

**Individual Income Tax Return**  
**NONRESIDENT and PART-YEAR RESIDENT**  
**Calendar Year 2021**  
**OR**

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Tax Year 12 - 12 - 12 thru 12 - 12 - 12

- Part-Year Resident** (Enter period of Hawaii residency above)
- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**
- First Time Filer**
- Nonresident**
- Nonresident Alien or Dual-Status Alien**
- MSRRA**
- Composite**

FOR OFFICE USE ONLY

**Do NOT Submit a Photocopy!!**

**ATTACH A COPY OF YOUR 2021 FEDERAL INCOME TAX RETURN**

Your First Name TP M.I. Your Last Name MI Suffix FIRST NAME XX MI LAST NAME XXXXXX MI  
 Spouse's First Name SPOUSE NAME XXXX MI Spouse's Last Name MI Suffix LAST NAME XXXXXX MI  
 Care Of (See Instructions, page 8.) CARE OF NAME FOR MAILNIG ADDRESS XXXXXXXX  
 Present mailing or home address (Number and street, including Rural Route)  
 TAXPAYER MAILING OR HOME ADDRESS XXXXXXXX  
 City, town or post office State Postal/ZIP code CITY XXXXXXXXXXXXXXXXXXXX ST 99999-9999  
 If Foreign address, enter Province and/or State Country FOREIGN ADDRESS XXXXXXXXXXXX COUNTRY XXXX

**IMPORTANT — Complete this Section**

Enter the first four letters of your last name. Use **ALL CAPITAL** letters XXXX  
 Your Social Security Number 123 - 45 - 6789  
 Deceased  Date of Death 12 - 12 - 12  
 Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters XXXX  
 Spouse's Social Security Number 123 - 45 - 6789  
 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 NAME XXXXXXXX
  - 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 PERSON XX
  - 5  Qualifying widow(er) (see page 9 of the Instructions)  
Enter the year your spouse died 1212

**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 below line 37.

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 6 dependents use attachment	2. Dependent's social security number	3. Relationship	
6d	FIRST DEPENDENT NAME XX	123-45-6789	RELATIONSHIP	Enter number of your children listed..... 6c
	SECOND DEPENDENT NAME X	123-45-6789	RELATIONSHIP	
	THIRD DEPENDENT NAME XX	123-45-6789	RELATIONSHIP	
	FOURTH DEPENDENT NAME X	123-45-6789	RELATIONSHIP	Enter number of other dependents ..... 6d
	FIFTH DEPENDENT NAME XX	123-45-6789	RELATIONSHIP	
	SIXTH DEPENDENT NAME	123-45-6789	RELATIONSHIP	

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

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

Place QR Code Here  
Human Readable text here

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

TP FIRST NAME XX MI LAST NAME

Name(s) as shown on return SPOUSE NAME XXXX MI LAST NAME

	Col. A - Total Income		Col. B - Hawaii Income
7 Wages, salaries, tips, etc. (attach Form(s) W-2) .....	123456789	7	123456789
8 Interest income from the worksheet on page 38 of the Instructions .....	123456789	8	123456789
9 Ordinary dividends .....	123456789	9	123456789
10 State income tax refund from the worksheet on page 38 of the Instructions .....	123456789	10	123456789
11 Alimony received .....	123456789	11	123456789
12 Business or farm income or (loss)..... <b>X</b>	123456789	12 <b>X</b>	123456789
13 Capital gain or (loss) from the worksheet on page 38 of the Instructions .....	123456789	13 <b>X</b>	123456789
14 Supplemental gains or (losses) (attach Schedule D-1) .....	123456789	14 <b>X</b>	123456789
15 IRA distributions .....	123456789	15	123456789
16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40) .....	123456789	16	123456789
17 Rents, royalties, partnerships, estates, trusts, etc..... <b>X</b>	123456789	17 <b>X</b>	123456789
18 Unemployment compensation (insurance).....	123456789	18	123456789
19 Other income (state nature and source) <u>OTHER INCOME XXXXXXXX</u> ..... <b>X</b>	123456789	19 <b>X</b>	123456789
20 Add lines 7 through 19 ..... <b>Total Income</b> <b>X</b>	123456789	20 <b>X</b>	123456789
21 Certain business expenses of reservists, performing artists, and fee-basis government officials .....	123456789	21	123456789
22 IRA deduction .....	123456789	22	123456789
23 Student loan interest deduction from the worksheet on page 42 of the Instructions .....	123456789	23	123456789
24 Health savings account deduction.....	123456789	24	123456789
25 Moving expenses (attach Form N-139)..... <u>STORAGE XXXXXXXXXXXXXXXXXXXXXXXXXX</u>	123456789	25	123456789
26 Deductible part of self-employment tax .....	123456789	26	123456789
27 Self-employed health insurance deduction .....	123456789	27	123456789
28 Self-employed SEP, SIMPLE, and qualified plans .....	123456789	28	123456789
29 Penalty on early withdrawal of savings .....	123456789	29	123456789
30 Alimony paid (Enter name and SS No. of recipient) <u>SPOUSE NAMEXX 123-45-6789</u> .....	123456789	30	123456789
31 Payments to an individual housing account .	123456789	31	123456789
32 First \$7,152 of military reserve or Hawaii national guard duty pay .....	123456789	32	123456789

Place QR Code Here
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Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TP FIRST NAME XX MI LAST NAME

SPOUSE NAME XXXX MI LAST NAME

- 33 Exceptional trees deduction (attach affidavit) (see page 21 of the Instructions)..... 123456789 33 123456789
34 Add lines 21 through 33 ..... Total Adjustments > OTHER ADJUSTMENTS XXXXXXXXXXXXXXXX 123456789 34 123456789
35 Line 20 minus line 34 ....Adjusted Gross Income > X 123456789 35 X 123456789
36 Federal adjusted gross income (see page 22 of the Instructions) .....36 X 123456789

37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places)...37 1.00
CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 22, and place an X here. X

38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 22 of the Instructions and enter your Hawaii itemized deductions here.

- 38a Medical and dental expenses (from Worksheet NR-1 or PY-1).....38a 123456789
38b Taxes (from Worksheet NR-2 or PY-2)..... 38b 123456789
38c Interest expense (from Worksheet NR-3 or PY-3) .....38c 123456789
38d Contributions (from Worksheet NR-4 or PY-4)..... 38d 123456789
38e Casualty and theft losses (from Worksheet NR-5 or PY-5).....38e 123456789
38f Miscellaneous deductions (from Worksheet NR-6 or PY-6)..... 38f 123456789

TOTAL ITEMIZED DEDUCTIONS
39 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 27. Enter total here and go to line 41.
123456789

- 40a If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212.....40a 123456789
40b Multiply line 40a by the ratio on line 37 ..... Prorated Standard Deduction > 40b 123456789
41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)..... 41 X 123456789
42a 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 the Instructions.
X Yourself X Spouse.....42a 123456789
42b Multiply line 42a by the ratio on line 37 ..... Prorated Exemption(s) > 42b 123456789
43 Taxable Income. Line 41 minus line 42b (but not less than zero).....Taxable Income > 43 123456789
44 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 41 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 > 44 123456789
44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet.....44a 123456789
45 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 12 .....45 123456789
46 Credit for Low-Income Household Renters (attach Schedule X) .....46 123456789
47 Credit for Child and Dependent Care Expenses (attach Schedule X).....47 123456789
48 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....48 123456789
49 Total refundable tax credits from Schedule CR (attach Schedule CR).....49 123456789
50 Add lines 45 through 49..... Total Refundable Credits > 50 123456789
51 Line 44 minus line 50. If line 51 is zero or less, see Instructions.....Adjusted Tax Liability > 51 X 123456789

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Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TP FIRST NAME XX MI LAST NAME

SPOUSE NAME XXXX MI LAST NAME

Table with 3 columns: Line number, Description, and Amount. Includes lines 52-69 with various tax credit and payment entries.

TOTAL PAYMENTS
58 Add lines 54 through 57.

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 NAME XXXXX Phone no. > (123) 123-4567 Identification number > 12-3456789

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

PLEASE SIGN HERE
Your signature Date 12-12-12 Spouse's signature (if filing jointly, BOTH must sign) Date 12-12-12
Your Occupation Daytime Phone Number TAXPAYER OCCUPATION X (123) 123-4567 Your Spouse's Occupation Daytime Phone Number SPOUSE OCCUPATION X (123) 123-4567

Paid Preparer's Information
Preparer's Signature Date 12-12-12 Check if self-employed [X] Preparer's identification number 123456789

Print Preparer's Name > PRINT PREPARER NAMEXXXXXXXXXXXXX Federal E.I. No. > 12-3456789
Firm's name (or yours if self-employed), Address, and ZIP Code > FIRM NAME OR PREPARER NAME XXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX Phone No. > (123) 123-4567