SCHEDULE X (FORM N-11/N-15) (REV. 2024)

TAX CREDITS FOR HAWAII RESIDENTS

2024

Place
QR Code
Here

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

- PART I: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS

 1 Is your adjusted gross income (Form N-11, line 20; or Form N-15, line 35, Column A) less than \$30,000?
 - If "No," **STOP**. You cannot claim this credit. If "Yes," go to line 2.
- 2 Are you a resident who was **present in Hawaii more than nine months in 2024?** If "No," **STOP**. You cannot claim this credit. If "Yes," go to line 3. Can you be claimed as a dependent by another taxpayer? If "Yes," **STOP**. You cannot claim this credit. If "No," go to line 4.

- in Hawaii for more than nine months in 2024, and c) Cannot be claimed as a dependent by another taxpayer.

 Include minor children receiving more than half of their support from public agencies which you can claim as dependents.

8	Name	Relationship				Name			R	elationship
	NAME 1 XXXXXXXXXXXXXXXXXXXXX	Self		NAME	4	XXXXXXXXXXXX	XXX	XXXXXX	R	SHIP4
	NAME 2 XXXXXXXXXXXXXXXXXXXXXX	Spouse		NAME	5	XXXXXXXXXXX	XXX	XXXXXX	R	SHIP5
	NAME 3 XXXXXXXXXXXXXXXXXXXXX	RSHIP3		NAME	6	XXXXXXXXXXXX	XXX	XXXXXX	R	SHIP6
E	inter the number of qualified persons listed above								8	99
9 I	you are a qualified exemption and you are age 65 or over,	enter 1. Other	wis	se, enter -C)				9	99
10 I	you are married filing jointly or married filing separately wher	e your spouse	is I	not filing a l	Haw	<i>r</i> aii				
r	eturn, had no income, and was not the dependent of someone	e else; and yoບ	ır s	pouse is a	qua	lified				
6	xemption; and your spouse is age 65 or over; enter 1. Otherv	vise, enter -0							10	99
11 /	dd lines 8 through 10								11	99
12	fultiply the number of exemptions on line 11 by \$50 and ent	ter the result h	ere	and on Fo	orm	N-11, line 29;				
	r Form N-15, line 46. This is your credit for low-income hou	sehold renters	۱. (۱	Whole dolla	ars (only)	12	9999	999	9 00

PART II: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. **X**

Section A: Care Provider Information

Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column, or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.

	, ,	7.7	1 7 1	'	,
1	(a) Care	(b) Address	(c) Identification number	(d) Hawaii Tax	(e) Amount paid
	provider's name	(number, street, city, state, and Postal/ZIP code)	(SSN or FEIN)	I.D. No.	
CAF	E PROVIDER	ADDRESS XXXXXXXXXXXXXX		999 999 9999 99	
CAF	E PROVIDER	ADDRESS XXXXXXXXXXXXXX	999999999999	GE 999 - 999 - 9999 - 99	99999999.00
CAF	E PROVIDER	ADDRESS XXXXXXXXXXXXXX		000 000 0000 00	
CAF	E PROVIDER	ADDRESS XXXXXXXXXXXXXX	999999999999	GE 999 - 999 - 9999 - 99	99999999.00

Section B: Dependent Care Benefits — (If you did not receive dependent care benefits, skip to line 21)

- 2 Enter the total amount of dependent care benefits you received in 2024. Amounts you received as an employee should be shown in Box 10 of your federal Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership......

9999999.00

Place QR Code Here

 Your social security number 999-99-99-999

Human Readable text here

6	Enter the total amount of qualified expenses incurred in 2024 for the	oo ooro of the qualifying per	roon(o)	6	99999999.00		
	Enter the smaller of line 5 or 6			7	99999999.00	_	
	Enter your earned income. (See the Instructions)			8	99999999.00	_	
	If married filing jointly, enter your spouse's earned inco				<u> </u>		
·	was a student or disabled, see the Instructions); if mar		uoc				
	see the Instructions; all others, enter the amount from			9	99999999.00		
10	Enter the smallest of line 7, 8, or 9.			10	99999999.00		
	Enter \$5,000 (\$2,500 if married filing separately and ye				333333333		
	spouse's earned income on line 9).	•	•	11	99999999.00		
12	Is any amount on line 2 from your sole proprietorship of						
	No. Enter -0						
	Yes. Enter the amount here					12	9999999.00
13	Line 5 minus line 12			13	99999999.00		
14	Deductible benefits. Enter the smallest of line 10, 11,	or 12. Also, include thi	is amount o	on the	e appropriate line(s) of		
	your return.					14	99999999.00
15	Excluded benefits. If line 12 is zero, enter the smaller	of line 10 or 11. Other	rwise, subti	ract lir	ne 14 from the smaller of		
	line 10 or 11. If zero or less, enter -0					15	99999999.00
16	Taxable benefits. Line 13 minus line 15. If zero or less	s, enter -0 Also, includ	de this amo	ount o	n Form N-15, line 7.		
	On the dotted line next to line 7, write "DCB." (Form N-					16	99999999.00
	Enter \$10,000 (\$20,000 if two or more qualifying person					17	99999999.00
	Add lines 14 and 15.					18	99999999.00
19 Line 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If you paid 2023 expenses in							
	2024, see the Instructions for line 28.					19	99999999.00
20	Complete line 21. Do not include in column (e) any be						0000000
80	and enter the total hereection C: Credit for Child and Dependent Care					20	99999999.00
	ction of orealt for offind and Dependent our	- LAPCHISCS - (OCH		ncu p		uiii to	ciaiiii tiic tax cicuit.
			,		•		
21	(a) Qualifying person's name	(b) Date of Birth (mm/dd/yyyy)	(c) Grad	de	(d) Qualifying person's so security number		(e) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
QŪ	(a) Qualifying person's name UALIFYING PERSON NAME1 XXXX UALIFYING PERSON NAME1 XXXX	(b) Date of Birth	(c) Grad (pre-K to	de 12)	(d) Qualifying person's so		(e) Qualified expenses you incurred and paid in 2024 for the person
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