

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

Place QR Code Here Human Readable text here

Tax Year thru

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

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

Care Of (See Instructions, page 8.)

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

City, town or post office State Postal/ZIP code

If Foreign address, enter Province and/or State Country

IMPORTANT — Complete this Section

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

Your Social Security Number

Deceased Date of Death

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

Spouse's Social Security Number

Deceased Date of Death

(Place an X in only ONE box)

- 1 Single 2 Married filing joint return (even if only one had income). 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. 5 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 Yourself Age 65 or over 6b Spouse Age 65 or over Enter the number of Xs on 6a and 6b

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

Table with 4 columns: 1. First and last name, If more than 6 dependents use attachment, 2. Dependent's social security number, 3. Relationship

Enter number of your children listed..... 6c

Enter number of other dependents..... 6d

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

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

Human Readable text here

Name(s) as shown on return

Col. A - Total Income

Col. B - Hawaii Income

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7
8	Interest income from the worksheet on page 38 of the Instructions	8
9	Ordinary dividends	9
10	State income tax refund from the worksheet on page 38 of the Instructions	10
11	Alimony received	11
12	Business or farm income or (loss)	12
13	Capital gain or (loss) from the worksheet on page 38 of the Instructions	13
14	Supplemental gains or (losses) (attach Schedule D-1)	14
15	IRA distributions	15
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)	16
17	Rents, royalties, partnerships, estates, trusts, etc.....	17
18	Unemployment compensation (insurance).....	18
19	Other income (state nature and source)	19
20	Add lines 7 through 19 Total Income >	20
21	Certain business expenses of reservists, performing artists, and fee-basis government officials	21
22	IRA deduction	22
23	Student loan interest deduction from the worksheet on page 42 of the Instructions	23
24	Health savings account deduction.....	24
25	Moving expenses (attach Form N-139)	25
26	Deductible part of self-employment tax	26
27	Self-employed health insurance deduction	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Penalty on early withdrawal of savings	29
30	Alimony paid (Enter name and SS No. of recipient)	30
31	Payments to an individual housing account .	31
32	First \$8,082 of military reserve or Hawaii national guard duty pay	32

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

Human Readable text here

Name(s) as shown on return

- 33 Exceptional trees deduction (attach affidavit) (see page 21 of the Instructions)..... 33
- 34 Add lines 21 through 33 **Total Adjustments** > 34
- 35 Line 20 minus line 34**Adjusted Gross Income** > 35
- 36 **Federal** adjusted gross income (see page 21 of the Instructions)36
- 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
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.*
- 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
 - 38b Taxes (from Worksheet NR-2 or PY-2)..... 38b
 - 38c Interest expense (from Worksheet NR-3 or PY-3)38c
 - 38d Contributions (from Worksheet NR-4 or PY-4)..... 38d
 - 38e Casualty and theft losses (from Worksheet NR-5 or PY-5).....38e
 - 38f Miscellaneous deductions (from Worksheet NR-6 or PY-6)..... 38f
- 40a If you checked filing status box: 1 or 3 enter \$4,400; 2 or 5 enter \$8,800; 4 enter \$6,424.....40a
- 40b Multiply line 40a by the ratio on line 37 **Prorated Standard Deduction** > 40b
- 41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line **MUST** be filled in)..... 41
- 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.
 - Yourself Spouse42a
- 42b Multiply line 42a by the ratio on line 37**Prorated Exemption(s)** > 42b
- 43 **Taxable Income.** Line 41 minus line 42b (but not less than zero).....**Taxable Income** > 43
- 44 **Tax.** Place an X if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 41 of the Instructions. (Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-325, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) **Tax** > 44
- 44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet44a
- 45 Refundable Food/Excise Tax Credit (attach Form N-311) **DHS, etc.** exemptions45
- 46 Credit for Low-Income Household Renters (attach Schedule X)46
- 47 Credit for Child and Dependent Care Expenses (attach Schedule X).....47
- 48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)48
 - 49 Total refundable tax credits from Schedule CR (attach Schedule CR).....49
- 50 Add lines 45 through 49..... **Total Refundable Credits** > 50
- 51 Line 44 minus line 50. If line 51 is zero or less, see Instructions.....**Adjusted Tax Liability** > 51

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.

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

Human Readable text here

Name(s) as shown on return

- 52 Total nonrefundable tax credits (attach Schedule CR) 52
- 53 Line 51 minus line 52 **Balance** ➤ 53
- 54 Hawaii State Income tax withheld (attach W-2s)
(see page 29 of the Instructions for other attachments).....54
- 55 2024 estimated and/or withheld tax payments on Form(s)
N-200V _____ ; N-288A _____55
- 56 Amount of estimated tax applied from 2023 return..... 56
- 57 Amount paid with extension57
- 59 If line 58 is larger than line 53, enter the amount **OVERPAID**
(line 58 minus line 53) (see Instructions)..... 59
- 60 **Contributions to** (see page 30 of the Instructions):..... **Yourself** **Spouse**
- 60a Hawaii Schools Repairs and Maintenance Fund \$2 \$2
- 60b Hawaii Public Libraries Fund \$5 \$5
- 60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5
- 61 Add the amounts of the Xs on lines 60a through 60c and enter the total here 61
- 62 Line 59 minus line 61 62
- 63 Amount of line 62 to be **applied to**
your **2025 ESTIMATED TAX**63
- 64a Amount to be **REFUNDED TO YOU** (line 62 minus line 63) If filing late, see page 30 of Instructions. Place an X here if this refund will
ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.
- 64b Routing number **64c Type:** Checking Savings
- 64d Account number 64a
- 65 **AMOUNT YOU OWE** (line 53 minus line 58) 65
- 66 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or
money order payable to "Hawaii State Tax Collector." 66
- 67 **Estimated tax penalty.** (See page 31 of Instr.) Do not include this amount
in line 59 or 65. Check this box if Form N-210 is attached ➤ 67
- 68 **AMENDED RETURN ONLY** - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 68
- 69 **AMENDED RETURN ONLY** - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 69

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 ➤ Phone no. ➤ Identification number ➤

HAWAII ELECTION CAMPAIGN FUND

(See page 32 of the Instructions)

Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. **Yes**
If joint return, indicate if your spouse designates \$3 to go to the fund. **Yes**

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.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____

PLEASE SIGN HERE ➤ Your Occupation _____ Daytime Phone Number _____ Your Spouse's Occupation _____ Daytime Phone Number _____

Paid Preparer's Information	Preparer's Signature ➤ _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Print Preparer's Name ➤ _____	Federal E.I. No. ➤ _____		
	Firm's name (or yours if self-employed), Address, and ZIP Code ➤ _____	Phone No. ➤ _____		