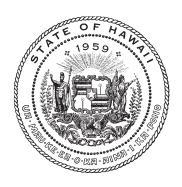
STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-11 (Rev. 2019)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577 Fax: (808) 587-1584

E-mail: Tax.Technical.Section@hawaii.gov

Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation Attn: Document Processing — Quality Assurance Test Team 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

FORM N-11 (Rev. 2019)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-11. Form N-11 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-11 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

We support the processing of 2D barcodes produced on Form N-11. If you will produce 2D barcodes for Form N-11, you must also refer to the separate scannable specifications for Schedule CR.

Substitute scannable forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Form N-11 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Fonts

- The form was designed using the following font:
 - 1. Helvetica
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:

1. Form: 8 pt Helvetica bold

2. N-11: 18 pt Helvetica bold

3. Rev. 2019: 8 pt Helvetica

- The following font and size should be used for the form number located at the bottom right corner of the form:
 - 1. Form N-11 (Rev. 2019): 10 pt Helvetica bold

4. Variable Data

- All variable data fields must utilize 12 pt Courier font. Exception: On page 4 in the designee section, the "Phone no." variable data field is 8 pt Courier.
- All variable data fields require exact placement. On page 1 line 6d, the last line for the fourth dependent name begins at the beginning of column 13 and should rest at the top of row 61 to avoid encroaching in the bottom left registration mark area.
- Print all alpha characters uppercase.
- Use a bold X (X) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. For Office Use Only Area

- · Use horizontal lines.
- Boxes should not be printed.

6. Variable Data Delimiters

 Fiscal year beginning and ending dates and the Date of Death must be printed with spaces between the dash (-) delimiters. For example:

MM - DD - YY

(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the day, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the fiscal beginning and ending tax year and date of death tax year)

 Taxpayer's Social Security Number and/or spouse's social security number must be printed with spaces between the dash (-) delimiters. For example:

123 - 45 - 6789

(3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)

 The first four letters of the taxpayer's name field must be printed in uppercase letters.

Page 3

• Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

123 - 456 - 7890 - 01

(3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

7. Dollar Amounts

123456789

- Do not use commas as thousand separators.
- · Do not use leading dollar signs.
- · Amounts are right justified.
- Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.

8. Negative Amounts

• Show negative amounts with a bold X (X) where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

9. Testing and Approval of the Scannable Form

- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form N-11 (Rev. 2019) cannot be filed until 2020.

SCANNABLE SPECIFICATIONS

1. Layout

• The form was designed on a 6x10 grid. See exhibits.

There are a few areas of the form that do not require optical character recognition, and therefore do not meet the 6x10 design:

- 1 Page 4, Designee and Paid Preparer Information
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following position:
 - 1. Pages 1 through 4: The 2-digit Hawaii Vendor I.D. Number should begin at column 26, row 64.

3. Registration Marks

- Registration marks are required on every page. The scanning equipment looks for "L's", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of 0.5 inch long and 0.0278 inch thick.
- There are two registration marks on each page.
 - 1. Page 1: The top right registration mark should extend from the beginning of column 76 to the

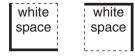
end of column 80 and should rest at the top of row 4.



- 2. Pages 2 through 4: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6.
- The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four pages.



- The tolerance is 1 mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the registration mark.



4. QR Code

 A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.

- Placement of the QR code is as follows (see exhibit for exact placement):
 - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.
 - 2. Pages 2 through 4: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
- · Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- · Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is: N11 T 2019A 01 VIDXX

The required QR code for page 2 is: N11_T 2019A 02 VIDXX

The required QR code for page 3 is: N11_T 2019A 03 VIDXX

The required QR code for page 4 is: N11 T 2019A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2019), 1-letter revision indicator (A), space, 2-digit page number (01), (02), (03), or (04), space, vendor I.D. label (VID), and your 2-digit Hawaii Vendor I.D. Number (XX). There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of pages 1 through 4 at column 6, row 64, utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. 2D Barcode

The Department supports the processing of 2D barcodes produced on Form N-11. The following defines the technical specifications for producing 2D barcodes for Form N-11. If a 2D barcode cannot be produced, then the reserved space on page 1 of the form should remain blank.

- The 2D encode type is Standard PDF417.
- The dots per inch (DPI) is 300.

- · The Error Correction Level is 4.
- The Y/X element ratio is 3.
- The size of the barcode will vary according to the amount of information contained in the barcode. The size of the barcode can not be greater than 3.7" Wide x 1.83" High.
- The X dimension width is a minimum of 11.0 Mils. Adjust the X dimension width to the largest value that can be used while still fitting within maximum barcode size.
- The number of Data Columns and Data Rows will be variable. While adjusting the number of Data Columns and Data Rows, it is preferable to maintain an overall aspect ratio of the barcode's width to its height of approximately 2 to 1 (this will provide the highest read rates), but any aspect ratio that fits within the allocated space is acceptable.
- DO NOT stretch the barcode image.
- The barcode placement must be within the boundary box in the area labeled "This Space Reserved". The preferred position is for the barcode to be centered both horizontally and vertically within that space, but any placement of the barcode that is within the allocated space is acceptable. NOTE: When printing the 2D barcode in the allocated space, do not print the boundary box.
- Use Text compaction mode whenever the data included in the barcode allows. This is the preferred mode since it will result in a smaller barcode size as compared to Binary compaction, but either compaction mode is acceptable.
- A problem with 2D barcode processing on tax returns can occur when a user of vendor software prints their return, then makes a change to the return data and reprints only that page (without reprinting the first page which contains the 2D barcode). We recommend that vendors update their help documentation to remind users to reprint page 1 of their return if they make any changes to any return data.
- The layout for the data encoded in the 2D barcode is defined in Appendix A, "2D Barcode Layout -N-11/Schedule CR". Please carefully read the "Field Business Rules" for each field. In most cases the data that is printed on the form is exactly what is expected in the 2D barcode field, but there are a few exceptions. For example, for the social security field the expected printed format on the form includes spaces and dashes (123 - 45 - 6789); in the 2D barcode the spaces and dashes are removed (123456789). For the zip code/postal code field, the expected printed format of a nine digit zip code would include a dash (96813-1234), but in the barcode the dash is removed (968131234). The values that have changed from the posted draft of this layout are marked by revision marks.

6. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form N-11. If you did not receive the acetate overlays, please contact the Forms Coordinator.

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311

Set zero values for zero
Use a carriage return for the field delimiter.

Data Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.

Dec. (a)	B I	F 1				Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.					
Field #	Page #	Form Line #	Description		Data	Field Business Rules	Changes				
1	#		Header Version Number	Length 2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	Changes				
_			riedder version rydniber			Hawaii Department of Tax assigned software vendor ID. This value is printed in the					
2	ALL		Software Developer Code	4	AN	reserved space on each page of the return.					
3			Form Number	6		"N11"					
4	1	-	Form Year	4	N	The tax year for which the return is being filed. "2019" for example.	Date updated				
_			OD Occalification Management	2	N	"0". Indicates the version of the 2D specification for the form that is being used. This number					
5	-		2D Specification Version	2	N	will increment for each change to the specification. A software vendor defined version number that reflects the software and form revision used					
6			Software Version	15	AN	to produce this barcode.					
			Contware version	10	7114	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not					
7	1		Fiscal Year Begin Month	2	N	include slashes "/" in this field.					
			·			Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not					
8	1		Fiscal Year Begin Day	2	N	include slashes "/" in this field.					
				_		Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not					
9	1		Fiscal Year Begin Year	2	N	include slashes "/" in this field.					
10	1		Fiscal Year End Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.					
10			FISCAL FEAL ETIC MOTILIT		IN	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not					
11	1		Fiscal Year End Day	2	N	include slashes "/" in this field.					
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not					
12	1		Fiscal Year End Year	2	N	include slashes "/" in this field.					
13	1		Amended Return Checkbox	1		"X" or null.					
14	1	-	NOL Carryback Checkbox	1		"X" or null.					
15	1	-	IRS Adjustment Checkbox	1	С	"X" or null.					
16	1		Drimany First Nama	25	Α	The total width of this name (First MI Last) is 40, truncate the first name and last name as needed to fit within this overall form space. Field should be all CAPITAL LETTERS.					
17	1	_	Primary First Name Primary Middle Initial	25 1	A	Field should be all CAPITAL LETTERS.					
17	_		Filliary Middle Illitial	_ '	А	Field Stiddle De all CAFITAL LETTERS.					
18	1		Primary Last Name	35	Α	Field should be all CAPITAL LETTERS.					
19	1		Primary Suffix	2		Field should be all CAPITAL LETTERS.					
			.,			Required entry if married filing joint, otherwise null. The total width of this name (First MI					
						Last) is 40, truncate the first name and last name as needed to fit within this overall form					
20	1		Spouse First Name	25	Α	space. Field should be all CAPITAL LETTERS.					
l											
21	1		Spouse Middle Initial	1	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.					
22	4		Spouse Last Name	35	Α	Required entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.					
23	1		Spouse Suffix	2	A	Field should be all CAPITAL LETTERS.					
24	1	-	First 4 Characters of Primary Last Name	4	A	Tiold directle be dill of a Title EET TENC.					
25	1		Primary SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.					
26	1	-	Primary Deceased Checkbox	1	С	"X" or null					
27	1		Primary Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.					
28	1		Primary Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.					
29	1		Primary Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.					
20	1		First 4 Characters of Canada Last Name	4		Required entry if married filing joint or married filing separate, otherwise null. Field should					
30	1	-	First 4 Characters of Spouse Last Name	4	Α	be all Capital Letters. Required entry if married filing joint or married filing separate, otherwise null. Do not include					
31	1		Spouse SSN	9	N	hyphens, spaces or other delimiters in this field.					
32	1	_	Spouse Deceased Checkbox	1	C	"X" or null					
33	1		Spouse Deceased Onesidox Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.					
34	1		Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.					
35	1	-	Spouse Deceased Date of Death - Year	2	N	Do not include slashes "/" and dashed "-" in this field.					
36	1	-	Care Of	40	AN						
37	1		Street Address	40	AN	Field should be all CAPITAL LETTERS.					
Ħ						101 to 100 to 10					
38	1		City	21	Α	Field should be all CAPITAL LETTERS.					
						If a U.S. address, enter the U.S. Postal Service standard two character abbreviation code for					
						the state. If a foreign address, leave null. Field should be all CAPITAL LETTERS. The valid					
-00	_,		H O Objects October			U.S. state codes are published by the USPS at:					
39	1		U.S. State Code	2	Α	http://www.usps.com/ncsc/lookups/usps_abbreviations.html					
40	1		ZIP (Postal) Code	10	AN	Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.					
40	-	-	Zii (i Usidi) CUUE	10	MIN	Only populate if a foreign address. If the country does not use State or Province names then					
41	1		Foreign State or Province	25	Α	this field should be NULL. Field should be all CAPITAL LETTERS.					
42	1		Country	13	A	Only populate if a foreign address. Field should be all CAPITAL LETTERS.					
	-	-									

Page 1 of 4

		Form		Max	Data		
#	#	Line #	Description	Length	Type	Field Business Rules "X" or null. One of the filing status checkboxes must be marked. There should be only one	Changes
43	1	1	Filing Status Checkbox: Single	1	С	filing status checkbox marked.	
44	1	2	Filing Status Checkbox: Married filing joint	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
45	1	3	Filing Status Checkbox: Married filing separate	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
46	1	4	Filing Status Checkbox: Head of Household	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
47	1	5	Filing Status Checkbox: Qualifying Widower	1	С	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
48	1	4a	HOH Qualifying Person. This field appears below line 4.	21	A	Null if no value	
49	1		QW Year Spouse Died	4	N	Null if no value	
50	1	6a(i)	Primary Regular Exemption	1	С	"X" or null	
51	1	6a(ii)	Primary Over 65 Exemption	1	С	"X" or null	
52	1		Spouse Regular Exemption	1	С	"X" or null	
53	1	6b(ii)	Spouse Over 65 Exemption Number of Primary and Spouse Exemptions. This is the field	1	С	"X" or null	
54	1	6a/b	that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	
55	1		Exemptions for Dependent Children	2		0 if no value	
56	1	6d	Exemptions for Other Dependents	2	N	0 if no value	
57	1		Total Exemptions Claimed	2		0 if no value	
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	
- 50		<u> </u>	- Sasiai / Injusted Gross moome - negative maleator checkbox			For all numeric fields, use whole numbers (no decimals) unless otherwise specified in	
						the field business rule. For all numeric fields, do not include commas.	
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
59	2	7	Federal Adjusted Gross Income	9	N	negative sign in this field.	
60	2		Difference in state/federal wages Interest on out of state bonds	9		0 if no value 0 if no value	
62	2		Other HI Additions	9	N	0 if no value	
63	2	11	Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	
64	2	12	Total Income - negative indicator checkbox	1	С	"X" or null	
65	2	12	Total Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
66	2		Pensions Taxed Federally	9	N	0 if no value	
67	2	14	Social Security Benefits	9	N	0 if no value	
68	2	15	National Guard Duty Pay	9	N	0 if no value	
69 70	2		Individual Housing Acct	9	N	0 if no value	
71	2	17 18	Exceptional Tree Other Hawaii Subtractions	9	N N	0 if no value 0 if no value	
72	2		Total Subtractions	9	N	0 if no value	
73	2		HI Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
74	2	20	HI Adjusted Gross Income	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
75	2		Dependent Indicator.	1		"X" or null	
76	2		Medical and Dental	9		0 if no value	
77	2		Taxes	9		0 if no value	
78 79	2	21c 21d	Interest Expense Contributions	9	N N	0 if no value 0 if no value	
80	2	21e	Casualty and Theft Losses	9	N	0 if no value	
81	2		Miscellaneous deductions	9	N	0 if no value	
82	2	22	Total Itemized Deductions	9	Ν	0 if no value	
83	2	23	Standard Deduction	9	N	0 if no value	
84	2	24	Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox	1	С	"X" or null	
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
85	2	24	Subtotal (Line 20 – Line 22 or 23)	9	N	negative sign in this field.	
86	3	25	Total Exemptions	9	N	0 if no value	
87	3	25a	Primary Disability Indicator. This field appears below line 25.	1	С	"X" or null	
88	3	25b	Spouse Disability Indicator. This field appears below line 25.	1	C	"X" or null	
89	3		Taxable Income	9	N	0 if no value	
90	3		Indicator if tax from other forms (N-2, N-103, etc.) is included	1	С	"X" or null	
91 92	3		Tax Liability Net Capital Gain	9		0 if no value	
93	3	27a 28	Refundable Food/Excise Tax Credit	9	N	0 if no value 0 if no value	
94	3	28a	Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	
95	3		Low-Income Household Renters Credit	9		0 if no value	
96	3	30	Child and Dependent Care Expenses	9	N	0 if no value	
97	3	31	Child Passenger Restraint Credit	9		0 if no value	
98	3		Total Refundable Credits - Sch CR	9	N	0 if no value	
99	3	33	Total Refundable Credits	9	N		
100	3	34 34	Tax Less Refundable Credits - negative indicator	1 9	C	"X" or null	
101 102	3	35	Tax Less Refundable Credits Total Nonrefundable Credits - Sch CR	9	N N		
103	3		Tax Less Nonrefundable Credits - negative indicator	1	C	"X" or null	

Field				Max			
# 104	#	Line #	Description Tax Less Nonrefundable Credits	Length		Field Business Rules	Changes
104	3	37	Tax Less Norreturidable Credits Withholding	9	N N		
106	3		Estimated tax payments	9	N		
107	3	39	Estimated tax from previous tax year	9	N		
108	3		Extension Payment	9	N		
109		41	Total Payments	9	N		
110	3		Amount Overpaid	9	N	To any control of the	
111	3		Primary School Repairs and Maintenance Donation	1	С	"X" or null	
112 113	3	43a(II)	Spouse School Repairs and Maintenance Donation Primary Public Libraries Donation	1	С	"X" or null "X" or null	
114	3		Spouse Public Libraries Donation	1		"X" or null	
115	3		Primary Domestic Violence Donation	1		"X" or null	
116	3	43c(ii)	Spouse Domestic Violence Donation	1		"X" or null	
117	3	44	Total Donations	2	N		
118	3		Overpaid minus donations	9	N		
119			Estimated Tax apply to the following tax year	9	N		
120	4		Refunded to you	9	N		
121	4		Refund will be deposited to a foreign bank, checkbox	1	С	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	
122 123	4		Routing Number	9	C	Do not zero fill. Do not use hyphens, spaces or special symbols.	
123	4		Account Type Checking Account Type Savings	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both. "X" or null. Either the checking or savings checkbox may be checked, but not both.	
125	4		Account Number	17		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
126	4	48	Amount you owe	9	N	22 20 not 600 hypnone, opacco or special symbols. Hall it no value	
127	4		Payment Amount	9	N		
128	4	50(i)	Form N210 attached checkbox	1	С	"X" or null	
129	4	50	Estimated Tax Penalty	9	N		
130	4	53(i)	Federal Schedule C - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
131	4	53(ii)	Federal Schedule C - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts	9	N		
						Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
133	4	F2()	Federal Schedule C TSM Hawaii Tax ID	12	N	this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
133	4		Federal Schedule C TSM Hawaii Tax ID Federal Schedule E - YES checkbox	12		include hyphens, spaces or other delimiters in this field. "X" or null. Check the YES or NO checkbox, but not both.	
135	4	54(1)	Federal Schedule E - YES Checkbox	1	C	"X" or null. Check the YES of NO checkbox, but not both.	
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents	9	N	A Of Hull. Check the 123 of NO checkbox, but not both.	
100		04(III)	Todardi Garicadio E Flawaii Gross Nerits	,	- ' '	Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
						this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID	12	N	include hyphens, spaces or other delimiters in this field.	
138	4	55(i)	Federal Schedule F - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
139	4	55(ii)	Federal Schedule F - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts	9	N		
						Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
			5			this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
141	4		Federal Schedule F TSM Hawaii Tax ID	12 9	N	include hyphens, spaces or other delimiters in this field.	
142 143	4		Preparer Identification Number Primary HI Election Campaign - YES checkbox	1	AIN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value "X" or null. Check the YES or NO checkbox, but not both.	
144	4		Primary HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
145	4		Spouse HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
146	4		Spouse HI Election Campaign - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	
147	CR1	1	Tax Paid to another state	9	N		
148	CR1	2	Carryover of Energy Conservation Tax Credit	9	N		
149	CR1	3	Enterprise Zone Tax Credit	9	N		
150	CR1	4	Tax Credit for Low Income Housing	9	N		
			Employment Vocational Rehab Referral Credit	9	N		
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit	9	N		
152	CR1	7	Carryover of Individual Development Account Contribution Tax Credit	9	N		
153 154	CR1	•	Carryover of Tech Infrastructure Renovation Tax Credit	9	N		
154	CR1	9	School Repair and Maintenance Credit	9	N		
100	OICI	ð	Carryover of the Hotel Construction and Remodeling Tax	J	IN		
156	CR1	10	Credit	9	N		
	31.11			Ŭ			
157	CR1	11	Carryover of Residential Construction and Remodel Tax Credit	9	N		
158	CR1	12	Carryover of the Renew Energy Tech Income Tax Credit	9	N		
159	CR1	13a(1)	Solar Checkbox	1	С	"X" or null	
160	CR1	13a(2)	Wind Checkbox	1	С	"X" or null	<u> </u>
I T			Total amount of Renew Energy Tech Income Tax Credit-July		l –		
161	CR1		2009	9	N		Description Change
162	CR1		RETITC carryforward from previous years	9	N		
163	CR1	14	Capital Infrastructure Tax Credit	9	N		
164	CR1	15	Cesspool Upgrade, Conversion or Connection Income Tax Credit	9	N		
			Renewable Fuels Production Tax Credit	9	N		
	CR1		Organic Foods Production Tax Credit	9	N		
167	CR1		Earned Income Tax Credit	9	N		
168	CR1	19	Healthcare Preceptor Income Tax Credit	9	N		New Field,
169	CR1	20	Total Nonrefundable Credits	9	N		Renumbered, New Line number
170			Capital Goods Excise Tax Credit	9	N		Renumbered, New Line number

Field P	ans	Form		Max	Data		
		Line #	Description	Length		Field Business Rules	Changes
	CR2		Fuel Tax Credit	9	N	Field Busiliess Rules	Renumbered. New Line number
	CR2		Motion Picture and Film Tax Credit	9	N	Dr. All	Renumbered, New Line number
	CR2		Solar Checkbox	1		"X" or null	Renumbered, New Line number
			Wind Checkbox	1		"X" or null	Renumbered, New Line number
	CR2		Renew Energy Tech Income Tax Credit-July 2009	9	Ν		Renumbered, New Line number
	CR2		Important Agricultural Land Tax Credit	9	N		Renumbered, New Line number
177 C	CR2		Tax Credit for Research Activities	9	Ζ		Renumbered, New Line number
			Other refundable credits-pro rata share of taxes paid on sale				
178 C	CR2	27a	of real property	9	N		Renumbered, New Line number
			Other refundable credits-credit from regulated investment				
179	CR2		company	9	N		Renumbered, New Line number
	CR2		Other Refundable Credits Total	9	N		Renumbered, New Line number
	CR2		Total Refundable Credits	9	N		Renumbered, New Line number
	1311		Refundable Food/Excise Tax Credit	4	N		Renumbered
		Part I	Trordinador Toda Exolog Tax Gradit				renambered
183	X1		Low-Income Household Renters Credit	4	N		Renumbered
184	V4	L12	Meets Married Persons Filing Separately Requirements	4	- 14	WAITING FOR MANYEE TO DISCUSS CAPTURE OF THIS LINE	New Field
104	ΛI		weets married Persons Filing Separately Requirements		U	WAITING FOR MANTEE TO DISCUSS CAPTURE OF THIS LINE	New Field
		Part II					
	X2		Credit for Child and Dependent Care Expenses	4	N		Renumbered
186			End of Record Trailer	5	Α	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	Renumbered
			This is to balance the field #. Sometimes when lines are				
			added deleted the filed # is not updated correctly. Delete				
186 1	191	-5	this row before making the PDF				
Return	Fie	lds tha	at are NOT Included in the 2D Barcode				
	1		First Time Filer Checkbox				
	1		Address or Name Change Checkbox				
-	_		ITIN Applied For. This will be hand written in the space below				
	1		the area reserved for the barcode.				
	•						
	1	3a	MFS Spouse Name. This field appears below line 3.				
			Spouse meets qualifications Checkbox. This is the checkbox				
	1		below line 6b.				
			Table of dependent names, social security numbers, and				
	1	6d	relationship				
			Tax source checkbox group (Tax Table, Tax Rate Schedule,				
	2	27	Form N-168, Form N-615, Cap. Gains Worksheet)				
			Amended Return: Amount Paid (Overpaid) on Original Return-				
	4	51	negative indicator checkbox				
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return				
			Amended Return: Balance Due (Refund) on Amended Return-				
	4	52	negative indicator checkbox				
	7	02	nogative material effection				
	4	52	Amended Return: Balance Due (Refund) on Amended Return				
			Schedule C business activity/product				
	4		Schedule C business activity/product Schedule F business activity/product				
	4						
	4		Designee Name				
	4		Designee Phone Number				
	4		Designee Identification Number				
	4		Signature Date				
	4		Occupation				
	4		Daytime Phone Number				
	4		Spouse Signature Date				
	4		Spouse Occupation				
	4		Spouse's Daytime Phone Number				
	4		Preparer Signature Date				
	4		Preparer Self Employed Checkbox				
	4		Preparer Name				
	4		Preparer Firm Name and Address				
	4		Preparer Phone Number				
	4		riepaiei riione Numbei			L	

^{*******} End of Barcode Layout Spec- Remainder is for DOTAX Internal Use Only) **********

Appendix A: 2D Barcode Layout - N-11 / Sch CR / Sch X / N-311

Set zero values for zero

Use a carriage return for the field delimiter.

Appendix B: 2D Testing Cases - N-11 / Sch CR / Sch X / N-311

Please provide data for each field indicated in the Vendor Test.

For Software Developers that do not support the N-311 and Sch X please disregard the request for the test data. *Test 6 - Max Length and Mapping. Please submit data as indicated for the field

Field	Page	Form	l l	and Mapping. Fiedde dabin					
#	#	Line # Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
1		Header Version Number	T1	T1	T1	T1	T1	T1	
2	ALL	Software Developer Code	99	99	99	99	99	1234	
3		Form Number	N11	N11	N11	N11	N11	N11	
4	1	Form Year	2019	2019	2019	2019	2019	2019	
_		T Offit Toda	2010	2010	2010	2010	2010	2010	
5		2D Specification Version	0	0	0	0	0	12	
6		Software Version	0	0	0	0	0	123456789012345	15 0
7	1	Fiscal Year Begin Month	03					6	1 1
8	1	Fiscal Year Begin Day	01					1	1 1
9	1	Fiscal Year Begin Year	19					18	2 0
10	1	Fiscal Year End Month	2					12	2 0
11	1	Fiscal Year End Day	28					31	2 0
12	1	Fiscal Year End Year	20					18	2 0
13	1	Amended Return Checkbox			X		Х	X	1 0
14	1	NOL Carryback Checkbox			X			X	1 0
15	1	IRS Adjustment Checkbox					X	X	1 0
								MAXLENGTHPRIMAR	
16	1	Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	YFIRSTNAME	25 0
17	1	Primary Middle Initial	A				D	М	1 0
								MAXIMUMLENGTHPF MARYLASTNAMEAA	
18	1	Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	AAAA	35 0
19	1	Primary Suffix	JR					JRRRRRRRR	10 -8
		,							
20	1	Spouse First Name		TESTTWOSPF	TESTTHRESPF			MAXILENGTHSPOUS EFIRSTNAME	25 0
21	1	Spouse Middle Initial		С				М	1 0
								MAXIMUMLENGTHSF OUSELASTNAMEAA	
22	1	Spouse Last Name		TESTTWOSPL	SPMFSLAST			BBBCC	35 0
23	1	Spouse Suffix		SR				SRRRRRRRR	10 -8
24	1	First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL	4 0
25	1	Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789	9 0
26	1	Primary Deceased Checkbox				X		X	1 0
27	1	Primary Deceased Date of Death - Month				06		11	2 0

Field	Dago	Form			1	1			7
#	#	Line # Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
28	1	Primary Deceased Date of Death - Day	163(1	163(2	Test 5	21	16313	12	2 0
29	-	Primary Deceased Date of Death - Year				19		19	2 0
20		I filliary Beseased Bate of Beath Teal				10		13	2 0
30	1	First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4 0
- 00		That 4 characters of operace East Name		1201	Of IVII			IVI OCI	<u> </u>
31	1	Spouse SSN		576557442	576661124			223456789	9 0
32	1	Spouse Deceased Checkbox		X	0.000.12.			X	1 0
33	1	Spouse Deceased Date of Death - Month		03				10	2 0
34	1	Spouse Deceased Date of Death - Day		10				17	2 0
35	1	Spouse Deceased Date of Death - Year		18				18	2 0
								CARE OF MAX	
								LENGTH	
								AAABBBCCCDDDEEE	
36	1	Care Of	x					FFFGGG	40 0
								123 MAX STREET	
								LENGTH	
								AAABBBCCCDDDEEE	
37	1	Street Address	X	X	X	X	×	FFF	40 0
								MAX CITY LENGTH	
38	1	City	X	x	X	x	×	AAAAA	21 0
39	1	U.S. State Code	X	X			X	US	2 0
40	1	ZIP (Postal) Code	X	X	X	X	X	ZIP CODE 1	10 0
								MAXIMUMLENGTHFO	
41	1	Foreign State or Province				X		REIGNSTATE	25 0
42	1	Country			X	X		MAXLENGTHCTRY	13 0
43	1	1 Filing Status Checkbox: Single	X					1	1 0
44	1	2 Filing Status Checkbox: Married filing joint		Х				X	1 0
4-		0 50 0 1 1 1 1 1 1 1 1 1 1						V	4
45	1	3 Filing Status Checkbox: Married filing separate			X			X	1 0
40								V	
46	1	4 Filing Status Checkbox: Head of Household				X		X	1 0
		5 577 014 01 11 0 155 1451					V.	V	
47	1	5 Filing Status Checkbox: Qualifying Widower					X	X	1 0
40		4a HOH Ovelifeing Person This field some see below in				<u></u>		MAXLENGTHHOHQU	04
48	1	4a HOH Qualifying Person. This field appears below line 4.				X		ALIFYNG	21 0
49	1	5a QW Year Spouse Died		V	V		X	1234	4 0
50	1	6a(i) Primary Regular Exemption		X	X	X	X	X	1 0
51	1	6a(ii) Primary Over 65 Exemption		X	V			X	1 0
52	1	6b(i) Spouse Regular Exemption		X	X			X	1 0
53	1	6b(ii) Spouse Over 65 Exemption		X				X	1 0
_		Number of Primary and Spouse Exemptions. This is the field		V	V	<u></u>	V	4	4
54	1	6a/b that appears to the right of lines 6a and 6b.		^	^	^	^	4	1 0

Field	Page	age Form								
#		Line # Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
55	1	6c Exemptions for Dependent Children	10311	X	10010	X	X	90	2 0	
56	1	6d Exemptions for Other Dependents		^	x	^	, , , , , , , , , , , , , , , , , , ,	91	2 0	
57	1	6e Total Exemptions Claimed	X	Y	X	X	X	92	$\frac{1}{2}$ $\frac{2}{0}$	
31	-	de Total Exemptions Claimed	^	^	^	^	A	92		
58	2	7 Federal Adjusted Gross Income - negative indicator checkbox			×			x	1 0	
- 30		7 Tederal Adjusted Cross Income - negative indicator checkbox						X	1 0	
59	2	7 Federal Adjusted Gross Income		x	x	X	X	112345678	9 0	
60	2	8 Difference in state/federal wages	X					111456789	9 0	
61	2	9 Interest on out of state bonds	X			X		111156789	9 0	
62	2	10 Other HI Additions	X	X		X		122256789	9 0	
63	2	11 Total HI Additions	X	X		X		122226789	9 0	
64	2	12 Total Income - negative indicator checkbox			X			Х	1 0	
		, and the second								
65	2	12 Total Income	x	x	x	X	x	123356789	9 0	
66	2	13 Pensions Taxed Federally		X				123336789	9 0	
67	2	14 Social Security Benefits		X				123333789	9 0	
68	2	15 National Guard Duty Pay	X	X			X	123446789	9 0	
69	2	16 Individual Housing Acct		X				123444489	9 0	
70	2	17 Exceptional Tree					X	123455789	9 0	
71	2	18 Other Hawaii Subtractions	X					123455589	9 0	
72	2	19 Total Subtractions	X	X			X	123456689	9 0	
73	2	20 HI Adjusted Gross Income - negative indicator checkbox			X			Х	1 0	
		, u								
74	2	20 HI Adjusted Gross Income	x	x	x	X	X	123456669	9 0	
75	2	21 Dependent Indicator.	X					X	1 0	
76	2	21a Medical and Dental		X			X	123456779	9 0	
77	2	21b Taxes		X			X	123456777	9 0	
78	2	21c Interest Expense		X			X	123456788	9 0	
79	2	21d Contributions		X			Х	123456799	9 0	
80	2	21e Casualty and Theft Losses		X			X	323456789	9 0	
81	2	21f Miscellaneous deductions		X			Х	423456789	9 0	
82	2	22 Total Itemized Deductions		X			X	523456789	9 0	
83	2	23 Standard Deduction	X		X	X	Х	623456789	9 0	
		Subtotal (Line 20 – Line 22 or 23) - negative indicator								
84	2	24 checkbox			x			X	1 0	
85	2	24 Subtotal (Line 20 – Line 22 or 23)	x	x	x	X	x	723456789	9 0	
86	3	25 Total Exemptions	X	X	X	X	X	823456789	9 0	
		· ·								
87	3	25a Primary Disability Indicator. This field appears below line 25.		x				X	1 0	
88	3	25b Spouse Disability Indicator. This field appears below line 25.		X				X	1 0	
89	3	26 Taxable Income	X	X		X	X	923456789	9 0	
90	3	27(iv) Indicator if tax from other forms (N-2, N-103, etc.) is included	×					X	1 0	
91	3	27 Tax Liability	X	X		X	X	123456781	9 0	
92	3	27a Net Capital Gain				X		123456782	9 0	
	-			ı	1	I .		1		

Field Pag	e I	Form							
# #		ine # Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
93 3		28 Refundable Food/Excise Tax Credit	1000	X	X	X	10000	123456783	9 0
94 3		28a Refundable Food/Excise Tax Credit - Count		X				99	2 0
95 3		29 Low-Income Household Renters Credit			x			123456784	9 0
96 3		30 Child and Dependent Care Expenses					x	123456785	9 0
97 3		31 Child Passenger Restraint Credit		X			X	123456786	9 0
98 3		32 Total Refundable Credits - Sch CR	X		x	X	X	123456787	9 0
99 3		33 Total Refundable Credits	X	X	X	X	X	123456788	9 0
100 3		34 Tax Less Refundable Credits - negative indicator	X		X X			X	1 0
101 3		34 Tax Less Refundable Credits	X	x	X X	X	X	443456789	1 9 0
102 3		35 Total Nonrefundable Credits - Sch CR	X	X		X	X	553456789	1 0 0
102 3	_	36 Tax Less Nonrefundable Credits - negative indicator	X	^	v	^	^	V	1 0
103 3		36 Tax Less Nonrefundable Credits	X		<u> </u>	X	X	663456789	1 0
			X	X	^		X	773456789	9 0
105 3			^	^_		X	X	883456789	9 0
106 3		38 Estimated tax payments				X	^_	993456789	9 0
107 3		39 Estimated tax from previous tax year			N.	X			
108 3		40 Extension Payment			X	X	N.	123456100	9 0
109 3		41 Total Payments	X	X	X	Х	X	123456200	9 0
110 3		42 Amount Overpaid	X	X	X		X	123456300	9 0
111 3		43a(i) Primary School Repairs and Maintenance Donation	X	X				X	1 0
112 3		3a(ii) Spouse School Repairs and Maintenance Donation		X				X	1 0
113 3		43b(i) Primary Public Libraries Donation	X	X				X	1 0
114 3		3b(ii) Spouse Public Libraries Donation		X				X	1 0
115 3		43c(i) Primary Domestic Violence Donation	X	X				X	1 0
116 3	4	3c(ii) Spouse Domestic Violence Donation		X				X	1 0
117 3		44 Total Donations	X	X				18	2 0
118 3		45 Overpaid minus donations	X	X	X		X	123456400	9 0
119 4		46 Estimated Tax apply to the following tax year					X	123456500	9 0
120 4		47a Refunded to you	X	X	X		X	123456600	9 0
121 4	4	47a(i) Refund will be deposited to a foreign bank, checkbox			X			X	1 0
122 4		47b Routing Number	X				X	123456700	9 0
123 4	4	47c(i) Account Type Checking	X					X	1 0
124 4	4	7c(ii) Account Type Savings					X	X	1 0
125 4		47d Account Number	X				X	12345678901234500	17 0
126 4		48 Amount you owe				X		123456999	9 0
127 4		49 Payment Amount				X			0 9
128 4		50(i) Form N210 attached checkbox				X		X	1 0
129 4		50 Estimated Tax Penalty				X		123444489	9 0
130 4		53(i) Federal Schedule C - YES checkbox					x	X	1 0
131 4		53(ii) Federal Schedule C - NO checkbox	X	X	X	X	,,	lx x	1 0
132 4		53(iii) Federal Schedule C Hawaii Gross Receipts	^		**		X	123455559	9 0
.02 4	Ŧ	1 Sustai Soficula Si Tumun Si Sis Teccopio						12070000	3
133 4		53(vi) Federal Schedule C TSM Hawaii Tax ID					X	123456789012	12 0
134 4		54(i) Federal Schedule E - YES checkbox				X		X	1 0
135 4		54(ii) Federal Schedule E - NO checkbox	X	X	X		X	X	1 0
136 4		54(iii) Federal Schedule E Hawaii Gross Rents				X		123456767	9 0

Field	Pana	Form				1			
#		Line # Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
#	#	Line # Description	Test i	1651.2	Test 5	1631.4	1621.0	1621.0	wax Length
137	4	54(iv) Federal Schedule E TSM Hawaii Tax ID				×		123456789015	12 0
138	4	55(i) Federal Schedule F - YES checkbox			x	^		X	1 0
139	4	55(ii) Federal Schedule F - NO checkbox	X	X		X	x	X	1 0
140	4	55(iii) Federal Schedule F Hawaii Gross Receipts			x			122346789	9 0
1.0	•	OS(III) I Gastar Corrodato i Trawaii Cross (1666)ptc						122010100	
141	4	55(vi) Federal Schedule F TSM Hawaii Tax ID			×			123456789016	12 0
142	4	Preparer Identification Number			X		x	123455789	9 0
143	4	Primary HI Election Campaign - YES checkbox		X			X	X	1 0
144	4	Primary HI Election Campaign - NO checkbox	X		x	X		X	1 0
145	4	Spouse HI Election Campaign - YES checkbox	<u></u>	X				X	1 0
146	4	Spouse HI Election Campaign - NO checkbox						X	1 0
147	CR1	1 Tax Paid to another state					x	123106789	9 0
148	CR1	Carryover of Energy Conservation Tax Credit					X	123101789	9 0
	CR1	3 Enterprise Zone Tax Credit					X	123102789	9 0
	CR1	4 Tax Credit for Low Income Housing					x	123103789	9 0
	CR1	5 Employment Vocational Rehab Referral Credit					X	123104789	9 0
	CR1	6 Carryover of the High Tech Business Investment Tax Credit		X				123105789	9 0
		Carryover of Individual Development Account Contribution Tax							
153	CR1	7 Credit		x				123106789	9 0
154	CR1	8 Carryover of Tech Infrastructure Renovation Tax Credit		X				123107789	9 0
155	CR1	9 School Repair and Maintenance Credit		X				123108789	9 0
		Carryover of the Hotel Construction and Remodeling Tax							
156	CR1	10 Credit		x				123109789	9 0
157	CR1	11 Carryover of Residential Construction and Remodel Tax Credit		x				123110789	9 0
158	CR1	12 Carryover of the Renew Energy Tech Income Tax Credit		X				123112789	9 0
		13a(1) Solar Checkbox		X				Х	1 0
160	CR1	13a(2) Wind Checkbox					X	Х	1 0
		Total amount of Renew Energy Tech Income Tax Credit-July							
	CR1	13a 2009		X			×	123113789	9 0
162	CR1	13b RETITC carryforward from previous years					X	555444667	9 0
163	CR1	14 Capital Infrastructure Tax Credit		X				123114789	9 0
		Cesspool Upgrade, Conversion or Connection Income Tax							
164	CR1	15 Credit		X				123115789	9 0
	CR1	16 Renewable Fuels Production Tax Credit		X			X	123116789	9 0
166	CR1	17 Organic Foods Production Tax Credit		X		X		123117789	9 0
167	CR1	18 Earned Income Tax Credit		X		X		123118789	9 0
168	CR1	19 Healthcare Preceptor Income Tax Credit		X					
169	CR1	20 Total Nonrefundable Credits	X	X		X	X	123119789	9 0
	CR2						X	123110789	9 0
171	CR2	22 Fuel Tax Credit					Х	123112789	9 0
172	CR2				Х			123113789	9 0
173	CR2					Х		X	1 0
174		24a(2) Wind Checkbox	X					X	1 0
175	CR2	24 Renew Energy Tech Income Tax Credit-July 2009	X			X		123114789	9 0

Field	Dago	Form			1		1	1		
#		Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
176	CR2	25	Important Agricultural Land Tax Credit	163(1	16312	X	1631 4	1631 0	123115789	9 0
177	CR2	26	Tax Credit for Research Activities			X		X	123118789	9 0
	0.1		Other refundable credits-pro rata share of taxes paid on sale of						120110100	
178	CR2	27a	real property				×		123119789	9 0
	OIXE	214	Other refundable credits-credit from regulated investment						120110100	~ ~
179	CR2	27b	company				×		123120789	9 0
	CR2		Other Refundable Credits Total				X		123121789	9 0
181	CR2		Total Refundable Credits	X		X	X	X	123122789	9 0
	N311		Refundable Food/Excise Tax Credit		X	X	X		1239	4 0
	11011	Part I	Total addition and a second and		, , , , , , , , , , , , , , , , , , ,				1.200	· _ ~
183	X1		Low-Income Household Renters Credit			×			1238	4 0
184	X1		Meets Married Persons Filing Separately Requirements			X			X	1 0
	7(1	Part II								· ~ ~
185	X2	1.28	Credit for Child and Dependent Care Expenses					×	1237	4 0
186			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	·
			This is to balance the field #. Sometimes when lines are						1 2 2 2	
			added deleted the filed # is not updated correctly. Delete							
186	191	-5	this row before making the PDF							
			and to a boto to manning and t 2.						_	
Retu	rn Fie	lde th	at are NOT Included in the 2D Barcode							
Itota	1		First Time Filer Checkbox						7	
	1		Address or Name Change Checkbox						+	
	•		ITIN Applied For. This will be hand written in the space below						†	
	1		the area reserved for the barcode.							
	1		MFS Spouse Name. This field appears below line 3.			X				
	- '	Ju	Spouse meets qualifications Checkbox. This is the checkbox							
	1		below line 6b.			×				
	•		Table of dependent names, social security numbers, and						†	
	1	6d	relationship							
	•	ou	Tax source checkbox group (Tax Table, Tax Rate Schedule,				X (Capital Gains Tax		†	
	2	27	Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	X (Tax Rate Schedule)		
			Amended Return: Amount Paid (Overpaid) on Original Return-	/ (Tax Table)	X (Tax Table)	X (Tax Table)	vvoinsnect)	X (Tax Nate Conedate)	†	
	4	51	negative indicator checkbox					×		
		- 0.	nogative indicator encomber						†	
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return			×		X		
	•	- 01	Amended Return: Balance Due (Refund) on Amended Return-						†	
	4	52	negative indicator checkbox			×				
	_	02	negative indicator checkbox			Α			†	
	4	52	Amended Return: Balance Due (Refund) on Amended Return			×		X		
	4		Schedule C business activity/product					X	+	
	4		Schedule F business activity/product			X			╡	
	4		Designee Name				X		+	
ļ	4		Designee Phone Number				X		†	
	4		Designee I Holle Number Designee Identification Number				X		+	
	4		Signature Date	X	Y	X	X	X	+	
	4		Occupation	X	Y Y	X	X	X	 	
	4		Daytime Phone Number	X	X	X	X	X	+	
	4		Spouse Signature Date	^	Y Y	^^	^	^	+	
	+		opouse dignature date							

Field	Page	Form								
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
	4		Spouse Occupation		X					-
	4		Spouse's Daytime Phone Number		X					
	4		Preparer Signature Date			X		X		
	4		Preparer Self Employed Checkbox			X				
	4		Preparer Name			X		X		
	4		Preparer Firm Name and Address			X		X		
	4		Preparer Phone Number			X		X		

^{******} End of Barcode Layout Spec- Remainder is for DOTAX Interr

NOTES for DOTAX - Other Fields that are NOT Included in the 2D Barcode

Fields that are not in the barcode but will be captured through Automatic Recognition or Key from Image:

				-	
		Sig			
	4	Block	Primary Signature		
		Sig			
	4	Block	Spouse Signature		
	1		PEC Code1		
	1		PEC Code2		
	1		PEC Code3		
		N/A	Form N-311 Barcode Read		
		N/A	Form N-311 Captured Fields		
		N/A	Sch X Barcode Read		
		N/A	Sch X Captured Fields		
Fields	which	n are no	t in the barcode but are populated by other DOTAX system p	ro	cesses:
		N/A	DLN		
		N/A	SLD		
Fields	which		t in the barcode and form but are populated by electronic fili	ng	only:
			IP Address		
		N/A	Software ID		

^{****} Concatenate formulas to create barcode test data start on this row, do not delete

Fi	eld	Page	Form								
	#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length

F	ield	Page	Form								
	#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length

4 3	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34	36 38 40 42	44 46 48 50 52 54 56 58	8 60 62 64	4 66 68 70 72 74 76 78	80 82 84
4	Form I	N-11 (Rev. 2019)				Page 2 of	4 4
5		Your S	ocial Security Nu	ımber Your S	Spouse's SS	N	5
6	Place QR Cc		- 12 - 1	234 12	23 - 12	2 - 1234	6
8	Here		- 12 - 1	NAME(S) AS SH			7
9		Name(s) as s	hown on return	XXXXXXXXXXXXX			9
10							10
11					ROUND	TO THE NEAREST DOLLA	R 11
12				7	x	123456789	12
13		Federal adjusted gross income (AGI) (see page 12 of Difference in state/federal wages due to COLA, ERS,)	A	123450709	13
15		etc. (see page 12 of the Instructions)		123456789			15
16	9	Interest on out-of-state bonds					16
17		(including municipal bonds)	9	123456789			17
18	10	Other Hawaii additions to federal AGI		123456789			18
20		(see page 12 of the Instructions)	10	123730703			20
21	11	Add lines 8 through 10 Total Hawaii addi	itions to federal	AGI 11 1234	56789		21
22							22
23		Add lines 7 and 11			X	123456789	23
24	13	Pensions taxed federally but not taxed by Hawaii		123456789			24
25		(see page 14 of the Instructions)	13	123430703			25
27	14	Social security benefits taxed on federal return	14	123456789			27
28		First \$6,735 of military reserve or Hawaii national					28
29		guard duty pay	15	123456789			29
30				123456789			30
31		Payments to an individual housing account Exceptional trees deduction (attach affidavit)	16	123430703			31
33	17	(see page 15 of the Instructions)	17	123456789			33
34	18	Other Hawaii subtractions from federal AGI					34
35		(see page 15 of the Instructions)	18	123456789			35
36	19	Add lines 13 through 18		AGI 19 1234	56789		36
37		Total Hawaii subtractio	ns from federal	AGI 19 125			37
39	20	Line 12 minus line 19		Hawaii AGI ➤ 20	х	123456789	39
40							40
		ICN: If you can be claimed as a dependent on anothe				ce an X here. X	41
42	21	If you do not itemize your deductions, go to line 23 be	elow. Otherwise	go to page 17 of the Instruction	ns		42
43	21a	and enter your itemized deductions here. Medical and dental expenses					43
45	a. 1 (2	(from Worksheet A-1)	21a	123456789			45
46						TOTAL ITEMIZED	46
47	21b	Taxes (from Worksheet A-2)	21b	123456789		DEDUCTIONS	47
48	210	Interest evenes (from Markshopt A 2)	210	123456789	22	Add lines 21a through 21f. If your Hawaii adjusted gross	48
50	21c	Interest expense (from Worksheet A-3)	21¢			income is above a certain amount, you may not be	50
51	21d	Contributions (from Worksheet A-4)	21d	123456789		able to deduct all of your	51
52						itemized deductions. See the instructions on page 22. Enter	52
53	21e	Casualty and theft losses (from Worksheet A-5)	21e	123456789		total here and go to line 24.	53
54	014	Miscellaneous deductions (from Worksheet A-6)	215	123456789		123456789	54
55	Z I ſ	wiscenaneous deductions (Ifom worksheet A-6)	411				55
57	23	If you checked filing status box: 1 or 3 enter \$2,200;					57
58		2 or 5 enter \$4,400; 4 enter \$3,212		Standard Deduction > 23		123456789	58
59					v	123456789	59
60		24 Line 20 minus line 22 or 23, whichever applie	s. (This line MUS	T be filled in) 24	X	123430789	60
61							61
63							63
4 64		10 12 14 16 18 20 22 NO XX 28 30 32 34 Readable text here	36 38 40 42	44 46 48 50 52 54 56 58	8 60 62 64	FORM N-11 (REV. 201	80 82 84 9) 64
65							65

2	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38	40 42 4	4 46 48 50 52 54 56	58	60 62 64	4 66 68 70 72 74 76 78	2 80 82 84
3			10 1-	10 70 70	-	30 52		3
	Form	N-11 (Rev. 2019)	Nur		- dn	puse's SS	Page 3 (of 4 4
6	Place		EQUITY INCID	per	JUI OP	JUSE SIGO	**************************************	6
7	QR Co	ode 123 - 1:	2 - 12	34 1	23	- 12	- 1234	7
8	Here	е	N	JAME(S) AS SH	NWO	ON R		8
9		Nanhe(s) as shown o	an raturn	XXXXXXXXXXXX				9
10	25	Multiply \$1,144 by the total number of exemptions claimed o						10
11		If you and/or your spouse are blind, deaf, or disabled, place		applicable box(es),	Щ			11
12	ПШ	and see page 22 of the Instructions.			Щ			12
13		X Yourself X Spouse			25		123456789	13
14					+++	+++	100455700	14
15		Taxable Income. Line 24 minus line 25 (but not less than ze				+++	123456789	15
16	27		chedule; or	X Capital Gains Tax	+++	+++		16
17	++++	Worksheet on page 39 of the Instructions.	1 010	1.1.1	+++	+++	++++++++++	17
18	+++	(X Place an X if tax from Forms N-2, N-103, N-152, N-			77		123456789	18
19	979	N-344, N-348, N-405, N-586, N-615, or N-814 is included.)		IaX >>	27			19
20	2/a	If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet 27a		123456789	+++	4	+++++++++++++++++++++++++++++++++++++++	20
22	++++	the net capital gain from the 14 or that worksheet			HH		+++++++++++++++++++++++++++++++++++++++	21 22
23	++++	. 			HH	////	+++++++++++++++++++++++++++++++++++++++	23
24	28	Refundable Food/Excise Tax Credit						24
25		(attach Form N-311) DHS, etc. exemptions 1228	ค	123456789				25
26	29	Credit for Low-Income Household						26
27		Renters (attach Schedule X)29	9	123456789	Щ	ЩЦ		27
28	30	Credit for Child and Dependent			Щ			28
29	Щ	Care Expenses (attach Schedule X)	5	123456789	Щ			29
30	31	Credit for Child Passenger Restraint			Щ	444		30
31	$\downarrow \downarrow \downarrow \downarrow$	System(s) (attach a copy of the invoice)		123456789	1	444		31
32	32	Total refundable tax credits from			+++	++++		32
33	+	Schedule CR (attach Schedule CR)	2	123456789	+++	+++		33
34					+++	+++	100456700	34
35	33	Add lines 28 through 32	Total	Refundable Credits >	33	++++	123456789	35
36	+++		++++		+++	x	100456700	36
37	34	Line 27 minus line 33. If line 34 is zero or less, see Instruction	ons		34	A	123456789	37
38	215				25		123456789	38
39	35	Total nonrefundable tax credits (attach Schedule CR)			35			39 40
40	36	Line 34 minus line 35		Balance ➤	36	X	123456789	40
42		Hawaii State Income tax withheld (attach W-2s)		Dalance	36			41
43	- J	(see page 28 of the Instructions for other attachments)	7	123456789	HH	411		43
44		(See page 20 of the instruction of onto calcomission)						44
45	38	2019 estimated tax payments38	8	123456789				45
46								46
47	39	Amount of estimated tax applied from 2018 return 39	9	123456789	Щ			47
48	Щ		ПШ		Щ			48
49	40	Amount paid with extension40	5	123456789	Щ		<u> </u>	49
50	1				44	444		50
51	41	Add lines 37 through 40		Total Payments ➤	41	+++	123456789	51
52	#					+++		52
53	++++		+++++		+++	+++	100456700	53
54		If line 41 is larger than line 36, enter the amount OVERPAID	'		42	+++	123456789	54
55	43	Contributions to (see page 29 of the Instructions):		Yourself Spouse	+++	+++	++++++++++	55
56	+++	43a Hawaii Schools Repairs and Maintenance Fund		X \$2 X \$2 X \$5 X \$5	+++	++++	+++++++++++++++++++++++++++++++++++++++	56
57	++++	43b Hawaii Public Libraries Fund			+++		+++++++++++++++++++++++++++++++++++++++	57
58	44	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds Add the amounts of the Xs on lines 43a through 43c and ent			44	4	12	58
60	4919	Add the amounts of the AS of the sad through 300 and on	er ue wa	nere	44		+++++++++++++++++++++++++++++++++++++++	60
61		45 Line 42 minus line 44			45		123456789	60
62	1	45 Lille 42 Illinus iiile 47			40	411		62
63		<u></u>						63
4 64		10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 Readable text here	8 40 42 44	4 46 48 50 52 54 56	58 (60 62 64	4 66 68 70 72 74 76 78 FORM N-11 (REV. 20	80 82 84 1 Q) 64
	Hulliam	(eadable text nere						197

CAMPAIGN FUND If joint return, does your spouse want \$3 to go to the fund? DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (iricluding accompanying schedules or statements) has been examined by me and, to the been 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. Date 12/12/12	orm l	N-11 (Rev. 2019)	Page 4
123 12 1234 123 12 1234 123 12 1234 12	Place	Your Social Sedurity Number	Yduri Spoulse's SSIN
NAME (S) AS SHORN ON RETURXXXX ASSUMPTION ON RETURXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	QR C		123 - 12 - 1234
Amount of line 45 to be applied to your 2020 ESTIMATED TAX 46 123456789 TAX Amount to be REFUNDED TO YOU (ine 45 minus line 46) If fling late. 479 470 Amount to be REFUNDED TO YOU (ine 45 minus line 46) If fling late. 470 471	Here		
46 ADDURT OF MERCHANDER TO YOU (one 45 minus line 46) If filing late, see page 28 of instructions. 47 Anount to be REFUNDED TO YOU (one 45 minus line 46) If filing late, see page 28 of instructions. 47 Fluce an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 470, 470, or 47d. 47b Routing number 123456789 47c Type X Checking X Savings. 47d ADDURT OUNE (ine 36 minus line 41). 48 123456789 49 PAYMENT AMOUNT Summi payment entine at hits, haveling over attach check or immore yorder populate to 1-these listed in X observed in the April 123456789 50 Estimated tax perality. See page 30 of instructions. Do not instaled on line 42 x 48. Place an X in this box if Form N-210 is attached X So 123456789 51 AMERDED RETURN ONLY - Amount paid (prepaid) on original return (See instructions) (attach Sch. AMD). 52 AMERDED RETURN ONLY - Balance due, (refund) with amended return. (See instructions) (attach Sch. AMD). 53 Did yout file a federal Schedule C? X Yes X No If yes, enter Hawall gross receipts 54 Did yout file a federal Schedule C? X Yes X No If yes, enter Hawall gross receipts 55 Did yout file a federal Schedule E (FROD MAND your Hi Tax ID, No, for this activity GE 123-123-123-123-123-124-12 55 Did you file a federal Schedule E (FROD MAND your Hi Tax ID, No, for this activity GE 123-123-123-123-123-124-12 56 Did you file a federal Schedule E (FROD MAND your Hi Tax ID, No, for this activity GE 123-123-123-123-123-123-123-123-123-123-		Norther de la	
123456789	46		
47a Amount to be REFUNCED TO YOU (in a 45 minus line 46) If filing late. 47a 123456789 X Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Dc not complete lines 47b. 47c, or 47d. 47b Routing number 123456789 47c Type: X Checking X Savings 47d Account number 123456789012345678 48 123456789 49 AMOUNT YOU OWE (ine 36 minus line 41). 49 AMOUNT YOU OWE (ine 36 minus line 41). 40 AMOUNT YOU OWE (ine 36 minus line 41). 40 AMOUNT YOU OWE (ine 36 minus line 41). 41 Business of paylete to "Heales" site fax Collector". 42 AMOUNT YOU OWE (ine 36 minus line 41). 43 AMOUNT YOU OWE (ine 36 minus line 41). 44 PAMENT AMOUNT Summit payment online at his Abavalugov or attach office or money order paylete to "Heales" site fax Collector". 45 Instructions, Do not include on line 42 or 48. Place an X in his box if Form N-210 is attached. 45 Instructions, Do not include on line 42 or 48. Place an X in his box if Form N-210 is attached. 46 Instructions, Do not include on line 42 or 48. Place an X in his box if Form N-210 is attached. 47 Instructions, Do not include on line 42 or 48. Place an X in his box if Form N-210 is attached. 48 Instructions, Do not include on line 42 or 48. Place an X in his box if Form N-210 is attached. 48 Instructions of the paylet of the pay	40		456789
X Place an X in this box if this refund will ultimately be deposited to a fereign (non-U.S.) Eanix. Do not complete lines 47b. 47c. or 47d. 47b. Routing number: 12.3456789 47c. Type: X Checking X Savings. 47d. Account number: 12.345678901234567 48d. AMOUNT YOU DEED (line 36 rifuse line 41)	47a		
X Flace an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b. 47c. or 47d. 47b. Routing number			47a 123456789
476 Routing number 123456789 476 Type: X Checking X Savings 476 Account number 12345678901234567 48 ANGUNT YOU OWE (line 36 minus line 41			
476 Routing number 123456789 476 Type: X Checking X Savings 476 Account number 12345678901234567 48 ANGUNT YOU OWE (Ine 96 minus line 41)		X Place an X in this box if this refund will ultimately be deposited to a foreign (r	non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.
AREADED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)			
ACCOUNT number 1.2345678901234567 48	47b	Routing number 123456789 47c Type: X Check	ing X Savings
AMOUNT YOU CWE (Ine 36 minus line 41). 48 123456789 49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector". 49 123456789 50 Estimated tax penalty. (See page 30 of Instructions). Do not include on line 42 or 48. Place an X in this box if Form N+210 is attached. X 50 123456789 51 AMENDED RETURN ONLY - Amount paid (everpaid) on original return. (See Instructions) (attach Sch. AMD)			
49 PAYMENT AMOUNT Submit payment online at hitax hawaii gov or attach pheck or money order payaite to "Hawaii State Tax Collector"	47d	Account number 12345678901234567	
49 PAYMENT AMOUNT Submit payment online at hists, hawaii.gov or attach check or micropy order payable to "Hawaii Stete Tax Collector"	48	AMOUNT YOU OWE (line 36 minus line 41).	48 123456789
money order payable to "Hawaii State Tax Collector."	49		
Set			
Instructions, Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached X	50		
AMENDED RETURN ONLY - Amount gold (overpaid) on original return. (See Instructions) (attach Sch. AMD)		Instructions.) Do not include on line 42 or 48. Place an X in	
53 Did you file a federal Schedule C? X Yes X No If yes, enter Hawaii gross receipts 1234 56789 your main business activity. SCHEDULE C BUSIN your main business activity. SCHEDULE C BUSIN for any rehtal activity? 54 Did you file a federal Schedule E 55 Did you file a federal Schedule F? X Yes X No 65 AND your HI Tax I.D. No. for this activity GE 123 - 123 - 1234 - 12 56 Did you file a federal Schedule F? X Yes X No 66 AND your HI Tax I.D. No. for this activity GE 123 - 123 - 1234 - 12 57 Did you file a federal Schedule F? X Yes X No 67 AND your HI Tax I.D. No. for this activity GE 123 - 123 - 1234 - 12 58 Did you file a federal Schedule F? X Yes X No 68 If yes, enter Hawaii gross receipts 1234 56789 79 your main business product: SCHEDULE F BUSIN 70 Your main business products SCHEDULE F BUSIN 71 Yes X No 72 Yes X No 73 No Note Plays a K No Note Plays A No Note Plays		this box if Form N-210 is attached X 123	456789
52 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)			
53 Did you file a federal Schedule C? X Yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity. SCHEDULE C BUSIN your main business product SCHEDULE C PRODIAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 54 Did you file a federal Schedule E If yes, enter Hawaii gross rents received 123456789 for any rental activity? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 55 Did you file a federal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity. SCHEDULE F BUSIN your main business activity. SCHEDULE F BUSIN your main business product SCHEDULE F BUSIN your main business product SCHEDULE F BUSIN your main business product SCHEDULE F PRODIAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 18 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. DESIGNE'S NAMEXXXX Phone no. 1231456-7991 Identification number 12-345678 will receive the instructions of the Hawaii Election Campaign Fund? X Yes X No Note Point of Taxation in the Decomplance of the Instructions of the Note Point of Taxation in the Decomplance of Taxation in Taxation in the Decomplance of Taxation in Taxation in Taxation in the Decomplance of Taxation in Tax	51	AMENDED RETURN ONLY - Amount paid (overpaid) on original return (See Instructions) (attach	Sch. AMD) 51 X 123456789
53 Did you file a federal Schedule C? X yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity. SCHEDULE C BUSIN your main business product SCHEDULE C PRODUND your HITAX I.D. No. for this activity GE 123-123-1234-12 54 Did you file a federal Schedule E If yes, enter Hawaii gross receipts 123456789 for any rental activity? X yes X No AND your HITAX I.D. No. for this activity GE 123-123-1234-12 55 Did you file a federal Schedule F? X yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity. SCHEDULE F BUSIN your main business your activation. Schedule F Business you			
your main business activity: SCHEDULE C PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 54 Did you file a lederal Schedule E for any rental activity? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 55 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 56 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 57 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 58 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 59 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 50 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 50 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 50 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 51 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 52 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 53 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 54 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 55 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123-123-1234-12 56 Did you file a lederal Schedule F? X Yes X No In your main business product Schedule F PRODUCE F F F PRODUCE F F F PRODUCE F F F F F F PRODUCE F F F F F F F F F F F F F F F F F F F	52	AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach	Sch. AMD) 52 X 123456789
your main business activity: SCHEDULE C PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 54 Did you file a lederal Schedule E If yes, enter Hawaii gross rents received 123456789 65 Did you file a lederal Schedule F? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 65 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 75 your main business activity: SCHEDULE F BUSIN your main business product: SCHEDULE F BUSIN your main business product: SCHEDULE F PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 66 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. 76 Descharation—I declare set for in section 23:36; HIS, that return (relating accompany) activation number 12-3456789 77 HAWAII ELECTION 78 Descharation—I declare set for in section 23:36; HIS, that return (relating accompany) activation of instructions. 88 Description—In the production of			
your main business activity: SCHEDULE C PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 54 Did you file a lederal Schedule E If yes, enter Hawaii gross rents received 123456789 65 Did you file a lederal Schedule F? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 65 Did you file a lederal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 75 your main business activity: SCHEDULE F BUSIN your main business product: SCHEDULE F BUSIN your main business product: SCHEDULE F PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 66 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. 76 Descharation—I declare set for in section 23:36; HIS, that return (relating accompany) activation number 12-3456789 77 HAWAII ELECTION 78 Descharation—I declare set for in section 23:36; HIS, that return (relating accompany) activation of instructions. 88 Description—In the production of			
your main business product SCHEDULE C PRODIAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 54 Did you file a federal Schedule E for any rental activity? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 55 Did you file a federal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity: SCHEDULE F BUSIN your main business product SCHEDULE F BUSIN your main business product SCHEDULE F PRODIAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 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'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-345-6789 HAWAII ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No No Not your product with the New Yes A No DECLARATION — 1 declare under the percalles set forth in eachor 23-36. HRS. that this return (including accompanying schedules or statements) has been examined by the new of my knowledge and belief, is a true, correct, and compiler return, made in good faith, for the laxability year stated, pursuant to the Hawaii Income xat Law. Chapter 255. HRS. That the return (including accompanying schedules or statements) has been examined by the part of my knowledge and belief, is a true, correct, and compiler return, made in good faith, for the laxability year stated, pursuant to the Hawaii Income xat Law. Chapter 255. HRS. The Date of my knowledge and belief, is a true, correct, and compiler return, made in good faith, for the laxability year stated, pursuant to the Hawaii Income xat Law. Chapter 255. HRS. The Date of my knowledge and belief, is a true, correct, and compiler return, made in good faith, for the laxability year stated, pursuant to the Hawaii Income xat Law. Chapter 255. HRS. The Properties Manne Professional Control of the State of the State of the State of the State of the St	53	Did you file a federal Schedule C? X Yes X No If yes, enter	er Hawaii gross receipts 123456789
for any rental activity? X Yes X No AND your HI Tax I.D. No. for this activity GE 123456789 55 Did you file a federal Schedule F? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-1234-12 55 Did you file a federal Schedule F? X Yes X No your main business activity. SCHEDULE F BUSIN your main business product. SCHEDULE F BUSIN your main business page 32 of the Instructions. Designee's name DESIGNEE'S NAMEXXXX Phone no. 2(123) 456-7691 Identification number 212-3456789 HAWMI ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Now with of increase your should be compared by the product of the prod		your main business activity: SCHEDULE C BUSIN	
for any rental activity?		your main business product: SCHEDULE C PROD AND your HI Tax I.D. No	o. for this activity GE 123 – 123 – 1234 – 12
for any rental activity? X Yes X No AND your HI Tax I.D. No. for this activity GE 123-123-123-1234-12 55 Did you file a federal Schedule F? X Yes X No your main business activity: SCHEDULE F BUSIN your main business product: SCHEDULE F BUSIN your main business product: SCHEDULE F PRODIAND your HI Tax I.D. No. for this activity GE 123-123-123-1234-12 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'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789 HAWMI ELECTION CAMPAIGN FUND See page 32 of the Instructions) Decidanting number of the Instructions of the			
AND your HI Tax I.D. No. for this activity GE 123-123-123-123-123-123 55 Did you file a federal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 1234-56789 your main business activity: SCHEDULE F BUSIN your main business product SCHEDULE F BUSIN your main business product SCHEDULE F PRODUAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 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'S NAMEXXXX Phone no. 1231456-7891 Identification number 12-3456789 HAWMI ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Designee's name DESIGNEE'S NAMEXXIX Phone no. 1231456-7891 Identification number 12-3456789 Designee's name DESIGNEE'S NAMEXXIX Phone no. 1231456-7891 Identification number 12-3456789 HAWMI ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Designee's name DESIGNEE'S NAMEX NO DESIG			rail gross rents received 123456789
55 Did you file a federal Schedule F? X Yes X No If yes, enter Hawaii gross receipts 123456789 your main business activity: SCHEDULE F BUSIN your main business product; SCHEDULE F PRODUND your HITax I.D. No. for this activity GE 123-123-1234-12 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'S NAMEXXXX Phone no. 1231456-7891 Identification number 12-3456789 HAWAII ELECTION Do you want 33 to go to the Hawaii Election Campaign Fund? X Yes X No Neter Pacing an Kithe Yes No Designation of the personal product of the personal product of the Instructions. DECLARATION — I declare, under the personal 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 Lew, Chapter 235, HRS. Designature Taxapayer Occupation Designation Designation of the Hawaii Income Tax Lew, Chapter 235, HRS. Designation D			OF 102 102 1024 10
your main business activity: SCHEDULE F BUSIN your main business product: SCHEDULE F PRODUAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 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'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789 HAWAII ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the Yes X No Destance of the Instructions of Instruction		AND your HI Tax I.D. No	b. for this activity GE 123-123-1234-12
your main business activity: SCHEDULE F BUSIN your main business product: SCHEDULE F PRODUAND your HI Tax I.D. No. for this activity GE 123-123-1234-12 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'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789 HAWAII ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the Yes See page 32 of the Instructions) Designee's name Note: Placing an X the Yes No Note: Placing an			122456700
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'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789 HAWAII ELECTION CAMPAIGN FUND (See page 22 of the Instructions) If joint return, does your spouse want \$3 to go to the fund? X Yes X No No Will not increase your tax or return to return, does your spouse want \$3 to go to the fund? X Yes X No No Will not increase your fax or return to return, does your spouse want \$3 to go to the fund? X Yes X No No Will not increase your fax or return to return, does your spouse want \$3 to go to the fund? X Yes X No No Will not increase your fax or return to 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. Date Spouses signature if living penily BOH must spin. Date TAXPAYER OCCUPATIONXX (123) 123-4567 Preparar's Name PRINT PREPARER'S NAME HEREXXXXXX Focial E.I. No. 12-1234567 Preparar's Name PRINT PREPARER'S NAME HEREXXXXXX Focial E.I. No. 12-1234567 Filims name for yours FIRMS NAME OR PREPARER'S NAME If self-employed. Address, and ZIP code. ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			er Hawaii gross receipts 123456789
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'S NAMEXXXX Phone no. (1,23) 456-7891 Identification number 12 - 3 4 56 78 9 HAWAII ELECTION CAMPAIGN FUND (See page 32 of the Instructions) Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the Yes CAMPAIGN FUND (See page 32 of the Instructions) If joint return does your spouse want \$3 to go to the fund? X Yes X No Note: Placing an X the Yes Or will not increase your fellow 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 Lew, Chapter 235, HRS. Date 12/12/12 1			
attorney. See page 32 of the Instructions. Designee's name DESTGNEE'S NAMEXXXX Phone no. (1.23) 456-7891 Identification number 12-3456789 HAWAII ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing and the Placing Fund? Note: Placing and the Placing Fund of Instructions) DECLARATION — I declare, under the perialties 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 Lew, Chapter 235, HRS. DecLaration — I declare, under the perialties 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 Lew, Chapter 235, HRS. Destination — I declare, under the perialties 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 Lew, Chapter 235, HRS. DecLaration — I declare, under the year and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. DecLaration — I declare, under the year and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. DecLaration — I declare, under the year and the year and the year and the year and year an		your main business product: SCHEDULE: F PRODUAND your HI lax .D. No	5. for this activity GE 123-123-1234-12
attorney. See page 32 of the Instructions. Designee's name DESTGNEE'S NAMEXXXX Phone no. (1.23) 456-7891 Identification number 12-3456789 HAWAII ELECTION Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing and the Placing Fund? Note: Placing and the Placing Fund of Instructions) DECLARATION — I declare, under the perialties 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 Lew, Chapter 235, HRS. DecLaration — I declare, under the perialties 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 Lew, Chapter 235, HRS. Destination — I declare, under the perialties 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 Lew, Chapter 235, HRS. DecLaration — I declare, under the year and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. DecLaration — I declare, under the year and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. DecLaration — I declare, under the year and the year and the year and the year and year an	111		
Designee's name Designee's NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789 HAWAII ELECTION CAMPAIGN FUND (See page 32 of the Instructions) If joint return, does your spouse want \$3 to go to the fund? X Yes X No law in the reference of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year slated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. Detail of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year slated, pursuant to the Hawaii Income Tax Lew, Chapter 235, HRS. Date 12/12/12 Daytime Phone Number Your Spouses Occupation TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Preparer is Signature (Figure 12) Signature (Figure 13) Signature (F			r raxation, complete the following. This is not a full power of
HAWAII ELECTION CAMPAIGN FUND (See plage 32 of the Instructions) If joint return, does your spouse want \$3 to go to the fund? X Yes X No Note: Placing an X the 'Yes' box will rot increase your box will rot increase your your spouse want \$3 to go to the fund? X Yes X No No Will rot increase your box will rot increase your your spouse want \$3 to go to the Instructions) DECLARATION—I declare, under the peralties 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 faxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Your Signature 12/12/12 TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Date TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Preparers information Tax Payers bearing the PRINT PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Firms hame (bryours FIRMS NAME OR PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Address and ZP Code ADDRESS AND ZIP CODEXXXXXXXXXXXX Address and ZP Code ADDRESS AND ZIP CODEXXXXXXXXXXX The propagation of the Yes of the Instruction of the Ye			3) 456-7891 Identification number 12-345678
CAMPAIGN FUND (See page 32 of the Instructions) If joint return, does your spouse want \$3 to go to the fund? **No** **No** **No** **It joint return, does your spouse want \$3 to go to the fund? **No**	HAW		Fund? X Yes X No Note: Placing an X the
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. Date \$\frac{12/12/12}{\text{Your Signature}}\$ \$\frac{12/12/12}{\text{Your Poccupation}}\$ \$\frac{12/12/12}{\text{Daytime Phorie Number}}\$ \$\frac{12/12/12}{D	CAM	/PAIGN FUND	box will not increase vol
TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Preparer's Signature Property Name Proper	voed h	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
Your Occupation Daytime Phone Number TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Preparer's Signature PRINT PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Firms hame (pryours) FIRMS NAME OR PREPARER'S NAME If sell-employed, Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ot my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year s	stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.
Your Occupation Daytime Phone Number TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567 Preparer's Signature PRINT PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Firms hame (pryours) FIRMS NAME OR PREPARER'S NAME If sell-employed, Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
TAXPAYER OCCUPATIONXX (123)123-4567 SPOUSE OCCUPATIONXX (123)123-4567 Date Check if Preparers dentification number 12/12/12 self-employed X 123456789 Paid Preparers Preparers Name PRINT PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Fitmls name (privates FIRMS NAME OR PREPARER'S NAME Fitter Name (privates FIRMS NAME OR PREPARER'S NAME Fitter Name (privates FIRMS NAME OR PREPARER'S NAME Fitter Name (privates FIRMS NAME OR PREPARER'S NAME (123)123-4567			
Preparer's Signature Preparer's Name PRINT PREPARER'S NAME HEREXXXXXX Proparer's Name (pryours) Firms name (pryours) Firms name (pryours) Firms name (pryours) Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Signature 12/12/12 self-employed X 123456789 Print Preparer's Name PRINT PREPARER'S NAME HEREXXXXXX Federal E. No 12-1234567 Fitms name (privation Firms name (privates ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		TAXPAYER OCCUPATIONXX (123)123-4567 SPO	USE OCCUPATIONXX (123)123-456
Preparer's Preparer's Name PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No 12-1234567 Firms name (pr yours FIRMS NAME OR PREPARER'S NAME fise Femployed), Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ij z	Preparer's D	
FIRMS NAME OR PREPARER'S NAME If self-employed, ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Signature 2 1	2/12/12 self-employed X 123456789
FIRMS NAME OR PREPARER'S NAME If self-employed, Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Paid	
if self-employed), ADDRESS AND ZIP CODEXXXXXXXXX Finance No. (123) 123-4567		Intermedian	
Address, and ZIP Code ADDRESS AND ZIP CODEXXXXXXXX (123) 123-4367			Phone No.
		Address and ZIP Code ADDRESS AND ZIP CODEXXX	XXXXXX (123)123-4567
9 10 12 14 16 19 20 22 24 26 29 20 22 24 26 29 40 43 44 46 40 50 50 50 51 57 50 70 70 70 70 70 70 70 70			
. 9 10 12 14 16 19 20 22 24 26 29 40 42 44 40 50 50 50 70 72 74 77 70 70 70			

Place QR Code 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.	You	r Last Nan	ne			Suffix
	TAXPAYER'S FIRST	MI	L	AST	NAM	EX	XXXXXX	JR
	Spouse's First Name	M.I.	Spo	use's Last	Name			Suffix
	SPOUSE'S FIRSTXX	MI	S	POUS	SE'S	LZ	ASTXXX	JR
ĺ	Care Of (See Instructions, page 7.)							
	C/O NAME FOR MAI	LING	; A	DDRI	ESSX	XX	XXXXXX	XXX
	Present mailing or home address (Number an	d street, i	nclud	ing Rural I	Route)			
	TAXPAYER'S MAILI	NG O	R	HOME	E AD	DR:	ESSXXX	XXX
I	City, town or post office			State	Post	al/ZIP	code	
	CITY, TOWN, POSTO	FFIC	E	XX	Z	ΙP	CODE	
	If Foreign address, enter Province and/or Stat	e			Cou	ntry		
	FOREIGN PROVINCE	XXX	CO	UN'	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: 1. First and last name	If more than 4 dependents use attachment	Dependent's social security number	3. Relationship
6d		PENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
	SECOND DE	PENDENT NAMEXXX	123-45-6789	RELATIONSHIP
	THIRD DEP	PENDENT NAMEXXXX	123-45-6789	RELATIONSHIP
	FOURTH	I DEPENDENT NAME	123-45-6789	RELATIONSHIP

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

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

12

Human Readable text here

ID NO XX

FORM N-11 (REV. 2019)

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12	of the Instruction	ns)	7	X	123456789
8	Difference in state/federal wages due to COLA, ERS	3,				
	etc. (see page 12 of the Instructions)	8	123456789	9		
9	Interest on out-of-state bonds					
	(including municipal bonds)	9	123456789	9		
10	Other Hawaii additions to federal AGI					
	(see page 12 of the Instructions)	10	12345678	9		
11	Add lines 8 through 10Total Hawaii add	ditions to feder	al AGI 11	L2345	6789	
10	Add lines 7 and 11			10	х	123456789
12	Add lines 7 and 11			12	21	123430709
13	Pensions taxed federally but not taxed by Hawaii	40	123456789	a		
	(see page 14 of the Instructions)	13	12343070.			
14	Social security benefits taxed on federal return	1/	123456789	9		
	First \$6,735 of military reserve or Hawaii national	14				
15	•	15	123456789	9		
	guard duty pay	15	12313070.			
16	Dovments to an individual housing account	16	123456789	9		
16	Payments to an individual housing account	10	12313070.			
17	Exceptional trees deduction (attach affidavit)	47	123456789	9		
10	(see page 15 of the Instructions)	17	12313070.			
18	Other Hawaii subtractions from federal AGI	40	123456789	a		
	(see page 15 of the Instructions)	18	12313070.	,		
40						
19	Add lines 13 through 18		-1.401 40	12345	6789	
19			al AGI 19	L2345	6789	
19 20	Add lines 13 through 18	ons from feder	ar Adri 13		6789 x	123456789
20	Add lines 13 through 18	ons from feder	Hawaii AGI)	▶ 20	X	
20 :AUT	Add lines 13 through 18Total Hawaii subtracti Line 12 minus line 19	ons from feder	urn, see the Instructions of	≥ 20	X	
20	Add lines 13 through 18Total Hawaii subtracti Line 12 minus line 19	ons from feder	urn, see the Instructions of	≥ 20	X	
20 <i>AUT</i> 21	Add lines 13 through 18	ons from feder	urn, see the Instructions of	≥ 20	X	
20 <i>AUT</i> 21	Add lines 13 through 18	her person's retu	urn, see the Instructions of	➤ 20 In page 12 tructions	X	
20 20 21	Add lines 13 through 18	her person's retu	urn, see the Instructions of	➤ 20 In page 12 tructions	X	
20 24 21 21 21a	Add lines 13 through 18	ther person's returned on the control of the contro	urn, see the Instructions of e go to page 17 of the Ins	≥ 20 In page 17 Itructions	X	
20 2AU7 21 21a	Add lines 13 through 18	ther person's returned on the control of the contro	urn, see the Instructions of	≥ 20 In page 17 Itructions	X	ace an X here. X
20 24 21 21 21a	Add lines 13 through 18	her person's returned on the colon. Otherwis 21a	urn, see the Instructions of e go to page 17 of the Instructions 123456789	page 12 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f.
20 CAUT 21 21a 21b	Add lines 13 through 18	her person's returned on the colon. Otherwis 21a	urn, see the Instructions of e go to page 17 of the Ins	page 12 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross
20 CAUT 21 21a 21b	Add lines 13 through 18	ther person's returned below. Otherwise 21a	Trn, see the Instructions on e go to page 17 of the Instructions of 123456789	→ 20 In page 17: It ructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be
20 CAUT 21 21a 21b 21c	Add lines 13 through 18	ther person's returned below. Otherwise 21a	urn, see the Instructions of e go to page 17 of the Instructions 123456789	→ 20 In page 17: It ructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your
20 CAUT 21 21a 21b 21c	Add lines 13 through 18	ther person's returned below. Otherwise 21a	123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Entre
20 20	Add lines 13 through 18	ther person's returned below. Otherwise 21a 21b 21c 21d	Trn, see the Instructions on e go to page 17 of the Instructions of 123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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
20 2AUT 21 21a 21b 21c 21d	Add lines 13 through 18	ther person's returned below. Otherwise 21a 21b 21c 21d	123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Entertotal here and go to line 24.
20 2AUT 21 21a 21b 21c 21d	Add lines 13 through 18	ons from feder ther person's returned on the person of the per	123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Ente
20 2AU7 21 21a 21b 21c 21c	Add lines 13 through 18	ons from feder ther person's returned on the person of the pe	123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Entertotal here and go to line 24.
20 2AU7 21 21a 21b 21c 21c 21d	Add lines 13 through 18	ons from feder ther person's returned on the control of the contro	123456789 123456789 123456789	page 13 tructions	X	TOTAL ITEMIZED DEDUCTIONS Add lines 21a through 21f. 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 22. Ente total here and go to line 24.

123456789

X

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.	AAAA	\A_	^^^	^^^^^	
	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)	~ 26			123456789	
27	Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains T		,			
21	Worksheet on page 39 of the Instructions.	ax				
	(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	If tax is from the Capital Gains Tax Worksheet, enter					
	the net capital gain from line 14 of that worksheet 27a 123456789	9				
						_
28	Refundable Food/Excise Tax Credit (attach Form N-311) DHS atc. exemptions 12 28 123456785	a				
	(attach Form Vor) bilo, etc. exemptions == 20	9				
29	Credit for Low-Income Household Renters (attach Schedule X) 29 12345678	۵				
20		9				
30	Credit for Child and Dependent Care Expenses (attach Schedule X)	9				
31	Credit for Child Passenger Restraint					
31	System(s) (attach a copy of the invoice)	9				
32	Total refundable tax credits from					
0_	Schedule CR (attach Schedule CR)	9				
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)	- 00				
•	(see page 28 of the Instructions for other attachments)	9				
38	2019 estimated tax payments	9				
39	Amount of estimated tax applied from 2018 return 39 123456789	9				
	Amount paid with extension 40 123456789	2				
40	Amount paid with extension	7				
41	Add lines 37 through 40	► 41			123456789	
						_
42	If line 41 is larger than line 36, enter the amount 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	;				
	43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	i				
44	Add the amounts of the Xs on lines 43a through 43c and enter the total here	44			12	
ı					123456789	
1	45 Line 42 minus line 44	45			143430/03	
1						

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

46 Amount of line 45 to be applied to your 123456789 Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, 47a 123456789 Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d. 123456789 47c Type: X 47b Routing number Checkina Savings 12345678901234567 47d Account number 123456789 AMOUNT YOU OWE (line 36 minus line 41). PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or 123456789 50 Estimated tax penalty. (See page 30 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached X 50 123456789 X 123456789 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)...... 51 X 123456789 52 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 52 123456789 X No 53 Did you file a federal Schedule C? X Yes If yes, enter Hawaii gross receipts your main business activity: SCHEDULE C BUSIN vour main business product: SCHEDULE C PRODUND your HI Tax I.D. No. for this activity GE 123-123-1234-12 123456789 54 Did you file a federal Schedule E If yes, enter Hawaii gross rents received for any rental activity? X No X Yes 123-123-1234-12 AND your HI Tax I.D. No. for this activity GE 123456789 X No 55 Did you file a federal Schedule F? X Yes If yes, enter Hawaii gross receipts your main business activity: SCHEDULE F BUSIN 123-123-1234-12 your main business product: SCHEDULE F PRODIAND your HI Tax I.D. No. for this activity GE 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'S NAMEXXXX Phone no. (123) 456-7891 Identification number **12-3456789 HAWAII ELECTION** Note: Placing an X the "Yes" Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No box wiil not increase your **CAMPAIGN FUND** If joint return, does your spouse want \$3 to go to the fund? Yes X tax or reduce your 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, HAS 12/12/12 12/12/12 (123)123-4567 SPOUSE OCCUPATIONXX TAXPAYER OCCUPATIONXX (123)123-4567self-employed 12/12/12 123456789 Print Preparer's Name Preparer's Federal E.I. No. 12-1234567 PRINT PREPARER'S NAME HEREXXXXXX

FIRMS NAME OR PREPARER'S NAME

ADDRESS AND ZIP CODEXXXXXXXX

(123)123-4567

Phone No.