your deductions, go to line 23 and enter your itemized deductions here.	below. Otherwise go to	page 15 of the m	structions			42
44 2.1a							42
45	(from Worksheet A-1)	21a	12345678	9			4.
46						TOTAL ITEMIZED	46
	Taxes (from Worksheet A-2)		12345678	9		DEDUCTIONS	47
48					22	Add lines 21a through 21f.	48
49 21 c	Interest expense (from Worksheet A-3)	21c	12345678	9		If your Hawaii adjusted gross income is above a certain	s 49
50			10045070			amount, you may not be	50
51 21d	Contributions (from Worksheet A-4)	21d	12345678	9		able to deduct all of your itemized deductions. See the	51
52			12345678	9		Instructions on page 19. Entrototal here and go to line 24.	er 52
	Casualty and theft losses (from Worksheet A-5)		12343070	9		total here and go to line 24.	53
54			12345678	9		123456789	54
55 21f	Miscellaneous deductions (from Worksheet A-6)				╎┤┠┷┷		55
	If you checked filing status box: 1 or 3 enter \$4,400).					57
58	2 or 5 enter \$8,800; 4 enter \$6,424		ndard Deduction	> 23		123456789	58
59							59
60	24 Line 20 minus line 22 or 23, whichever app	lies. (This line MUST b	e filled in)	24	x	123456789	60
61							61
62							62
63 4 64 N11	$2 \stackrel{10}{\mathrm{E}} 3 \stackrel{12}{\mathrm{T}} 4 \stackrel{14}{} \stackrel{16}{} 18 \stackrel{20}{} 22 \stackrel{22}{} 24 \stackrel{26}{} 28 \stackrel{30}{} 32 \stackrel{32}{} 34$	⁴ ³⁶ D ³⁸ N ⁴⁰ ⁴² X ⁴⁴	46 48 50 52 54	56 58	60 62 6	⁴ FORM N-11 (REV. 20	80 82

6 8 10 12 14 16 18 20 22 24 26	28 30 32 34 36 38	8 40 42 44 4	6 48 50 52	54 56 58 60	62 64 66 68 70 72 74 76 78	80
Form N-11 (Rev. 2024)	+++++++++++++++++++++++++++++++++++++++				Page 3 o	of 4
Place	Your Social S	<u>Security Number</u>		Your Spous	<u>;e's SSN</u>	
QR Code	123 - 1	12 - 1234	1	123 -	12 - 1234	
Here					ON RETURXXXX	
luman Readable text here	Name(s) as shown	dia ratura				
			SXXXXXX		XXXXXXXXXXXX	
25 Multiply \$1,144 by the total number	• • • • • • • • • • • • • • • • • • • •					
If you and/or your spouse are blind,	deaf, or cisabled, place	e an X in the apr	licable box(e	s)		
and see page 20 of the Instructions.						
X Yourself X Spouse.					123456789	
26 Taxable Income. Line 24 minus line	25 (but not less than z	zero)	Taxable Inco	ome 🕨 26	123456789	
27 Tax. Place an X if from X Tax T	,					
Worksheet on page 33 of the Instruc						
(X Place an X if tax from Form		J. 168 N. 312 N.	325 N-338			
N-344, N-348, N-405, N-586, N-615				Tax 🕨 27	123456789	
				101 - 21		
27a If tax is from the Capital Gains Tax V			123456	789		
the net capital gain from line 14 of th	at worksheet27	a	123130		+++++++++++++++++++++++++++++++++++++++	
	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++			_
28 Refundable Food/Excise Tax Credit		++++++++	100450	700		
(attach Form N-311) DHS, etc. exen	nptions 12 2	28	123456	189		
29 Credit for Low-Income Household						
Renters (attach Schedule X)		.9	123456	789		
30 Credit for Child and Dependent						
Care Expenses (attach Schedule X)	3	30	123456	789		
31 Credit for Child Passenger Restraint		*				
System(s) (attach a copy of the invo		21	123456	789		
	ice) .	· II	120100			
32 Total refundable tax credits from			123456	789		
Schedule CR (attach Schedule CR).		2	T72420	109	+++++++++++++++++++++++++++++++++++++++	
		++++++			100456700	
33 Add lines 28 through 32		Total Ref	undable Cred	dits > 33	123456789	
	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++				
34 Line 27 minus line 33. If line 34 is ze	ro or less, see Instruct	ions Adjus	ted Tax Liabi	ility ▶ 34 🏼 🎽	K 123456789	
	+++++++++++++++++++++++++++++++++++++++					
35 Total nonrefundable tax credits (atta	ch Schedule CR)				123456789	
36 Line 34 minus line 35			Bala	nce 🕨 36 🏼 🎽	K 123456789	
37 Hawaii State Income tax withheld (a	ttach W-2s)					
(see page 22 of the Instructions for other at	, , , , , , , , , , , , , , , , , , , ,	37	123456	789		
39 2024 estimated toy asymptot		38	123456	789		++
38 2024 estimated tax payments						++
			123456	789	+++++++++++++++++++++++++++++++++++++++	++
39 Amount of estimated tax applied from	n 2023 return3	39	TCJ4JQ		+++++++++++++++++++++++++++++++++++++++	++
		++++++++	100450	700	+++++++++++++++++++++++++++++++++++++++	
40 Amount paid with extension		ю	123456	189		
41 Add lines 37 through 40			.Total Payme	nts 🕨 41	123456789	
42 If line 41 is larger than line 36, enter	the amount OVERPAI	D (line 41 minue lin	e 36) (see Instru	ctions). 42	123456789	
43 Contributions to (see page 22 of the			, ,	DUSE		
						++
43a Hawaii Schools Repairs and M						++
43b Hawaii Public Libraries Fund		X			+++++++++++++++++++++++++++++++++++++++	++
43c Domestic and Sexual Violence / Child						++
44 Add the amounts of the Xs on lines	13a through 43c and er	nter the total her	e		12	++
45 Line 42 minus line 44					123456789	
6 1 1 1 3 E 3 F 4 ¹⁴ 16 18 20 22 24 26	28 30 32 34 <u>36</u> 33	⁸ NÖ XX ⁴⁴ 4	6 48 50 52	54 56 58 60	62 64 66 68 70 72 74 76 202	2 4)

	10 12 14 16 18 20 22 24 2	26 28 30 32 34 36 38 40	42 44 46 48 50 52 54	56 58 60 62 64	66 68 70 72 74 76 78 80
Form	N-11 (Rev. 2024)				Page 4 of 4
Plac		Your Social Security	y Number	Your Spouse's SSN	
OR Co		123 - 12 -	1234	123 - 12 -	- 1234
Her	e		NAME (S) AS		
-luman P	Readable text here	Name(s) as shown on retu			
46	Amount of line 45 to be applied to	o vour			
	2025 ESTIMATED TAX	*	12345678	9	
47a	Amount to be REFUNDED TO YO)U (line 45 minus line 46) If filing	i late,		100456700
	see page 23 of Instructions			47a	123456789
	X Place an X in this box if this	refund will ultimately be deposit	ed to a foreign (non-U.S.) I	oank. Do not complet	e lines 47b, 47c, or 47d.
476	Routing number 12	3456789 47 с Тур	e: X Checkina X	Savings	
470				Savings	
47d	Account number	123456789012345	67		
48	AMOUNT YOU OWE: (ine 36 min	us line 41)		48	123456789
49		-	or attach check or		
	money order payable to "Hawaii \$	State Tax Collector."		49	123456789
50	Estimated tax penalty. (See pag				
	Instructions.) Do not include on lir		12345678	Q	
	this box if Form N-210 is attached	I ► X	12343078		
E4		aid (avarraid) as ariginal within (C	netructione) (attach Cab. AMD)	₅₁ X	123456789
51	AMENDED RETURN ONLY – Amount p	aiu (overpaiu) on oliginal return. (See II	nstructions) (attach SCN. AIVD)		
52	AMENDED RETURN ONLY - Balance of	due (refund) with amended return (See	Instructions) (attach Sch. AMD)	₅₂ X	123456789
	Did you file a federal Schedule C?		If yes, enter Hawaii gr	oss receipts	123456789
	your main business activity: <u>SCH</u>	EDULE C BUSIN			
	your main business product \underline{SCH}	EDULE C PR AND your	HI Tax I.D. No. for this acti	ivity \mathbf{GE} $\perp 2$.	3-123-1234-12
					123456789
	Did you file a federal Schedule E	X Yes X No	ves, enter l Hawaii gross rei	nts received	123430703
	for any rental activity?		r HI Tax I.D. No. for this act	tivity GF 12.	3-123-1234-12
55	Did you file a federal Schedule F?	X Yes X No	lf ves, enter Hawaii gr	oss receipts	123456789
	your main business activity: SCH				
	your main business product \underline{SCH}	EDULE F PR, AND your	HI Tax I.D. No. for this acti	ivity GE 123	3-123-1234-12
	If designating another person to	discuss this return with the Haw	aii Department of Taxation,	complete the followin	g. This is not a full power of
DESIGNIEE	attorney. See page 25 of the Inst	ructions. NEE'S NAMEXXXX _{PI}	(123) 456-7	891	mber >12-3456789
	Bodigrico o ricino	e if you want \$3 to go to the Haw		ndenuncation nu	
CAN		return, indicate if your spouse de			ote: Placing an X in the "Yes" box Il not change your tax or refund.
(000 p	DECLARATION - I declare, under the per	nalties set forth in section 231-36, HRS, that	t this return (including accompanyin	g schedules or statements) h	
	of my knowledge and belief, is a true, correct Your signature	ct, and complete return, made in good faith	, for the taxable year stated, pursua Spouse's signa	nt to the Hawaii Income Tax ture (if filing jointly, BOTH mu	Law, Chapter 235, HRS.
		12-12-1 Davimo Phone			12-12-12
	Your Occupation TAXPAYER OCCUPAT	IONXX (123)123-4		CCUPATIONXX	Daytime Phone Number (123) 123-4567
	IAAFAILA UUUPAT		Date		PTIN
	Preparer's Signature		12-12-	12 self-employed	L 123456789
	Paid				
			NAME HEREXXXX		12-1234567
	Films name (pr yours	FIRMS NAME OR P		Disana No.	
	if self-employed), Address, and ZIP Code	ADDRESS AND ZIP	CODEXXXXXXX	X	(123)123-4567

(FORM N-11 Rev. 2024) Place QR Code Here STATE OF HAWAII — DEPARTMENT OF Individual Income Tax RESIDENT Calendar Year 2024 OR	Return
ŀ	Human Readable text here Fiscal Year Beginning 12 - 12 - 12 Ending	12 - 12 - 12
	X AMENDED Return FOR OFFICE USE ONLY X NOL Carryback	THIS
		SPACE
	Do NOT Submit a Photocopy!!	RESERVED
	Your First Name M.I. Your Last Name	Suffix
RE •	TAXPAYER'S FIRST MI LAST NAMEXXX	◆ IMPORTANT — Complete this Section ◆
/-2 HE	Spouse's First Name M.I. Spouse's Last Name	Suffix Enter the first four letters of your last name. Use ALL CAPITAL letters ABCD
FORM W	SPOUSE'S FIRSTXX MI SPOUSE'S LAS Care Of (See Instructions, page 7.)	STXXX JR Your Social Security Number 123 - 12 - 1234
2 OF	C/O NAME FOR MAILING ADDRESSXXXX	XXXXXXXX Deceased X Date of Death 12 - 12 - 12
ATTACH COPY 2 OF FORM W-2 HERE	Present mailing or home address (Number and street, including Rural Route)	Enter the first four letters of your Spouse's last name. SSXXXXXX Use ALL CAPITAL letters ABCD
ATTAC	City, town or post office State Postal/ZIP co	^{ode} Spouse's Social Security Number 123 - 12 - 1234
•	CITY, TOWN, POSTOFFICE XX ZIP (If Foreign address, enter Province and/or State Country	CODE Deceased X Date of Death 12 - 12 - 12
		RYXXXXX
	(Place an X in only ONE box)	
RE •	 X Single Married filing joint return (even if only one had income). X Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's ful 	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.
RHEI	name here. MFS SPOUSE'S NAMEXXXXX	XXX 5 X Qualifying surviving spouse (see page 8 of the Instructions)
ORDE		rn (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.
NEΥ	6a X Yourself X Age 65 or 6b X Spouse X Age 65 or	over Enter the number of Xs over
R MO	If you placed an X on lines 3 and 6b above, see the Instructions on pa	age 9 and if your spouse meets the qualifications, place an X here $~{f X}$
CK O	6c Dependents: If more than 6 dependents 2. Dependents and 1. First and last name use attachment security r	
• ATTACH CHECK OR MONEY ORDER HERE	6d FIRST DEPENDENT NAMEXXXX 123-45	5-6789 RELATIONSHIP
TACF		5-6789 RELATIONSHIP 5-6789 RELATIONSHIP I2 I2
٠AT		5-6789 RELATIONSHIP 5-6789 RELATIONSHIP Cher dependents6d ↓ 12
		5-6789 RELATIONSHIP
	6e Total number of exemptions claimed. Add numbers	entered in boxes 6a thru 6d above6e 12

Form N-11 (Rev. 2024)

Your Social Security Number

Page 2 of 4

Place QR Code Here							
Human Readable text here							

Name(s) as shown on return

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

Your Spouse's SSN

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)	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		6 7 0 0	
11	Add lines 8 through 10 Total Hawaii additions to federal	AGI 11 ⊥.	2345	6789	9
40			40	х	123456789
12	Add lines 7 and 11		12	л	123130703
13	Pensions taxed federally but not taxed by Hawaii	123456789			
	(see page 13 of the Instructions) 13	120100700			
44	Social acquirity bonofite toyod on fadoral return 44	123456789			
14 15	Social security benefits taxed on federal return 14 First \$8,082 of military reserve or Hawaii national	120100700			
15	guard duty pay 15	123456789			
		110100700			
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				
10	(see page 14 of the Instructions) 18	123456789			
19	Add lines 13 through 18				
19	Add lines 13 through 18 Total Hawaii subtractions from federal	AGI 19 ¹ .	2345	6789)
19	-	AGI 19 1.	2345	6789)
19 20	-			6789 x	123456789
20	Total Hawaii subtractions from federal	Hawaii AGI 🗲	20	x	123456789
20	Total Hawaii subtractions from federal	Hawaii AGI 🗲	20	x	123456789
20	Total Hawaii subtractions from federal		20 page 1	x	123456789
20 CAUT	Total Hawaii subtractions from federal Line 12 minus line 19 ION : If you can be claimed as a dependent on another person's return		20 page 1	x	123456789
20 CAUT	Total Hawaii subtractions from federal Line 12 minus line 19 ION : 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 and enter your itemized deductions here. Medical and dental expenses	a see the Instructions on go to page 15 of the Instr	20 page 1	x	123456789
20 <i>CAUT</i> 21	Total Hawaii subtractions from federal 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 and enter your itemized deductions here.		20 page 1	x	123456789
20 <i>CAUT</i> 21	Total Hawaii subtractions from federal 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 gand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) 21a	Hawaii AGI ➤ a, see the Instructions on go to page 15 of the Instr 123456789	20 page 1	x	123456789
20 <i>CAUT</i> 21	Total Hawaii subtractions from federal Line 12 minus line 19 ION : 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 and enter your itemized deductions here. Medical and dental expenses	a see the Instructions on go to page 15 of the Instr	20 page 1	x	123456789 Nace an X here. 🗙
20 CAUT 21 21a	Total Hawaii subtractions from federal 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 and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2)	Howaii AGI ► The see the Instructions on go to page 15 of the Instr 123456789 123456789	20 page 1	X 5, and p	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f.
20 CAUT 21 21a	Total Hawaii subtractions from federal 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 gand enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) 21a	Hawaii AGI ➤ a, see the Instructions on go to page 15 of the Instr 123456789	20 page 1	X 5, and p	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS
20 CAUT 21 21a 21b 21c	Total Hawaii subtractions from federal 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) 21a Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c	Hawaii AGI → h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789	20 page 1	X 5, and p	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 amount, you may not be
20 CAUT 21 21a 21b	Total Hawaii subtractions from federal 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 and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2)	Hor Hawaii AGI ➤ a, see the Instructions on go to page 15 of the Instr 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the
20 CAUT 21 21a 21b 21c 21d	Total Hawaii subtractions from federal 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 of and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) 21a Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d	Hawaii AGI → h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter
20 CAUT 21 21a 21b 21c	Total Hawaii subtractions from federal 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) 21a Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c	Hawaii AGI → h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the
20 CAUT 21 21a 21b 21c 21d 21e	Total Hawaii subtractions from federal 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 and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d Casualty and theft losses (from Worksheet A-5)	Hein Hawaii AGI ➤ h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24.
20 CAUT 21 21a 21b 21c 21d	Total Hawaii subtractions from federal 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 of and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) 21a Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d	Hawaii AGI → h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter
20 CAUT 21 21a 21b 21c 21d 21e 21f	Total Hawaii subtractions from federal 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 y and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6)	Hein Hawaii AGI ➤ h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789	20 page 1	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24.
20 CAUT 21 21a 21b 21c 21d 21e	Total Hawaii subtractions from federal 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 y and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6) 21f If you checked filing status box: 1 or 3 enter \$4,400;	Herein 15 Hawaii AGI > h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789 123456789	20 page 1. uctions	X 5, and p	123456789 Wace an X here. X DESCRIPTION STATUS STATUS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24. 123456789
20 CAUT 21 21a 21b 21c 21d 21e 21f	Total Hawaii subtractions from federal 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 y and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6)	Herein 15 Hawaii AGI > h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789 123456789	20 page 1. uctions	X 5, and p	123456789 Wace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24.
20 CAUT 21 21a 21b 21c 21d 21e 21f	Total Hawaii subtractions from federal 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 y and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1) Taxes (from Worksheet A-2) 21b Interest expense (from Worksheet A-3) 21c Contributions (from Worksheet A-4) 21d Casualty and theft losses (from Worksheet A-5) 21f If you checked filing status box: 1 or 3 enter \$4,400;	Hawaii AGI h, see the Instructions on go to page 15 of the Instr 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	20 page 1. uctions	X 5, and p	123456789 Wace an X here. X DESCRIPTION STATUS STATUS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24. 123456789

Form N-11 (Rev. 2024)

	I (Rev. 2024) Your Social Sec	urity Number	Vour	Spouse's SSN	Page
lace	Tour Social Sec				
Code	123 - 12			- 12 -	
ere		NAME(S) A			
an Read	able text here Name(s) as shown on	return XXXXXXXXX	XXXXXX	XXXXXXX	XXXXXXX
	Itiply \$1,144 by the total number of exemptions claimed on				
	you and/or your spouse are blind, deaf, or disabled, place an	n X in the applicable box(e	s),		
	d see page 20 of the Instructions.				123456789
л	Yourself X Spouse				123430703
26 Ta	xable Income. Line 24 minus line 25 (but not less than zero				123456789
	x. Place an X if from X Tax Table; X Tax Rate Sch				
	prksheet on page 33 of the Instructions.				
(X Place an X if tax from Forms N-2, N-103, N-152, N-10	68. N-312. N-325. N-338.			
N-:	344, N-348, N-405, N-586, N-615, or N-814 is included.)		Tax > 27		123456789
	ax is from the Capital Gains Tax Worksheet, enter				
	e net capital gain from line 14 of that worksheet	123456	789		
28 Re	fundable Food/Excise Tax Credit				
	tach Form N-311) DHS, etc. exemptions 12 28	123456	789		
	edit for Low-Income Household		-		
	Inters (attach Schedule X)	123456	789		
	edit for Child and Dependent				
	re Expenses (attach Schedule X)	123456	789		
	edit for Child Passenger Restraint				
	stem(s) (attach a copy of the invoice) 31	123456	789		
32 Tot	tal refundable tax credits from				
Sc	hedule CR (attach Schedule CR)32	123456	789		
33 Ad	d lines 28 through 32	Total Refundable Cred	dits > 33		123456789
34 Lir	e 27 minus line 33. If line 34 is zero or less, see Instruction	s Adjusted Tay Liabi	lity > 34	x	123456789
0 - 7 En					
35 Tot	tal nonrefundable tax credits (attach Schedule CR)		35		123456789
36 Lir	e 34 minus line 35	Bala	36	x	123456789
	waii State Income tax withheld (attach W-2s)	Dalai			120100700
	ee page 22 of the Instructions for other attachments)	123456	789		
100					
38 20	24 estimated tax payments	123456	789		
39 An	nount of estimated tax applied from 2023 return	123456	789		
		100150	700		
40 An	nount paid with extension40	123456	109		
41 Ad	d lines 37 through 40	Total Payme	nts > 41		123456789
42 I fli	ine 41 is larger than line 36, enter the amount OVERPAID (I	ine 41 minus line 36) (see Instru	ctions). 42		123456789
	ontributions to (see page 22 of the Instructions):		ouse		
	a Hawaii Schools Repairs and Maintenance Fund		\$2		
	b Hawaii Public Libraries Fund		\$5		
	c Domestic and Sexual Violence / Child Abuse and Neglect Funds		\$5		
	d the amounts of the Xs on lines 43a through 43c and ente		44		12
					10045700
	45 Line 42 minus line 44				123456789

Form N-11 (Rev. 2024)

Place			You	ur Social Security	Number	pi		Your Spo	ouse's SSN	
QR Co Here	ode			3 - 12 -	NAI	ME(S)	AS S	HOWN	ON RE	- 1234 ETURXXXX
Human R	leadable text here		Name(s) a	as shown on retur	n XXX	XXXXXXX	XXXX	XXXX	XXXXXX	XXXXXXX
46		45 to be applied to	your							
470		TED TAX REFUNDED TO YO			ato	12345	0/09			
41 d		f Instructions						. 47a		123456789
	X Place an	X in this box if this	refund will ultim	ately be deposite	d to a fo	reign (non-L	J.S.) ba	nk. Do r	not complet	te lines 47b, 47c, or 47d.
47b	Routing numb	er 123	3456789	47с Туре	: X	Checking	x	Saving	S	
47d	Account numb	er	1234567	89012345	57					
		U OWE (line 36 min						. 48		123456789
49		IOUNT Submit payn Dayable to "Hawaii S						40		123456789
50		ayable to "Hawall S c penalty. (See pag		IUI				. 49		100100100
	Instructions.) [Do not include on lin	e 42 or 48. Pla			100.5				
	this box if Forr	n N-210 is attached	> x	50		12345	6789			
51	AMENDED RETU	JRN ONLY – Amount pa	iid (overpaid) on o	riginal return. (See In:	structions	(attach Sch. A	MD)	. 51	x	123456789
			· · /	0	,	,	,			100450700
52	AMENDED RETU	JRN ONLY - Balance de	ue (refund) with an	nended return. (See I	nstruction	s) (attach Sch.	AMD)	. 52	Х	123456789
	your main busi	ederal Schedule C? ness activity: <u>SCHI</u> ness product: <u>SCHI</u>	EDULE C	X No <u>BU</u> SIN <u>PR</u> , AND your F	-	, enter Haw D. No. for thi	•			123456789 3-123-1234-12
54	Did you file a fe	ederal Schedule E		lf ye	es, entei	• Hawaii gro	ss rents	s receive	d	123456789
1	for any rental a	ctivity?	X Yes	X No AND your	HI Tax I.	D. No. for th	nis activi	ity GE	123	3-123-1234-12
55	Did you file a fe	ederal Schedule F?	X Yes	X No	lf ves	, enter Haw	aii aros	s receipt	s	123456789
	your main busi	ness activity: <u>SCHE</u>	EDULE F	<u>BU</u> SIN			•			
2	your main busi	ness product: <u>SCHI</u>	EDULE F	<u>PR</u> , AND your H	HI Tax I.I	D. No. for thi	is activit	ty GE	12.	3-123-1234-12
GNEE		another person to c page 25 of the Instr		ırn with the Hawa	i Depart	ment of Taxa	ation, co	omplete	the followin	ng. This is not a full power of
DESI	,	ame DESIGN		MEXXXX Ph	one no.	(123) 45	56-789	¹ Ident	ification nu	mber >12-3456789
	AII ELECTION PAIGN FUND	Indicate	if you want \$3	to go to the Hawa	ii Electi	on Campaig	n Fund.	Х		ote: Placing an X in the "Yes" box
	age 25 of the Instruc	uono) ,	,	f your spouse des	0	•			103	ill not change your tax or refund.
		and belief, is a true, correct				ble year stated,	pursuant	to the Hawa		· · ·
	>			12-12-12		>				12-12-12
	Your Occup			Daytime Phone N				ccupation		Daytime Phone Number
EASE	TAXPAYE	CR OCCUPAT	EONXX (1	23)123-4	567	SPOUSI	E OC	CUPA	TIONXX	. ,
PLEASE SIGN HERE	Pre Sigr	parer's				Date 12-1	12-1	2 Che	ck if employed	× 123456789
	Paid Preparer's Information	t parer's Name 🕨 PI	RINT PRE	PARER'S 1	JAME	HEREX	XXXX	X Fed	eral E.I. No.	>12-1234567
	Information Firm	n's name (or yours lf-employed), ress, and ZIP Code		IAME OR PI AND ZIP				Dho	one No. 🕨	(123)123-4567
	7,000									