Place QR Code Here

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

Individual Income Tax Return RESIDENT

Calendar Year 2019 OR

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

AMENDED Return

X **NOL Carryback**

X **IRS Adjustment**

First Time Filer

◆ IMPORTANT — Complete this Section ◆

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

Do NOT Submit a Photocopy!!

FOR OFFICE USE ONLY

Your First Name	M.I.	Your Last Nan	ne			Suffix	
TAXPAYER'S FIRST	MI	LAST	NAMI	ΞXX	XXXXX	JR	
Spouse's First Name	M.I.	Spouse's Last	Name			Suffix	
SPOUSE'S FIRSTXX	MI	SPOUS	SE'S	LA	STXXX	JR	
Care Of (See Instructions, page 7.)							
C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXX							
Present mailing or home address (Number and street, including Rural Route)							
TAXPAYER'S MAILIN	NG O	R HOME	e adi	DRE	ESSXXX	XXX	
City, town or post office		State	Posta	l/ZIP	code		
CITY, TOWN, POSTOR	FFIC	E XX	Z]	ΙP	CODE		
If Foreign address, enter Province and/or State	е		Coun	try			
FOREIGN PROVINCE	XXXXX	COI	CNU	TRYXXX	XXX		

(Place an X in only ONE box)

- X
- X 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 full name here. MFS SPOUSE'S NAMEXXXXXXX 5
- Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full

QUALIFYING PERSONXXXX

Qualifying widow(er) (see page 9 of the Instructions)

Enter the year your spouse died 1234

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

X

X

X 6a Yourself X 6b Spouse.....

Age 65 or over..... Age 65 or over.....

Enter the number of Xs on **6a** and **6b**

1

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

6c and	Dependents: If 1. First and last name	more than 4 dependents use attachment	Dependent's social security number	3. Relationship		
6d		ENT NAMEXXXX	123-45-6789	RELATIONSHIP		
	SECOND DEPEN	DENT NAMEXXX	123-45-6789	RELATIONSHIP		
	THIRD DEPEND	ENT NAMEXXXX	123-45-6789	RELATIONSHIP		
	FOURTH DE	PENDENT NAME	123-45-6789	RELATIONSHIP		

Enter number of 12 your children listed... 6c

Enter number of 12 other dependents.....6d

12

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instructions	2)	7	X	123456789
8	Difference in state/federal wages due to COLA, ERS,	,,			
Ü	etc. (see page 12 of the Instructions)	123456789)		
9	Interest on out-of-state bonds				
3	(including municipal bonds)9	123456789)		
10	Other Hawaii additions to federal AGI				
10	(see page 12 of the Instructions)	123456789	9		
	(see page 12 of the instructions)	123130702			
11	Add lines 8 through 10Total Hawaii additions to federa	I AGI 11 1	234	56789	
12	Add lines 7 and 11		12	X	123456789
13	Pensions taxed federally but not taxed by Hawaii				
	(see page 14 of the Instructions)	123456789)		
	(
14	Social security benefits taxed on federal return14	123456789)		
15	First \$6,735 of military reserve or Hawaii national				
15	guard duty pay	123456789)		
	guard duty pay				
10	December to an individual because account	123456789)		
16	Payments to an individual housing account	123130703			
17	Exceptional trees deduction (attach affidavit)	123456789)		
	(see page 15 of the Instructions)	123430703	,		
18	Other Hawaii subtractions from federal AGI	123456789	`		
	(see page 15 of the Instructions)	1/3470/83	1		
	(ess page 15 of the mentality)	123130703	•		
19	Add lines 13 through 18	-		F 6 7 0 0	
19		-		56789	
	Add lines 13 through 18	I AGI 19 ¹	.234	56789 X	123456789
20	Add lines 13 through 18	I AGI 19 ¹	.234 - 20	x	
20 AUT	Add lines 13 through 18	I AGI 19Hawaii AGI)	.234 ▶ 20 n page	X 17, and pi	
20 AUT	Add lines 13 through 18 Total Hawaii subtractions from federa Line 12 minus line 19 ON: If you can be claimed as a dependent on another person's retur If you do not itemize your deductions, go to line 23 below. Otherwise	I AGI 19Hawaii AGI)	.234 ▶ 20 n page	X 17, and pi	
20 4 <i>UT</i> 21	Add lines 13 through 18	I AGI 19Hawaii AGI)	.234 ▶ 20 n page	X 17, and pi	
20 A <i>UT</i> 21	Add lines 13 through 18	I AGI 19 Hawaii AGI) rn, see the Instructions or go to page 17 of the Inst	.234 ▶ 20 • page ruction	X 17, and pi	
20 4 <i>UT</i> 21	Add lines 13 through 18	I AGI 19Hawaii AGI)	.234 ▶ 20 • page ruction	X 17, and pi	ace an X here. X
20 A <i>UT</i> 21	Add lines 13 through 18	HAGI 19 The see the Instructions or go to page 17 of the Instructions of the Instruction of the Instructions of the Instructions of the Instruction of the Instructio	234 ▶ 20 <i>n page</i> ruction	X 17, and pi	
20 A <i>UT</i> 21	Add lines 13 through 18	I AGI 19 Hawaii AGI) rn, see the Instructions or go to page 17 of the Inst	234 ▶ 20 <i>n page</i> ruction	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS
20 A <i>UT</i> 21 1a	Add lines 13 through 18	I AGI 19 The Hawaii AGI)	234 20 n page ruction	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f.
20 A <i>UT</i> 21 1a	Add lines 13 through 18	HAGI 19 The see the Instructions or go to page 17 of the Instructions of the Instruction of the Instructions of the Instructions of the Instruction of the Instructio	234 20 n page ruction	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros
20 A <i>UT</i> 21 1a	Add lines 13 through 18	1 AGI 19 Tawaii AGI) In, see the Instructions or go to page 17 of the Instructions of 123456789 123456789	234 ▶ 20 n page ruction	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be
20 A <i>UT</i> 21 1a 1b	Add lines 13 through 18	I AGI 19 The Hawaii AGI)	234 ▶ 20 n page ruction	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your
20 A <i>UT</i> 21 1a 1b	Add lines 13 through 18	1 AGI 19 19 19 19 19 19 19 19 19 19 19 19 19	234 ► 20 n page ruction)	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Entitle
20 NUT 21 1a 1b	Add lines 13 through 18	1 AGI 19 Tawaii AGI) In, see the Instructions or go to page 17 of the Instructions of 123456789 123456789	234 ► 20 n page ruction)	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Entitle
20 A <i>UT</i> 21 1a	Add lines 13 through 18	1 AGI 19 19 19 19 19 19 19 19 19 19 19 19 19	234 ► 20 n page ruction)	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See th Instructions on page 22. En
20 A <i>UT</i> 21 1a 1b 1c	Add lines 13 through 18	1 AGI 19 19 19 19 19 19 19 19 19 19 19 19 19	234 ≥ 20 n page ruction)	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Entitle
20 A <i>UT</i> 21 1a 1b 1c 1d	Add lines 13 through 18	1 AGI 19 Tage I	234 ≥ 20 n page ruction)	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Ent total here and go to line 24.
20 AUT 21 1a 1b 1c 1d	Add lines 13 through 18	1 AGI 19 Tawaii AGI) In, see the Instructions or go to page 17 of the Instructions of 123456789 123456789 123456789 123456789 123456789	234 20 1 page ruction 3	X 17, and pi	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gros income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Entotal here and go to line 24.

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

25	Multiply \$1,144 by the total number of exemptions claimed on line 6e.	(XX)	XXXX	XXXXXXXX		
	If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),					
	and see page 22 of the Instructions.	100456700				
	X Yourself X Spouse	25		123456789		
26	Taxable Income. Line 24 minus line 25 (but not less than zero)Taxable Income ➤	26		123456789		
27	Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax			120100700		
	Worksheet on page 39 of the Instructions.					
	(X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338,					
	N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	27		123456789		
27a						
	the net capital gain from line 14 of that worksheet 27a 123456789					
28	Refundable Food/Excise Tax Credit					
20	(attach Form N-311) DHS, etc. exemptions 12 28 123456789					
29	Credit for Low-Income Household					
	Renters (attach Schedule X)					
30	Credit for Child and Dependent					
	Care Expenses (attach Schedule X)					
31	Credit for Child Passenger Restraint					
	System(s) (attach a copy of the invoice)					
32	Total refundable tax credits from					
	Schedule CR (attach Schedule CR)					
33	Add lines 28 through 32	33		123456789		
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions	34	x	123456789		
35	Total nonrefundable tax credits (attach Schedule CR)	35		123456789		
36	Line 34 minus line 35	36	X	123456789		
37	Hawaii State Income tax withheld (attach W-2s)					
	(see page 28 of the Instructions for other attachments)					
	400456500					
38	2019 estimated tax payments					
	Amount of estimated tax applied from 2018 return 39 123456789					
39	Amount of estimated tax applied from 2018 return 39					
40	Amount paid with extension					
				102456700		
41	Add lines 37 through 40	41		123456789		
42	If line 41 is larger than line 36, enter the amount ${f OVERPAID}$ (line 41 minus line 36) (see Instructions)	42		123456789		
43	Contributions to (see page 29 of the Instructions):					
	43a Hawaii Schools Repairs and Maintenance Fund					
	43b Hawaii Public Libraries Fund					
44	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	44		12		
44	Add the amounts of the Xs on lines 43a through 43c and enter the total here	44		± 2		
1	45 Line 42 minus line 44	45		123456789		
l						

Place QR Code Here

NAME (S) AS SHOWN ON RETURXXXX

				X	XXXXXXX	XXXX	.XXXX	XXXXXX	(XXXX)	XXX	
46		Amount of line 45 to be applied to your 2020 ESTIMATED TAX			123456789						
47a			TO YOU (line 45 minu								
+1 a			18				47a		1234	156789	
	13										
	X Plac	ce an X in this bo	ox if this refund will ultim	nately be deposited to a	a foreign (non-L	J.S.) ba	nk. Do r	not complete	e lines 47b	, 47c, or 47d.	
47b	Routing n	umber	123456789	47c Type: X	Checking	X	Saving	s			
47d	Account r	number	1234567	8901234567							
48	AMOUNT	YOU OWE (line	36 minus line 41)				48		1234	156789	
49			mit payment online at h						100	456500	
	_		Hawaii State Tax Collect	tor."			49		1234	156789	
50		d tax penalty. (aa an V in							
		•	de on line 42 or 48. Pla attached \succ X		12345	6789)				
	tillo box ii	10111111210101									
51	AMENDED	RETURN ONLY -	Amount paid (overpaid) on o	original return. (See Instructi	ons) (attach Sch. A	AMD)	51	X	1234	156789	
								37	100	156500	
52	AMENDED	RETURN ONLY –	Balance due (refund) with ar	mended return. (See Instruc	tions) (attach Sch.	AMD)	52	Х	1234	156789	
53	Did you file	e a federal Sche	dule C? X Yes	X No	If yes, enter Ha	waii gr	oss rece	eipts	1234	156789	
			SCHEDULE C		, ,	. 3					
	your main	business produc	t:SCHEDULE C	PROD VAND your HI	Tax I.D. No. for	this act	ivity G	123	3-123	-1234-12	
									100	456500	
54	•	e a federal Sche			enter Hawaii g	ross rer	nts recei	ved	1234	156789	
	for any ren	ital activity?	X Yes	X No	Tax I.D. No. for	thic act	ivity G F	= 123	3-123	-1234-12)
				AND your I'll	1ax 1.D. 110. 101	uns aci	IVILY CAL		7 123	1201 12	
55	Did you file	e a federal Sche	dule F? X Yes	X No	If yes, enter Ha	waii gro	oss rece	eipts	1234	156789	
	your main	business activity	SCHEDULE F	<u>BU</u> SIN							
	your main	business produc	t: <u>SCHEDULE F</u>	PROD VAND your HI	Tax I.D. No. for	this act	ivity G	123	3-123	-1234-12	ı
			rson to discuss this retu the Instructions.	urn with the Hawaii Dep	partment of Tax	ation, c	omplete	the followin	g. This is r	not a full power	of
		. •	ESIGNEE'S NA	MEXXXX Phone r	10. (123) 45	56-789) ₁ Iden	tification nu	mber >1	L2-34567	89
	All ELECT	TION	Do you want \$3 to go t				X	Yes 2		Note: Placing an X th	he "Yes"
	IPAIGN FU age 32 of the I		If joint return, does you				X	Yes 3	∑ No	box wiil not increase tax or reduce your re	
	DECLARAT of my knowl	TION — I declare, und ledge and belief, is a t	ler the penalties set forth in sec true, correct, and complete retu	ction 231-36, HRS, that this ret	urn (including accom taxable vear stated.	npanying s	schedules of	or statements) h aii Income Tax L	as been exan	nined by me and, to t 235. HRS.	the best
		ignature	, , , , , , , , , , , , , , , , , , , ,	Date				jointly, BOTH mu		Date	
	>			12/12/12	>				-	12/12/12	<u>)</u>
	Your C	Occupation		Daytime Phone Number	er Your Spo	ouse's Oc	ccupation			Daytime Phone Nu	
	TAXP	AYER OCC	UPATIONXX (1	23)123-4567	SPOUS	E OC	CUPA	XXIONX	(123	3)123-45	67
		Preparer's Signature			Date	,	Che	eck if		er's identification nu	umber
		Signature			12/	12/1	.2 self	-employed	123	3456789	
	Paid Preparer's	Print Preparer's Name	ם סס דאות ססם	EPARER'S NAM	E HEDEV	YYYY	· X Fee	deral E.I. No.	12-	1234567	
	Information	Firm's name (or y		JAME OR PREF					12 .	1231301	
		if self-employed), Address, and ZIF	V DDB E.C.C	S AND ZIP CC			II Ph	one No.	(123)	123-4567	,
		raduress, and ZIF	0000								