

Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT Calendar Year 2024 OR

Place QR Code Here Human Readable text here

Tax Year 12 - 12 - 12 thru 12 - 12 - 12

- X Part-Year Resident (Enter period of Hawaii residency above)
X AMENDED Return
X NOL Carryback
X IRS Adjustment
X First Time Filer
X Nonresident
X Nonresident Alien or Dual-Status Alien
X MSRRR
X Composite

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!! ATTACH A COPY OF YOUR 2024 FEDERAL INCOME TAX RETURN

Your First Name M.I. Your Last Name Suffix

TP FIRST NAME XX MI LAST NAME XXXXXX MI

Spouse's First Name M.I. Spouse's Last Name Suffix

SPOUSE NAME XXXX MI LAST NAME XXXXXX MI

Care Of (See Instructions, page 8.)

CARE OF NAME FOR MAILNIG ADDRESS XXXXXXXX

Present mailing or home address (Number and street, including Rural Route)

TAXPAYER MAILING OR HOME ADDRESS XXXXXXXX

City, town or post office State Postal/ZIP code

CITY XXXXXXXXXXXXXXXXXXXX ST 99999-9999

If Foreign address, enter Province and/or State

Country

FOREIGN ADDRESS XXXXXXXXXXXX COUNTRY XXXX

IMPORTANT — Complete this Section

Enter the first four letters of your last name. Use ALL CAPITAL letters XXXX

Your Social Security Number 123 - 45 - 6789

Deceased X Date of Death 12 - 12 - 12

Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters XXXX

Spouse's Social Security Number 123 - 45 - 6789

Deceased X Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- 1 X Single
2 X Married filing joint return (even if only one had income).
3 X Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. MFS SPOUSE NAME XXXXXXXX
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. QUALIFYING PERSON XX
5 X Qualifying surviving spouse (see page 9 of the Instructions)

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X below line 37.

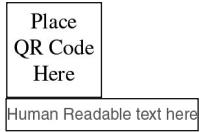
- 6a X Yourself X Age 65 or over
6b X Spouse X Age 65 or over
Enter the number of Xs on 6a and 6b 1
If you placed an X on lines 3 and 6b above, see the Instructions on page 10 and if your spouse meets the qualifications, place an X here X

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

Enter number of your children listed..... 6c 12
Enter number of other dependents..... 6d 12
6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 12

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

TP FIRST NAME XX MI LAST NAME

Name(s) as shown on return

SPOUSE NAME XXXX MI LAST NAME

Col. A - Total Income

Col. B - Hawaii Income

Table with 4 columns: Line number, Description, Col. A - Total Income, Col. B - Hawaii Income. Rows include Wages, Interest income, Dividends, State income tax refund, Alimony, Business income, Capital gain, Supplemental gains, IRA distributions, Pensions, Rents, Unemployment, Other income, Total Income, Deductions, and Payments to housing account.

Place QR Code Here
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TP FIRST NAME XX MI LAST NAME

SPOUSE NAME XXXX MI LAST NAME

33 Exceptional trees deduction (attach affidavit) (see page 21 of the Instructions)..... 123456789 33 123456789
34 Add lines 21 through 33 Total Adjustments > 123456789 34 123456789
OTHER ADJUSTMENTS XXXXXXXXXXXXXXXX
35 Line 20 minus line 34Adjusted Gross Income > X 123456789 35 X 123456789

36 Federal adjusted gross income (see page 21 of the Instructions)36 X 123456789

37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places)...37 1.00
CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 22, and place an X here. X

38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 22 of the Instructions and enter your Hawaii itemized deductions here.

38a Medical and dental expenses (from Worksheet NR-1 or PY-1).....38a 123456789

38b Taxes (from Worksheet NR-2 or PY-2)..... 38b 123456789

38c Interest expense (from Worksheet NR-3 or PY-3)38c 123456789

38d Contributions (from Worksheet NR-4 or PY-4)..... 38d 123456789

38e Casualty and theft losses (from Worksheet NR-5 or PY-5).....38e 123456789

38f Miscellaneous deductions (from Worksheet NR-6 or PY-6)..... 38f 123456789

40a If you checked filing status box: 1 or 3 enter \$4,400; 2 or 5 enter \$8,800; 4 enter \$6,424.....40a 123456789

40b Multiply line 40a by the ratio on line 37 Prorated Standard Deduction > 40b 123456789

41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)..... 41 X 123456789

42a Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see the Instructions.
X Yourself X Spouse.....42a 123456789

42b Multiply line 42a by the ratio on line 37Prorated Exemption(s) > 42b 123456789

43 Taxable Income. Line 41 minus line 42b (but not less than zero).....Taxable Income > 43 123456789

44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 41 of the Instructions. (X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-325, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) Tax > 44 123456789

44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet.....44a 123456789

45 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 1245 123456789

46 Credit for Low-Income Household Renters (attach Schedule X)46 123456789

47 Credit for Child and Dependent Care Expenses (attach Schedule X).....47 123456789

48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....48 123456789

49 Total refundable tax credits from Schedule CR (attach Schedule CR).....49 123456789

50 Add lines 45 through 49..... Total Refundable Credits > 50 123456789

51 Line 44 minus line 50. If line 51 is zero or less, see Instructions.....Adjusted Tax Liability > 51 X 123456789

TOTAL ITEMIZED DEDUCTIONS
39 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 27. Enter total here and go to line 41.
123456789

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Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TP FIRST NAME XX MI LAST NAME

SPOUSE NAME XXXX MI LAST NAME

Table with 3 columns: Line number, Description, and Amount. Includes lines 52-69 with various tax credits, payments, and amounts.

TOTAL PAYMENTS

58 Add lines 54 through 57.

DESIGNEE: If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 32 of the Instructions. Designee's name: DESIGNEE NAME XXXXX Phone no.: (123) 123-4567 Identification number: 12-3456789

HAWAII ELECTION CAMPAIGN FUND: Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. [X] Yes [] No. If joint return, indicate if your spouse designates \$3 to go to the fund. [X] Yes [] No. Note: Placing an X in the "Yes" box will not change your tax or refund.

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

SIGNATURE AND DATE: Your signature: [] Date: 12-12-12 Spouse's signature (if filing jointly, BOTH must sign): [] Date: 12-12-12. OCCUPATION: TAXPAYER OCCUPATION X (123) 123-4567 SPOUSE OCCUPATION X (123) 123-4567

PREPARER INFORMATION: Preparer's Signature: [] Date: 12-12-12 Check if self-employed: [X] PTIN: 123456789. Print Preparer's Name: PRINT PREPARER NAMEXXXXXXXXXXXXX Federal E.I. No.: 12-3456789. Firm's name (or yours if self-employed), Address, and ZIP Code: FIRM NAME OR PREPARER NAME XXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX Phone No.: (123) 123-4567