(11 2018) ace Code	Ind	Caler	Incon ESID ndar Yea OR	ne Tax F ENT ar 2018	Return	1		T WRITE IN THIS AF	₹EA	
	x	AME	Beginning ¹²	- 12 -	u	nd Ending	12 -	12	- 12			
	x x		Carryback Adjustment									
		[Do NOT Subn	nit a Pho	otoco	py!!						
		P X	lace an X in applic First Time Filer			priate ne Change						
•										NT — Complete th	nis Secti	ion 🔶
ATTACH COPY 2 OF FORM W-2 HERE	-	Your First TAX	Name PAYER'S FIRS		r Last Name JAST 1	JAMEXXX		uffix JR	Enter the first four le of your last name. Use ALL CAPITAL			ABCD
ORM \	abel F	•	First Name USE'S FIRSTX	· · ·					Your Social Security Number	123 -	12 -	1234
OFF	Place		See Instructions, page 7.) NAME FOR MA	ILING A	Deceased X	Date of Death 12	- 12	- 12				
DPY 2	> [-	Present r	nailing or home address (Number PAYER 'S MAII	er and street, includ	ling Rural Ro		Enter the first four letters					
CH CC		City, town	or post office		State	Postal/ZIP code	e	^^	of your Spouse's las Use ALL CAPITAL	t name. letters		ABCD
ATTA(Y, TOWN, POST address, enter Province and/or		XX	Country	ODE		Spouse's Social Security Number	123 -	12 -	1234
•		FOR	EIGN PROVINC	EXXXXXX	XXXX	COUNTR	YXXXXX	XX	Deceased X	Date of Death 12	- 12	- 12
				(Place an	X in only	/ ONE box)						
	1	X X	Single Married filing joint retu		-		4 2		Head of household (w person is a child but r			
	3		Married filing separate	e return. Enter	spouse's	SSN and			name.	YING PERSO		
ВЕ.			the first four letters of name here. MFS			•	XX 5 2	x (QUALLI Qualifying widow(er) (-
• ATTACH CHECK OR MONEY ORDER HERE							-		Enter the year your sp	ouse died 1234		
ORDE		CAUT	FION: If you can be claimed a	s a dependent on				lace an X a	bove line 21.			
NEY	6a	X	Yourself			Age 65 or c	over			Enter the number	r of Xs	
R MC	6b	x a	Spouse		Х	Age 65 or c	over			on 6a and 6b	,	1
CKO	0.		placed an X on lines 3 and	6b above, see t	the Instruct	tions on page §	9 and if your	spous	e meets the qualification	ns, place an X here	х	
ICHE	60 and	1. First	and last name u	than 4 dependents se attachment		2. Dependen security nu	umber		3. Relationship	Enter number of your children liste	ed 6c	12
TACH	6d	·	<u>RST DEPENDEN</u> COND DEPENDE			<u>123-45</u> 123-45			<u>ELATIONSHII</u> ELATIONSHII	- Enter number of		12
• AT			IRD DEPENDEN FOURTH DEPE	T NAMEX	XXX	<u>123-45</u> 123-45	-6789	_	ELATIONSHI ELATIONSHI		,u	
					·							
				exemptions cla IO XX	aimed. Ad	dd numbers e	entered in be	oxes (6a thru 6d above		6e 🖡	12

Form N-11 (Rev. 2018)

Your Social Security Number

Page 2 of 4

Place
QR Code
Here

123 - 12 - 1234

Name(s) as shown on return

34		123 -	12	- 1234
NAME(S)	AS	SHOWN	ON	RETURXXXX
XXXXXXXX	XXX	XXXXXX	XXX	XXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructio	ns)	. 7	Х	123456789
8	Difference in state/federal wages due to COLA, ERS,				
	etc. (see page 12 of the Instructions)	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 feder	ralAGI 11 1	2345	678	9
12	Add lines 7 and 11		12	х	123456789
13	Pensions taxed federally but not taxed by Hawaii	100456700			
	(see page 14 of the Instructions) 13	123456789	•		
		100456700			
	Social security benefits taxed on federal return	123456789	,		
15	First \$6,564 of military reserve or Hawaii national	123456789			
	guard duty pay 15	123450705	,		
		123456789	1		
16	Payments to an individual housing account 16	123430703			
17	Exceptional trees deduction (attach affidavit)	123456789	1		
	(see page 15 of the Instructions) 17	125450705			
18	Other Hawaii subtractions from federal AGI	123456789	1		
	(see page 15 of the Instructions) 18	T77270107			
10					
19	Add lines 13 through 18	1	2345	678	9
19		ral AGI 19 1	.2345	678	9
	Add lines 13 through 18 Total Hawaii subtractions from fede				
19 20	Add lines 13 through 18			678 X	9 123456789
20	Add lines 13 through 18 Total Hawaii subtractions from fede	Hawaii AGI 🕽	▶ 20	x	123456789
20	Add lines 13 through 18 Total Hawaii subtractions from fede Line 12 minus line 19 ION : If you can be claimed as a dependent on another person's ret	urn, see the Instructions or	► 20	x	123456789
20 CAUT	Add lines 13 through 18 	urn, see the Instructions or	► 20	x	123456789
20 CAUT	Add lines 13 through 18 Total Hawaii subtractions from fede Line 12 minus line 19 ION : If you can be claimed as a dependent on another person's ret	urn, see the Instructions or	► 20	x	123456789
20 <i>CAUT</i> 21	Add lines 13 through 18 	urn, see the Instructions or	► 20	x	123456789
20 <i>CAUT</i> 21	Add lines 13 through 18 	<i>urn, see the Instructions or</i> se go to page 17 of the Inst	► 20	x	123456789 Dlace an X here. X
20 <i>CAUT</i> 21	Add lines 13 through 18 	<i>urn, see the Instructions or</i> se go to page 17 of the Inst	► 20	x	123456789 place an X here. X TOTAL ITEMIZED
20 <i>CAUT</i> 21 21a	Add lines 13 through 18 Total Hawaii subtractions from feder Line 12 minus line 19 ION: If you can be claimed as a dependent on another person's ret If you do not itemize your deductions, go to line 23 below. Otherwise and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789	► 20 page 10 ructions	X 6, and (123456789 Dace an X here. X TOTAL ITEMIZED DEDUCTIONS
20 <i>CAUT</i> 21 21a	Add lines 13 through 18 Total Hawaii subtractions from feder Line 12 minus line 19 ION: If you can be claimed as a dependent on another person's ret If you do not itemize your deductions, go to line 23 below. Otherwise and enter your itemized deductions here. Medical and dental expenses (from Worksheet A-1)	<i>urn, see the Instructions or</i> se go to page 17 of the Inst 123456789	► 20 page 10 ructions	X 6, and (123456789 place an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross
20 <i>CAUT</i> 21 21a 21b	Add lines 13 through 18 	Hawaii AGI Hawaii AGI Turn, see the Instructions or se go to page 17 of the Inst 123456789 123456789	► 20 r page 10 ructions	X 6, and (123456789 blace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain
20 <i>CAUT</i> 21 21a 21b	Add lines 13 through 18 	urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789	► 20 r page 10 ructions	X 6, and (123456789 blace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 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
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20 CAUT 21 21a 21b 21c 21d 21e	Add lines 13 through 18	Hawaii AGI > Hawaii AGI > Hawaii AGI > 123456789 123456789 123456789 123456789 123456789 123456789	► 20 page 10 ructions	X 6, and (123456789 blace an X here. X DESCRIPTION SET 1 SET 1 S
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Form N-11 (Rev. 2018)

Your Social Security Number

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QR Co Her	123 - 12 - 1234			- 12 -	
	NAME (S) AS				
		(XX)	XXX	XXXXXX	XXXXXXX
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.				100450700
	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				
	Worksheet on page 39 of the Instructions.	, iax			
	(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				
274	the net capital gain from line 14 of that worksheet	39			
28	Refundable Food/Excise Tax Credit				
	(attach Form N-311) DHS, etc. exemptions 12 28 12345678	39			
29	Credit for Low-Income Household				
	Renters (attach Schedule X)	39			
30	Credit for Child and Dependent				
	Care Expenses (attach Schedule X)	39			
31	Credit for Child Passenger Restraint				
01	System(s) (attach a copy of the invoice)	39			
32	Total refundable tax credits from				
52	Schedule CR (attach Schedule CR)	39			
33	Add lines 28 through 32 Total Refundable Credits	s >	33		123456789
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions		34	Х	123456789
05			0 5		123456789
35	Total nonrefundable tax credits (attach Schedule CR)		35		123430709
36	Line 34 minus line 35	• >	36	х	123456789
37	Hawaii State Income tax withheld (attach W-2s)	-			
	(see page 28 of the Instructions for other attachments)	39			
	(,				
38	2018 estimated tax payments	39			
39	Amount of estimated tax applied from 2017 return	39			
	Amount paid with extension 40 12345678	0			
40	Amount paid with extension	2			
		5 >	41		123456789
41	Add lines 37 through 40 Total Payments				
			46		102456700
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction	าร)	42		123456789
	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions):	ns)	42		123456789
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions):	ns) e \$2	42		123456789
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions): Yourself Spouse 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$ 43b Hawaii Public Libraries Fund X \$5 X \$	ns) e \$2 \$5	42		123456789
42 43	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions): Yourself Spouse 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$ 43b Hawaii Public Libraries Fund X \$5 X \$ 43c Domestic and Sexual Violence / Child Abuse and Neglect Funds X \$5 X \$	ns) e §2 §5			
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions): Yourself Spouse 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$ 43b Hawaii Public Libraries Fund X \$5 X \$	ns) e §2 §5	42 44		123456789 12
42 43	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instruction Contributions to (see page 29 of the Instructions): Yourself Spouse 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$ 43b Hawaii Public Libraries Fund X \$5 X \$ 43c Domestic and Sexual Violence / Child Abuse and Neglect Funds X \$5 X \$	ns) e §2 §5 §5	44		

ID NO XX

Form N-11 (Rev. 2018)

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τια		29 of Instruction									47a			123	456789	
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47b	Routing n	umber	123	4567	89	47c -	Туре: Х	Ch	ecking	X	Saving	ns				
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49		der payable to									49			123	456789	
50	-	d tax penalty.									-					
		ns.) Do not incl						7	004F	C 7 0 0						
	this box if	Form N-210 is	attached >	X		50		T	2345	0/89						
51	AMENDED	RETURN ONLY -	- Amount paid	d (overpaid	d) on origin	nal return. (S	See Instruct	tions) (att	ach Sch. A	AMD)	51	х		1234	456789	
52	AMENDED	RETURN ONLY -	 Balance due 	e (refund) v	with ameno	ded return. (See Instruc	ctions) (a	ttach Sch.	AMD)	52	х		1234	156789	
f 55	for any ren Did you file your main	e a federal Sch ital activity? e a federal Sch business activi business prode	iedule F?		es X F BI	N₀ <u>J</u> SIN	D your HI	l Tax I.D If yes,). No. for enter Ha	ross rents this activi wall gros this activi	ity G ss rece	E eipts		-123 123	456789 -1234- 456789 -1234-	12
		ating another p See page 31 c			s return	with the H	lawaii De	epartme	nt of Taxa	ation, cor	nplete	e the fo	llowing.	This is I	not a full pov	wer of
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	All ELECT PAIGN FU				-	ne Hawaii			-	?	X	Yes	X	No	Note: Placing a box wiil not incl	rease your
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