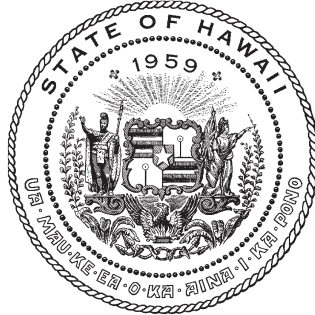


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**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

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**Contact Information for Mailing  
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Hawaii Department of Taxation  
Attn: Document Processing — Quality  
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Email: [tax.dp.qa@hawaii.gov](mailto:tax.dp.qa@hawaii.gov)

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

**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.

- 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 trailing 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.

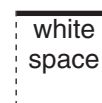


2. Pages 2 through 4: The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6.

3. 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.

**General Information and Scannable Specifications**

- Placement of the QR code is as follows (see exhibit for exact placement):

1. 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.

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
1	--	--	Header Version Number	2	A	"11". Indicates the version of the standard FTA defined 2D barcode header format.	
2	ALL	--	Software Developer Code	4	AN	Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved space on each page of the return.	
3	--	--	Form Number	6	A	"N11"	
4	1	--	Form Year	4	N	The tax year for which the return is being filed. "2019" for example.	Date updated
5	--	--	2D Specification Version	2	N	"0". Indicates the version of the 2D specification for the form that is being used. This number will increment for each change to the specification.	
6	--	--	Software Version	15	AN	A software vendor defined version number that reflects the software and form revision used to produce this barcode.	
7	1	--	Fiscal Year Begin 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.	
8	1	--	Fiscal Year Begin Day	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.	
9	1	--	Fiscal Year Begin Year	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	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.	
11	1	--	Fiscal Year End Day	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.	
12	1	--	Fiscal Year End Year	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.	
13	1	--	Amended Return Checkbox	1	C	"X" or null.	
14	1	--	NOL Carryback Checkbox	1	C	"X" or null.	
15	1	--	IRS Adjustment Checkbox	1	C	"X" or null.	
16	1	--	Primary First Name	25	A	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 Middle Initial	1	A	Field should be all CAPITAL LETTERS.	
18	1	--	Primary Last Name	35	A	Field should be all CAPITAL LETTERS.	
19	1	--	Primary Suffix	2	A	Field should be all CAPITAL LETTERS.	
20	1	--	Spouse First Name	25	A	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 space. Field should be all CAPITAL LETTERS.	
21	1	--	Spouse Middle Initial	1	A	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	
22	1	--	Spouse Last Name	35	A	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		
25	1	--	Primary SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	
26	1	--	Primary Deceased Checkbox	1	C	"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.	
30	1	--	First 4 Characters of Spouse Last Name	4	A	Required entry if married filing joint or married filing separate, otherwise null. Field should be all Capital Letters.	
31	1	--	Spouse SSN	9	N	Required entry if married filing joint or married filing separate, otherwise null. Do not include hyphens, spaces or other delimiters in this field.	
32	1	--	Spouse Deceased Checkbox	1	C	"X" or null.	
33	1	--	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.	
38	1	--	City	21	A	Field should be all CAPITAL LETTERS.	
39	1	--	U.S. State Code	2	A	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 U.S. state codes are published by the USPS at: <a href="http://www.usps.com/mcsclookups/usps_abbreviations.html">http://www.usps.com/mcsclookups/usps_abbreviations.html</a>	
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.	
41	1	--	Foreign State or Province	25	A	Only populate if a foreign address. If the country does not use State or Province names then 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.	

Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
43	1	1	Filing Status Checkbox: Single	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
44	1	2	Filing Status Checkbox: Married filing joint	1	C	"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	C	"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	C	"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	C	"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	5a	QW Year Spouse Died	4	N	Null if no value	
50	1	6a(i)	Primary Regular Exemption	1	C	"X" or null	
51	1	6a(ii)	Primary Over 65 Exemption	1	C	"X" or null	
52	1	6b(i)	Spouse Regular Exemption	1	C	"X" or null	
53	1	6b(ii)	Spouse Over 65 Exemption	1	C	"X" or null	
54	1	6a/b	Number of Primary and Spouse Exemptions. This is the field 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	6c	Exemptions for Dependent Children	2	N	0 if no value	
56	1	6d	Exemptions for Other Dependents	2	N	0 if no value	
57	1	6e	Total Exemptions Claimed	2	N	0 if no value	
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
						<b>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.</b>	
59	2	7	Federal 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.	
60	2	8	Difference in state/federal wages	9	N	0 if no value	
61	2	9	Interest on out of state bonds	9	N	0 if no value	
62	2	10	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	C	"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	13	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	2	16	Individual Housing Acct	9	N	0 if no value	
70	2	17	Exceptional Tree	9	N	0 if no value	
71	2	18	Other Hawaii Subtractions	9	N	0 if no value	
72	2	19	Total Subtractions	9	N	0 if no value	
73	2	20	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	21	Dependent Indicator.	1	C	"X" or null	
76	2	21a	Medical and Dental	9	N	0 if no value	
77	2	21b	Taxes	9	N	0 if no value	
78	2	21c	Interest Expense	9	N	0 if no value	
79	2	21d	Contributions	9	N	0 if no value	
80	2	21e	Casualty and Theft Losses	9	N	0 if no value	
81	2	21f	Miscellaneous deductions	9	N	0 if no value	
82	2	22	Total Itemized Deductions	9	N	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	C	"X" or null	
85	2	24	Subtotal (Line 20 – Line 22 or 23)	9	N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a 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	C	"X" or null	
88	3	25b	Spouse Disability Indicator. This field appears below line 25.	1	C	"X" or null	
89	3	26	Taxable Income	9	N	0 if no value	
90	3	27(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	1	C	"X" or null	
91	3	27	Tax Liability	9	N	0 if no value	
92	3	27a	Net Capital Gain	9	N	0 if no value	
93	3	28	Refundable Food/Excise Tax Credit	9	N	0 if no value	
94	3	28a	Refundable Food/Excise Tax Credit - Count	2	N	1 – 99.	
95	3	29	Low-income Household Renters Credit	9	N	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	N	0 if no value	
98	3	32	Total Refundable Credits - Sch CR	9	N	0 if no value	
99	3	33	Total Refundable Credits	9	N		
100	3	34	Tax Less Refundable Credits - negative indicator	1	C	"X" or null	
101	3	34	Tax Less Refundable Credits	9	N		
102	3	35	Total Nonrefundable Credits - Sch CR	9	N		
103	3	36	Tax Less Nonrefundable Credits - negative indicator	1	C	"X" or null	



Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
104	3	36	Tax Less Nonrefundable Credits	9	N		
105	3	37	Withholding	9	N		
106	3	38	Estimated tax payments	9	N		
107	3	39	Estimated tax from previous tax year	9	N		
108	3	40	Extension Payment	9	N		
109	3	41	Total Payments	9	N		
110	3	42	Amount Overpaid	9	N		
111	3	43a(i)	Primary School Repairs and Maintenance Donation	1	C	"X" or null	
112	3	43a(ii)	Spouse School Repairs and Maintenance Donation	1	C	"X" or null	
113	3	43b(i)	Primary Public Libraries Donation	1	C	"X" or null	
114	3	43b(ii)	Spouse Public Libraries Donation	1	C	"X" or null	
115	3	43c(i)	Primary Domestic Violence Donation	1	C	"X" or null	
116	3	43c(ii)	Spouse Domestic Violence Donation	1	C	"X" or null	
117	3	44	Total Donations	2	N		
118	3	45	Overpaid minus donations	9	N		
119	4	46	Estimated Tax apply to the following tax year	9	N		
120	4	47a	Refunded to you	9	N		
121	4	47a(i)	Refund will be deposited to a foreign bank, checkbox	1	C	"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	
122	4	47b	Routing Number	9	N	Do not zero fill. Do not use hyphens, spaces or special symbols.	
123	4	47c(i)	Account Type Checking	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
124	4	47c(ii)	Account Type Savings	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
125	4	47d	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
126	4	48	Amount you owe	9	N		
127	4	49	Payment Amount	9	N		
128	4	50(i)	Form N210 attached checkbox	1	C	"X" or null	
129	4	50	Estimated Tax Penalty	9	N		
130	4	53(i)	Federal Schedule C - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
131	4	53(ii)	Federal Schedule C - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts	9	N		
133	4	53(vi)	Federal Schedule C TSM Hawaii Tax ID	12	N	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 include hyphens, spaces or other delimiters in this field.	
134	4	54(i)	Federal Schedule E - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
135	4	54(ii)	Federal Schedule E - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents	9	N		
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID	12	N	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 include hyphens, spaces or other delimiters in this field.	
138	4	55(i)	Federal Schedule F - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
139	4	55(ii)	Federal Schedule F - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts	9	N		
141	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID	12	N	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 include hyphens, spaces or other delimiters in this field.	
142	4	--	Preparer Identification Number	9	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
143	4	--	Primary HI Election Campaign - YES checkbox	1	C	"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	C	"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		
151	CR1	5	Employment Vocational Rehab Referral Credit	9	N		
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit	9	N		
153	CR1	7	Carryover of Individual Development Account Contribution Tax Credit	9	N		
154	CR1	8	Carryover of Tech Infrastructure Renovation Tax Credit	9	N		
155	CR1	9	School Repair and Maintenance Credit	9	N		
156	CR1	10	Carryover of the Hotel Construction and Remodeling Tax Credit	9	N		
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	C	"X" or null	
160	CR1	13a(2)	Wind Checkbox	1	C	"X" or null	
161	CR1	13a	Total amount of Renew Energy Tech Income Tax Credit-July 2009	9	N		Description Change
162	CR1	13b	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		
165	CR1	16	Renewable Fuels Production Tax Credit	9	N		
166	CR1	17	Organic Foods Production Tax Credit	9	N		
167	CR1	18	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	CR2	21	Capital Goods Excise Tax Credit	9	N		Renumbered, New Line number



Field #	Page #	Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
171	CR2	22	Fuel Tax Credit	9	N		Renumbered, New Line number
172	CR2	23	Motion Picture and Film Tax Credit	9	N		Renumbered, New Line number
173	CR2	24a(1)	Solar Checkbox	1	C	"X" or null	Renumbered, New Line number
174	CR2	24a(2)	Wind Checkbox	1	C	"X" or null	Renumbered, New Line number
175	CR2	24	Renew Energy Tech Income Tax Credit-July 2009	9	N		Renumbered, New Line number
176	CR2	25	Important Agricultural Land Tax Credit	9	N		Renumbered, New Line number
177	CR2	26	Tax Credit for Research Activities	9	N		Renumbered, New Line number
178	CR2	27a	Other refundable credits-pro rata share of taxes paid on sale of real property	9	N		Renumbered, New Line number
179	CR2	27b	Other refundable credits-credit from regulated investment company	9	N		Renumbered, New Line number
180	CR2	27c	Other Refundable Credits Total	9	N		Renumbered, New Line number
181	CR2	28	Total Refundable Credits	9	N		Renumbered, New Line number
182	N311	L10	Refundable Food/Excise Tax Credit	4	N		Renumbered
183	X1	Part I L12	Low-income Household Renters Credit	4	N		Renumbered
184	X1	--	Meets Married Persons Filing Separately Requirements	1	C	WAITING FOR MANYEY TO DISCUSS CAPTURE OF THIS LINE	New Field
185	X2	Part II L28	Credit for Child and Dependent Care Expenses	4	N		Renumbered
186	--	--	End of Record Trailer	5	A	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "EOD"	Renumbered
186	191	-5	This is to balance the field #. Sometimes when lines are added deleted the filed # is not updated correctly. Delete this row before making the PDF				
<b>Return Fields that are NOT Included in the 2D Barcode</b>							
1	--	--	First Time Filer Checkbox				
1	--	--	Address or Name Change Checkbox				
1	--	--	ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.				
1	3a	--	MFS Spouse Name. This field appears below line 3.				
1	--	--	Spouse meets qualifications Checkbox. This is the checkbox below line 6b.				
1	6d	--	Table of dependent names, social security numbers, and relationship				
2	27	--	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)				
4	51	--	Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox				
4	51	--	Amended Return: Amount Paid (Overpaid) on Amended Return				
4	52	--	Amended Return: Balance Due (Refund) on Original Return-negative indicator checkbox				
4	52	--	Amended Return: Balance Due (Refund) on Amended Return				
4	53d	--	Schedule C business activity/product				
4	55d	--	Schedule F business activity/product				
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				

\*\*\*\*\* 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 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		
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		X	X	1	0
14	1	--	NOL Carryback Checkbox			X			X	1	0
15	1	--	IRS Adjustment Checkbox					X	X	1	0
16	1	--	Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	MAXLENGTHPRIMARYFIRSTNAME	25	0
17	1	--	Primary Middle Initial	A				D	M	1	0
18	1	--	Primary Last Name	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	MAXIMUMLENGTHPRIMARYLASTNAMEAAAA	35	0
19	1	--	Primary Suffix	JR					JRRRRRRRRR	10	-8
20	1	--	Spouse First Name		TESTTWOSEPF	TESTTHRESEPF			MAXLENGTHSPOUSEFIRSTNAME	25	0
21	1	--	Spouse Middle Initial		C				M	1	0
22	1	--	Spouse Last Name		TESTTWOSEPL	SPMFSLAST			MAXIMUMLENGTHSPOUSELASTNAMEAAAA	35	0
23	1	--	Spouse Suffix		SR				SRRRRRRRRR	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 #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
28	1	--	Primary Deceased Date of Death - Day				21		12	2	0
29	1	--	Primary Deceased Date of Death - Year				19		19	2	0
30	1	--	First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI	4	0
31	1	--	Spouse SSN		576557442	576661124			223456789	9	0
32	1	--	Spouse Deceased Checkbox		X				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
36	1	--	Care Of	X					CARE OF MAX LENGTH AAABBBCCDDDEEE FFGGG	40	0
37	1	--	Street Address	X	X	X	X	X	123 MAX STREET LENGTH AAABBBCCDDDEEE FFF	40	0
38	1	--	City	X	X	X	X	X	MAX CITY LENGTH 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
41	1	--	Foreign State or Province				X		MAXIMUMLENGTHFO 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		X				X	1	0
45	1	3	Filing Status Checkbox: Married filing separate			X			X	1	0
46	1	4	Filing Status Checkbox: Head of Household				X		X	1	0
47	1	5	Filing Status Checkbox: Qualifying Widower					X	X	1	0
48	1	4a	HOH Qualifying Person. This field appears below line 4.				X		MAXLENGTHHOHQ ALIFYNG	21	0
49	1	5a	QW Year Spouse Died					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				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
54	1	6a/b	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.		X	X	X	X	4	1	0

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length	
55	1	6c	Exemptions for Dependent Children		X		X	X	90	2	0
56	1	6d	Exemptions for Other Dependents			X			91	2	0
57	1	6e	Total Exemptions Claimed	X	X	X	X	X	92	2	0
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox			X			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			X	1	0
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			X	1	0
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			X	123456799	9	0
80	2	21e	Casualty and Theft Losses		X			X	323456789	9	0
81	2	21f	Miscellaneous deductions		X			X	423456789	9	0
82	2	22	Total Itemized Deductions		X			X	523456789	9	0
83	2	23	Standard Deduction	X		X	X	X	623456789	9	0
84	2	24	Subtotal (Line 20 – Line 22 or 23) - negative indicator 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					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

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
93	3	28	Refundable Food/Excise Tax Credit		X	X	X		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	1 0
101	3	34	Tax Less Refundable Credits	X	X	X	X	X	443456789	9 0
102	3	35	Total Nonrefundable Credits - Sch CR	X	X		X	X	553456789	9 0
103	3	36	Tax Less Nonrefundable Credits - negative indicator	X		X			X	1 0
104	3	36	Tax Less Nonrefundable Credits	X	X	X	X	X	663456789	9 0
105	3	37	Withholding	X	X		X	X	773456789	9 0
106	3	38	Estimated tax payments				X	X	883456789	9 0
107	3	39	Estimated tax from previous tax year				X		993456789	9 0
108	3	40	Extension Payment			X	X		123456100	9 0
109	3	41	Total Payments	X	X	X	X	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	43a(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	43b(ii)	Spouse Public Libraries Donation		X				X	1 0
115	3	43c(i)	Primary Domestic Violence Donation	X	X				X	1 0
116	3	43c(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	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	47c(i)	Account Type Checking	X					X	1 0
124	4	47c(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		X	1 0
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts					X	123455559	9 0
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 #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID				X		123456789015	12
138	4	55(i)	Federal Schedule F - YES checkbox			X			X	1
139	4	55(ii)	Federal Schedule F - NO checkbox	X	X		X	X	X	1
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts			X			122346789	9
141	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID			X			123456789016	12
142	4	--	Preparer Identification Number			X		X	123455789	9
143	4	--	Primary HI Election Campaign - YES checkbox		X			X	X	1
144	4	--	Primary HI Election Campaign - NO checkbox	X		X	X		X	1
145	4	--	Spouse HI Election Campaign - YES checkbox		X				X	1
146	4	--	Spouse HI Election Campaign - NO checkbox						X	1
147	CR1	1	Tax Paid to another state					X	123106789	9
148	CR1	2	Carryover of Energy Conservation Tax Credit					X	123101789	9
149	CR1	3	Enterprise Zone Tax Credit					X	123102789	9
150	CR1	4	Tax Credit for Low Income Housing					X	123103789	9
151	CR1	5	Employment Vocational Rehab Referral Credit					X	123104789	9
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit		X				123105789	9
153	CR1	7	Carryover of Individual Development Account Contribution Tax Credit		X				123106789	9
154	CR1	8	Carryover of Tech Infrastructure Renovation Tax Credit		X				123107789	9
155	CR1	9	School Repair and Maintenance Credit		X				123108789	9
156	CR1	10	Carryover of the Hotel Construction and Remodeling Tax Credit		X				123109789	9
157	CR1	11	Carryover of Residential Construction and Remodel Tax Credit		X				123110789	9
158	CR1	12	Carryover of the Renew Energy Tech Income Tax Credit		X				123112789	9
159	CR1	13a(1)	Solar Checkbox		X				X	1
160	CR1	13a(2)	Wind Checkbox					X	X	1
161	CR1	13a	Total amount of Renew Energy Tech Income Tax Credit-July 2009		X			X	123113789	9
162	CR1	13b	RETITC carryforward from previous years					X	555444667	9
163	CR1	14	Capital Infrastructure Tax Credit		X				123114789	9
164	CR1	15	Cesspool Upgrade, Conversion or Connection Income Tax Credit		X				123115789	9
165	CR1	16	Renewable Fuels Production Tax Credit		X			X	123116789	9
166	CR1	17	Organic Foods Production Tax Credit		X		X		123117789	9
167	CR1	18	Earned Income Tax Credit		X		X		123118789	9
168	CR1	19	Healthcare Preceptor Income Tax Credit		X					
169	CR1	20	Total Nonrefundable Credits	X	X		X	X	123119789	9
170	CR2	21	Capital Goods Excise Tax Credit					X	123110789	9
171	CR2	22	Fuel Tax Credit					X	123112789	9
172	CR2	23	Motion Picture and Film Tax Credit			X			123113789	9
173	CR2	24a(1)	Solar Checkbox				X		X	1
174	CR2	24a(2)	Wind Checkbox	X					X	1
175	CR2	24	Renew Energy Tech Income Tax Credit-July 2009	X			X		123114789	9

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
176	CR2	25	Important Agricultural Land Tax Credit			X			123115789	9 0
177	CR2	26	Tax Credit for Research Activities			X		X	123118789	9 0
178	CR2	27a	Other refundable credits-pro rata share of taxes paid on sale of real property				X		123119789	9 0
179	CR2	27b	Other refundable credits-credit from regulated investment company				X		123120789	9 0
180	CR2	27c	Other Refundable Credits Total				X		123121789	9 0
181	CR2	28	Total Refundable Credits	X		X	X	X	123122789	9 0
182	N311	L10	Refundable Food/Excise Tax Credit		X	X	X		1239	4 0
183	X1	Part I L12	Low-Income Household Renters Credit			X			1238	4 0
184	X1	--	Meets Married Persons Filing Separately Requirements			X			X	1 0
185	X2	Part II L28	Credit for Child and Dependent Care Expenses					X	1237	4 0
186	--	--	End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	
186	191	-5	This is to balance the field #. Sometimes when lines are added deleted the filed # is not updated correctly. Delete this row before making the PDF							

**Return Fields that are NOT Included in the 2D Barcode**

1	--	First Time Filer Checkbox							
1	--	Address or Name Change Checkbox							
1	--	ITIN Applied For. This will be hand written in the space below the area reserved for the barcode.							
1	3a	MFS Spouse Name. This field appears below line 3.			X				
1	--	Spouse meets qualifications Checkbox. This is the checkbox below line 6b.			X				
1	6d	Table of dependent names, social security numbers, and relationship							
2	27	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Table)	X (Tax Table)	X (Capital Gains Tax Worksheet)	X (Tax Rate Schedule)		
4	51	Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox					X		
4	51	Amended Return: Amount Paid (Overpaid) on Original Return			X		X		
4	52	Amended Return: Balance Due (Refund) on Amended Return-negative indicator checkbox			X				
4	52	Amended Return: Balance Due (Refund) on Amended Return			X		X		
4	53d	Schedule C business activity/product					X		
4	55d	Schedule F business activity/product			X				
4	--	Designee Name				X			
4	--	Designee Phone Number				X			
4	--	Designee Identification Number				X			
4	--	Signature Date	X	X	X	X	X	X	
4	--	Occupation	X	X	X	X	X	X	
4	--	Daytime Phone Number	X	X	X	X	X	X	
4	--	Spouse Signature Date		X					



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:

	4	Sig Block	Primary Signature
	4	Sig 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 are not in the barcode but are populated by other DOTAX system processes:

		N/A	DLN
		N/A	SLD

Fields which are not in the barcode and form but are populated by electronic filing only:

		N/A	IP Address
		N/A	Software ID

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

Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
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Field #	Page #	Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*	Max Length
---------	--------	-------------	-------------	--------	--------	--------	--------	--------	---------	------------



**Individual Income Tax Return**  
**RESIDENT**  
**Calendar Year 2019**  
**OR**



Place QR Code Here

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

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

**FOR OFFICE USE ONLY**


**Do NOT Submit a Photocopy!!**

**IMPORTANT — Complete this Section**

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

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

Your Social Security Number **123 - 12 - 1234**

Deceased  Date of Death **12 - 12 - 12**

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

Spouse's Social Security Number **123 - 12 - 1234**

Deceased  Date of Death **12 - 12 - 12**

(Place an X in only ONE box)

- 1**  Single
- 2**  Married filing joint return (even if only one had income).
- 3**  Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. **MFS SPOUSE'S NAMEXXXXXXXXX**
- 4**  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. **QUALIFYING PERSONXXXX**
- 5**  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.

- 6a**  Yourself .....  Age 65 or over.....
  - 6b**  Spouse.....  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

<b>6c</b> Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship
<b>6d</b> 1. First and last name			
<b>FIRST DEPENDENT NAMEXXXX</b>		<b>123-45-6789</b>	<b>RELATIONSHIP</b>
<b>SECOND DEPENDENT NAMEXXX</b>		<b>123-45-6789</b>	<b>RELATIONSHIP</b>
<b>THIRD DEPENDENT NAMEXXXX</b>		<b>123-45-6789</b>	<b>RELATIONSHIP</b>
<b>FOURTH DEPENDENT NAME</b>		<b>123-45-6789</b>	<b>RELATIONSHIP</b>

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

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

**6e** Total number of exemptions claimed. Add numbers entered in boxes **6a** thru **6d** above..... **6e** **12**

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURN  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7 Federal adjusted gross income (AGI) (see page 12 of the Instructions) ..... 7 X 123456789

8 Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions) ..... 8 123456789

9 Interest on out-of-state bonds (including municipal bonds) ..... 9 123456789

10 Other Hawaii additions to federal AGI (see page 12 of the Instructions) ..... 10 123456789

11 Add lines 8 through 10 ..... Total Hawaii additions to federal AGI 11 123456789

12 Add lines 7 and 11 ..... 12 X 123456789

13 Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions) ..... 13 123456789

14 Social security benefits taxed on federal return ..... 14 123456789

15 First \$6,735 of military reserve or Hawaii national guard duty pay ..... 15 123456789

16 Payments to an individual housing account ..... 16 123456789

17 Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions) ..... 17 123456789

18 Other Hawaii subtractions from federal AGI (see page 15 of the Instructions) ..... 18 123456789

19 Add lines 13 through 18 ..... Total Hawaii subtractions from federal AGI 19 123456789

20 Line 12 minus line 19 ..... Hawaii AGI > 20 X 123456789

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

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

21a Medical and dental expenses (from Worksheet A-1) ..... 21a 123456789

21b Taxes (from Worksheet A-2) ..... 21b 123456789

21c Interest expense (from Worksheet A-3) ..... 21c 123456789

21d Contributions (from Worksheet A-4) ..... 21d 123456789

21e Casualty and theft losses (from Worksheet A-5) ..... 21e 123456789

21f Miscellaneous deductions (from Worksheet A-6) ..... 21f 123456789

TOTAL ITEMIZED DEDUCTIONS  
22 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. Enter total here and go to line 24.  
123456789

23 If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212 ..... Standard Deduction > 23 123456789

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) ..... 24 X 123456789

Human Readable text here

ID NO XX

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURN

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

25 Multiply \$1,144 by the total number of exemptions claimed on line 6e.

If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 22 of the Instructions.

X Yourself X Spouse ..... 25 123456789

26 Taxable Income. Line 24 minus line 25 (but not less than zero) ..... Taxable Income > 26 123456789

27 Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 39 of the Instructions.

( X Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) ..... Tax > 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

28 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 12 ... 28 123456789

29 Credit for Low-Income Household Renters (attach Schedule X) ..... 29 123456789

30 Credit for Child and Dependent Care Expenses (attach Schedule X) ..... 30 123456789

31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)..... 31 123456789

32 Total refundable tax credits from Schedule CR (attach Schedule CR) ..... 32 123456789

33 Add lines 28 through 32 ..... Total Refundable Credits > 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 ..... Balance > 36 X 123456789

37 Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments) ..... 37 123456789

38 2019 estimated tax payments..... 38 123456789

39 Amount of estimated tax applied from 2018 return ..... 39 123456789

40 Amount paid with extension..... 40 123456789

41 Add lines 37 through 40 ..... Total Payments > 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):..... Yourself Spouse

43a Hawaii Schools Repairs and Maintenance Fund ..... X \$2 X \$2

43b Hawaii Public Libraries Fund ..... X \$5 X \$5

43c Domestic and Sexual Violence / Child Abuse and Neglect Funds ..... X \$5 X \$5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here ..... 44 12

45 Line 42 minus line 44 ..... 45 123456789

Your Social Security Number

Your Spouse's SSN

Place QR Code Here

123 - 12 - 1234

123 - 12 - 1234

NAME(S) AS SHOWN ON RETURN XXXX

Name(s) as shown on return

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be applied to your 2020 ESTIMATED TAX ..... 46 123456789

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 of Instructions ..... 47a 123456789

X 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.

47b Routing number 123456789 47c Type: X Checking X Savings

47d Account number 12345678901234567

48 AMOUNT YOU OWE (line 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 (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 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 PROD AND 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 If yes, enter Hawaii gross rents received 123456789 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 PROD AND your HI Tax I.D. No. for this activity GE 123-123-1234-12

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 32 of the Instructions.

Designee's name DESIGNEE'S NAME XXXX Phone no. (123) 456-7891 Identification number 12-3456789

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the "Yes" box will not increase your tax or reduce your refund. If joint return, does your spouse want \$3 to go to the fund? X Yes X No

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

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

12/12/12

12/12/12

Your Occupation

Daytime Phone Number

Your Spouse's Occupation

Daytime Phone Number

TAXPAYER OCCUPATIONXX (123) 123-4567

SPOUSE OCCUPATIONXX (123) 123-4567

Preparer's Signature

Date 12/12/12

Check if self-employed X

Preparer's identification number 123456789

Paid Preparer's Information

Print Preparer's Name

PRINT PREPARER'S NAME HEREXXXXXX

Federal E.I. No

12-1234567

Firm's name (or yours if self-employed), Address, and ZIP Code

FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX

Phone No

(123) 123-4567





**Individual Income Tax Return**  
**RESIDENT**  
**Calendar Year 2019**  
**OR**

Place  
QR Code  
Here

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

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

FOR OFFICE USE ONLY

**Do NOT Submit a Photocopy!!**

• ATTACH COPY 2 OF FORM W-2 HERE •

**◆ IMPORTANT — Complete this Section ◆**

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

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

Your Social Security Number 123 - 12 - 1234

Deceased  Date of Death 12 - 12 - 12

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

Spouse's Social Security Number 123 - 12 - 1234

Deceased  Date of Death 12 - 12 - 12

(Place an X in only ONE box)

- 1  Single
  - 2  Married filing joint return (even if only one had income).
  - 3  Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. MFS SPOUSE'S NAMEXXXXXXXX
  - 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. QUALIFYING PERSONXXXX
  - 5  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.

6a  Yourself .....  Age 65 or over..... } Enter the number of Xs on 6a and 6b ..... 1

6b  Spouse.....  Age 65 or over..... }

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

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

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 12

• ATTACH CHECK OR MONEY ORDER HERE •

Place QR Code Here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

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

ROUND TO THE NEAREST DOLLAR

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

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

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

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

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

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

Place QR Code Here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME (S) AS SHOWN ON RETURN  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**25** Multiply \$1,144 by the total number of exemptions claimed on line 6e.  
If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 22 of the Instructions.  
 Yourself  Spouse ..... **25** 123456789

**26 Taxable Income.** Line 24 minus line 25 (but not less than zero) ..... **Taxable Income** ▶ **26** 123456789

**27** Tax. Place an X if from  Tax Table;  Tax Rate Schedule; or  Capital Gains Tax Worksheet on page 39 of the Instructions.  
(  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.) ..... **Tax** ▶ **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

**28** Refundable Food/Excise Tax Credit (attach Form N-311) **DHS, etc.** exemptions 12 .... **28** 123456789

**29** Credit for Low-Income Household Renters (attach Schedule X) ..... **29** 123456789

**30** Credit for Child and Dependent Care Expenses (attach Schedule X) ..... **30** 123456789

**31** Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)..... **31** 123456789

**32** Total refundable tax credits from Schedule CR (attach Schedule CR)..... **32** 123456789

**33** Add lines 28 through 32 ..... **Total Refundable Credits** ▶ **33** 123456789

**34** Line 27 minus line 33. If line 34 is zero or less, see Instructions..... **34**  123456789

**35** Total nonrefundable tax credits (attach Schedule CR) ..... **35** 123456789

**36** Line 34 minus line 35 ..... **Balance** ▶ **36**  123456789

**37** Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments) ..... **37** 123456789

**38** 2019 estimated tax payments..... **38** 123456789

**39** Amount of estimated tax applied from 2018 return ..... **39** 123456789

**40** Amount paid with extension..... **40** 123456789

**41** Add lines 37 through 40 ..... **Total Payments** ▶ **41** 123456789

**42** If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions).. **42** 123456789

<b>43</b> <b>Contributions to</b> (see page 29 of the Instructions):.....	<b>Yourself</b>	<b>Spouse</b>	
<b>43a</b> Hawaii Schools Repairs and Maintenance Fund .....	<input checked="" type="checkbox"/> \$2	<input checked="" type="checkbox"/> \$2	
<b>43b</b> Hawaii Public Libraries Fund .....	<input checked="" type="checkbox"/> \$5	<input checked="" type="checkbox"/> \$5	
<b>43c</b> Domestic and Sexual Violence / Child Abuse and Neglect Funds .....	<input checked="" type="checkbox"/> \$5	<input checked="" type="checkbox"/> \$5	

**44** Add the amounts of the Xs on lines 43a through 43c and enter the total here ..... **44** 12

**45** Line 42 minus line 44..... **45** 123456789

Place QR Code Here

Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME (S) AS SHOWN ON RETURNXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be applied to your 2020 ESTIMATED TAX ..... 46 123456789

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 of Instructions ..... 47a 123456789

X 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.

47b Routing number 123456789 47c Type: X Checking X Savings

47d Account number 12345678901234567

48 AMOUNT YOU OWE (line 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 (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 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 PRODU AND 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 If yes, enter Hawaii gross rents received 123456789
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 PRODU AND your HI Tax I.D. No. for this activity GE 123-123-1234-12

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 32 of the Instructions.

Designee's name DESIGNEE'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? X Yes X No Note: Placing an X the "Yes" box will not increase your tax or reduce your refund.
If joint return, does your spouse want \$3 to go to the fund? X Yes X No

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature Date 12/12/12 Spouse's signature (if filing jointly, BOTH must sign) Date 12/12/12

Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number
TAXPAYER OCCUPATIONXX (123) 123-4567 SPOUSE OCCUPATIONXX (123) 123-4567

PLEASE SIGN HERE Preparer's Signature Date 12/12/12 Check if self-employed X Preparer's identification number 123456789
Print Preparer's Name PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. 12-1234567
Firm's name (or yours if self-employed), Address, and ZIP Code FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXX Phone No. (123) 123-4567