



Individual Income Tax Return
RESIDENT
Calendar Year 2019
OR

Place
QR Code
Here

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

- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**
- First Time Filer**

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

• ATTACH COPY 2 OF FORM W-2 HERE •

◆ IMPORTANT — Complete this Section ◆

Your First Name TAXPAYER'S FIRST	M.I. MI	Your Last Name LAST NAMEXXXXXXXX	Suffix JR
Spouse's First Name SPOUSE'S FIRSTXX	M.I. MI	Spouse's Last Name SPOUSE'S LASTXX	Suffix JR
Care Of (See Instructions, page 7.) C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXXX			
Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX			
City, town or post office CITY, TOWN, POSTOFFICE	State XX	Postal/ZIP code ZIP CODE	
If Foreign address, enter Province and/or State FOREIGN PROVINCEXXXXXXXXXX		Country COUNTRYXXXXXX	

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

Your Social Security Number 123 - 12 - 1234

Deceased Date of Death 12 - 12 - 12

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

Spouse's Social Security Number 123 - 12 - 1234

Deceased Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- | | |
|---|--|
| 1 <input checked="" type="checkbox"/> Single | 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.
▶ <u>QUALIFYING PERSONXXXX</u> |
| 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income). | 5 <input checked="" type="checkbox"/> Qualifying widow(er) (see page 9 of the Instructions) |
| 3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. <u>MFS SPOUSE'S NAMEXXXXXXXX</u> | 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.

6a <input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Age 65 or over.....	} Enter the number of Xs on 6a and 6b ▶ 1
6b <input checked="" type="checkbox"/> Spouse.....	<input checked="" type="checkbox"/> Age 65 or over.....	

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

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c ▶
and 6d	FIRST DEPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP	▶ 12
	SECOND DEPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP	
	THIRD DEPENDENT NAMEXXXX	123-45-6789	RELATIONSHIP	
	FOURTH DEPENDENT NAME	123-45-6789	RELATIONSHIP	

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 CHECK OR MONEY ORDER HERE •

Place QR Code Here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return NAME(S) AS SHOWN ON RETURN XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

Table with 4 columns: Line number, Description, Amount, and Input field. Includes lines 7 through 20 for federal adjusted gross income, deductions, and Hawaii AGI.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and place an X here. X

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.

Table for itemized deductions (lines 21a-21f) with columns for description, amount, and input field.

TOTAL ITEMIZED DEDUCTIONS box containing instructions for line 22 and a field for the total amount.

Table for standard deduction (line 23) and final Hawaii AGI calculation (line 24).

