STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form N-11 (Rev. 2018)

Contact Information for General Questions

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

Telephone: (808) 587-1577 Fax: (808) 587-1584 E-mail: Tax.Technical.Section@hawaii.gov

Contact Information for Mailing Test Packages and Testing Inquiries

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

Email: tax.dp.qa@hawaii.gov

FORM N-11 (Rev. 2018)

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. 2018: 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: 8 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.

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 63.

3. Registration Marks

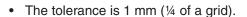
- Registration marks are required on every page. The scanning equipment looks for "L's", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of 0.5 inch long and 0.0278 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

9. Testing and Approval of the Scannable Form

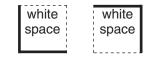
- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form N-11 (Rev. 2018) cannot be filed until 2019.

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.



 No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the registration mark.



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

- Placement of the QR code is as follows (see exhibit for exact placement):
 - 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 2018A 01 VIDXX

The required QR code for page 2 is: N11_T 2018A 02 VIDXX

The required QR code for page 3 is: N11_T 2018A 03 VIDXX

The required QR code for page 4 is: N11_T 2018A 04 VIDXX

The QR code includes the form number (N11), an underscore, type of form (T), space, 4-digit form year (2018), 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.

Form N-11 (Rev. 2018) General Information and Scannable Specifications

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		Max	Data		
#	#	Line #	Description	Length			Changes
1			Header Version Number	2	Α	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
						Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved	
2	ALL		Software Developer Code	4	AN	space on each page of the return.	
3			Form Number	6	Α	"N11"	
4	1		Form Year	4	Ν	The tax year for which the return is being filed. "2018" for example.	Date updated
						"0". Indicates the version of the 2D specification for the form that is being used. This number	
5			2D Specification Version	2	Ν	will increment for each change to the specification.	
						A software vendor defined version number that reflects the software and form revision used to	
6			Software Version	15	AN	produce this barcode.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
7	1		Fiscal Year Begin Month	2	Ν	include slashes "/" in this field.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
8	1		Fiscal Year Begin Day	2	Ν	include slashes "/" in this field.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
9	1		Fiscal Year Begin Year	2	Ν	include slashes "/" in this field.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
10	1		Fiscal Year End Month	2	Ν	include slashes "/" in this field.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
11	1		Fiscal Year End Day	2	Ν	include slashes "/" in this field.	
						Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not	
12	1		Fiscal Year End Year	2		include slashes "/" in this field.	
13	1		Amended Return Checkbox	1		"X" or null.	Renumbered - Field location moved on the form
14	1		NOL Carryback Checkbox	1		"X" or null.	Renumbered - Field location moved on the form
15	1		IRS Adjustment Checkbox	1	С	"X" or null.	Renumbered - Field location moved on the form
						The total width of this name (First MI Last) is 40, truncate the first name and last name as	
16	1		Primary First Name	25	Α	needed to fit within this overall form space. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
17	1		Primary Middle Initial	1	Α	Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
							Renumbered, Removed suffix, Field location moved on
18	1		Primary Last Name- Suffix	35	Α	Field should be all CAPITAL LETTERS. Suffix should be entered after the last name.	the form
19	1		Primary Suffix	2	Α	Field should be all CAPITAL LETTERS.	New Field
						Required entry if married filing joint, otherwise null. The total width of this name (First MI	
						Last) is 40, truncate the first name and last name as needed to fit within this overall form	
20	1		Spouse First Name	25	Α	space. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
21	1		Spouse Middle Initial	1	Α	Optional entry if married filing joint, otherwise null. Field should be all CAPITAL LETTERS.	Renumbered - Field location moved on the form
							Renumbered, Removed suffix, Field location moved on
22	1		Spouse Last Name -Suffix	35			the form
23	1		Spouse Suffix	2			
24	1		First 4 Characters of Primary Last Name	4			
25	1		Primary SSN	9	Ν	Do not include hyphens, spaces or other delimiters in this field.	Renumbered - Field location moved on the form

г т	1			1		2D Barcode Layout	
		_			-		
	Page	Form			Data		
#	#	Line #	Description	Length	Туре	Field Business Rules	Changes
26	1		Primary Deceased Checkbox	1	C	"X" or null	New Field
27	1		Primary Deceased Date of Death - Month	2	Ν	Do not include slashes "/" and dashed "-" in this field.	New Field
28	1		Primary Deceased Date of Death - Day	2	Ν	Do not include slashes "/" and dashed "-" in this field.	New Field
29	1		Primary Deceased Date of Death - Year	2	Ν	Do not include slashes "/" and dashed "-" in this field.	New Field
						Required entry if married filing joint or married filing separate, otherwise null. Field should be	
30	1		First 4 Characters of Spouse Last Name	4	А	all Capital Letters.	Renumbered
	-					Required entry if married filing joint or married filing separate, otherwise null. Do not include	
31	1		Spouse SSN	9		hyphens, spaces or other delimiters in this field.	Renumbered
32	1		Spouse Deceased Checkbox	1		"X" or null	New Field
33	1		Spouse Deceased Date of Death - Month	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
34	1		Spouse Deceased Date of Death - Month Spouse Deceased Date of Death - Day	2	N	Do not include slashes "/" and dashed "-" in this field.	New Field
	1		Spouse Deceased Date of Death - Day Spouse Deceased Date of Death - Year	2		Do not include slashes "/" and dashed "-" in this field.	New Field
35	1		Care Of	_	N AN	Do not include sidsnes / and dashed - in this field.	
36	1			40			Renumbered
37	1		Street Address	40		Field should be all CAPITAL LETTERS.	Renumbered
38	1		City	21	А	Field should be all CAPITAL LETTERS.	Renumbered
						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:	
39	1		U.S. State Code	2	Α		Renumbered
						Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer	
40	1		ZIP (Postal) Code	10		than 9 digits.	Renumbered
						Only populate if a foreign address. If the country does not use State or Province names then	
41	1		Foreign State or Province	25		this field should be NULL. Field should be all CAPITAL LETTERS.	Renumbered
42	1		Country	13	Α	Only populate if a foreign address. Field should be all CAPITAL LETTERS.	Renumbered
						"X" or null. One of the filing status checkboxes must be marked. There should be only one	
43	1	1	Filing Status Checkbox: Single	1	С	filing status checkbox marked.	Renumbered
	-	-		-	-	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
44	1	2	Filing Status Checkbox: Married filing joint	1	С	filing status checkbox marked.	Renumbered
		_			•	"X" or null. One of the filing status checkboxes must be marked. There should be only one	
45	1	3	Filing Status Checkbox: Married filing separate	1	С	filing status checkbox marked.	Renumbered
	1	5	Thing Glatus Checkbox. Married hing separate	1	0	"X" or null. One of the filing status checkboxes must be marked. There should be only one	Trendinbered
46	1	1	Filing Status Checkbox: Head of Household	1		filing status checkbox marked.	Renumbered
40	1	4	Thing Status Checkbox. Head of Household	I		"X" or null. One of the filing status checkboxes must be marked. There should be only one	Iterumbered
47	1	5	Filing Statue Chackboy: Qualifying Widowar	1		filing status checkbox marked.	Popumborod
47 48	1		Filing Status Checkbox: Qualifying Widower HOH Qualifying Person. This field appears below line 4.	21		Null if no value	Renumbered
	1			21 4			Renumbered
49			QW Year Spouse Died			Null if no value	Renumbered
50	1		Primary Regular Exemption	1		"X" or null	Renumbered
51	1		Primary Over 65 Exemption	1		"X" or null	Renumbered
52	1		Spouse Regular Exemption	1		"X" or null	Renumbered
53	1		Spouse Over 65 Exemption	1	С	"X" or null	Renumbered
			Number of Primary and Spouse Exemptions. This is the field				
54	1	6 <mark>a/b</mark>	that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b.	Renumbered
55	1		Exemptions for Dependent Children	2	Ν	0 if no value	Renumbered
56	1	6d	Exemptions for Other Dependents	2	Ν	0 if no value	Renumbered

	r r					2D Barcode Layout	
Field	Dama	F arm		Max	Dete		
		Form			Data		
#	#	Line #	Description	Length		Field Business Rules	Changes
57	1	6e	Total Exemptions Claimed	2	Ν	0 if no value	Renumbered
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	Renumbered
						For all numeric fields, use whole numbers (no decimals) unless otherwise specified in	
						the field business rule. For all numeric fields, do not include commas.	
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
59	2	7	Federal Adjusted Gross Income	9	Ν	negative sign in this field.	Renumbered
60	2	8	Difference in state/federal wages	9	Ν	0 if no value	Renumbered
61	2		Interest on out of state bonds	9	Ν	0 if no value	Renumbered
62	2		Other HI Additions	9		0 if no value	Renumbered
63	2		Total HI Additions	9	N	Sum of Lines 8, 9, and 10.	Renumbered
64	2		Total Income - negative indicator checkbox	1		"X" or null	Renumbered
	-			· ·	Ū	If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
65	2	12	Total Income	9	Ν	negative sign in this field.	Renumbered
66	2		Pensions Taxed Federally	9		0 if no value	Renumbered
	2	-	· · · · · · · · · · · · · · · · · · ·	9		0 if no value	
67	_		Social Security Benefits	-			Renumbered
68	2		National Guard Duty Pay	9		0 if no value	Renumbered
69	2		Individual Housing Acct	9		0 if no value	Renumbered
70	2		Exceptional Tree	9		0 if no value	Renumbered
71	2	-	Other Hawaii Subtractions	9		0 if no value	Renumbered
72	2	19	Total Subtractions	9		0 if no value	Renumbered
73	2	20	HI Adjusted Gross Income - negative indicator checkbox	1	С	"X" or null	Renumbered
						If negative, then mark the negative indicator checkbox for this field. DO NOT include a	
74	2		HI Adjusted Gross Income	9	Ν	negative sign in this field.	Renumbered
75	2	21	Dependent Indicator.	1	С	"X" or null	Renumbered, Description updated
76	2	21a	Medical and Dental	9	Ν	0 if no value	Renumbered
77	2	21b	Taxes	9	Ν	0 if no value	Renumbered
78	2	21c	Interest Expense	9	Ν	0 if no value	Renumbered
79	2	21d	Contributions	9		0 if no value	Renumbered
80	2		Casualty and Theft Losses	9		0 if no value	Renumbered
81	2		Miscellaneous deductions	9		0 if no value	Renumbered
82	2	211	Total Itemized Deductions	9		0 if no value	Renumbered
83	2		Standard Deduction	9		0 if no value	Renumbered
05	~		Standard Deduction Subtotal (Line 20 – Line 22 or 23) - negative indicator	J	IN		
04	2		checkbox	1	c	"V" or pull	Denumbered
84	2	24		1	С	"X" or null	Renumbered
05		24	Subtatal (Line 20. Line 22 or 22)		N	If negative, then mark the negative indicator checkbox for this field. DO NOT include a	Denumbered
85	2		Subtotal (Line 20 – Line 22 or 23)	9		negative sign in this field.	Renumbered
86	3	25	Total Exemptions	9	Ν	0 if no value	Renumbered
87	3	25 <mark>a</mark>	Primary Disability Indicator. This field appears below line 25.	1	1 C "X" or null Renumbered		Renumbered
1							
88	3		Spouse Disability Indicator. This field appears below line 25.	1	C "X" or null Renumbered		
89	3	26	Taxable Income	9	Ν	0 if no value	Renumbered
-							

						2D Barcode Layout	
Field	Page	Form		Max	Data		
#	#	Line #	Description	Length	Туре	Field Business Rules	Changes
90	3	27(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	1	С	"X" or null	Renumbered
91	3	27	Tax Liability	9	Ν	0 if no value	Renumbered
92	3	27a	Net Capital Gain	9	Ν	0 if no value	Renumbered
93	3	28	Refundable Food/Excise Tax Credit	9	Ν	0 if no value	Renumbered
			Refundable Food/Excise Tax Credit - Count DHS Exemptions				
94	3	28 <mark>a</mark>	(Child Support)	2	Ν	1 – 99.	Renumbered, Description updated
95	3	29	Low-Income Household Renters Credit	9		0 if no value	Renumbered
96	3		Child and Dependent Care Expenses	9		0 if no value	Renumbered
97	3	31	Child Passenger Restraint Credit	9	Ν	0 if no value	Renumbered
98	3	32	Total Refundable Credits - Sch CR	9	Ν	0 if no value	Renumbered
99	3	33	Total Refundable Credits	9	Ν		Renumbered
	-		Tax Less Refundable Credits - negative indicator checkbox	Ţ			
100	3	34	Balance Subtotal (Line 27 minus Line 33) -	1	С	"X" or null	Renumbered, Description updated
		0.	Tax Less Refundable Credits Balance Subtotal (Line 27-		•		
101	3	34	minus Line 33)	9	Ν		Renumbered, Description updated
102	3	35	Total Nonrefundable Credits - Sch CR	9	N		Renumbered
102	Ū	00	Tax Less Nonrefundable Credits - negative indicator checkbox-	Ū			Rendinbered
103	3	36	Balance (Line 34 minus Line 35) -	1	С	"X" or null	Renumbered, Description updated
100	5	50	Tax Less Nonrefundable Credits Balance (Line 34 minus Line-	1	0		
104	3	36	35)	9	Ν		Renumbered, Description updated
105	3		Withholding	9	N		Renumbered
105	3		Estimated tax payments	9	N		Renumbered
107	3		Estimated tax from previous tax year	9	N		Renumbered
107	3		Extension Payment	9	N		Renumbered
109	3		Total Payments	9	N		Renumbered
110	3		Amount Overpaid	9	N		Renumbered
111	3		Primary School Repairs and Maintenance Donation	9		"X" or null	Renumbered
	3		Spouse School Repairs and Maintenance Donation	1		"X" or null	Renumbered
112			Primary Public Libraries Donation	1		"X" or null	
113	3		Spouse Public Libraries Donation	1		"X" or null	Renumbered
114	-				-		Renumbered
115	3		Primary Domestic Violence Donation	1		"X" or null	Renumbered
116	3		Spouse Domestic Violence Donation	1		"X" or null	Renumbered
117	3		Total Donations	2	N		Renumbered
118	3		Overpaid minus donations	9	N		Renumbered
119	4		Estimated Tax apply to the following tax year	9	N		Renumbered
120	4	47a	Refunded to you	9	N		Renumbered
121	4	47a(i)	Refund will be deposited to a foreign bank, checkbox	1		"X" or null. If "X" then form lines 47b, 47c(i) or (ii) and 47d should be null.	Renumbered
122	4		Routing Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols.	Renumbered
123	4		Account Type Checking	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
124	4		Account Type Savings	1		"X" or null. Either the checking or savings checkbox may be checked, but not both.	Renumbered
125	4		Account Number	17		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
126	4	48	Amount you owe	9	N		Renumbered
127	4	49	Payment Amount	9	N		New Field

						2D Barcode Layout	r
Field	Dawa	F		Mari	Data		
	•	Form			Data		a .
#		Line #	Description	Length		Field Business Rules	Changes
128	4		Form N210 attached checkbox	1		"X" or null	Renumbered, Description updated
129	4		Estimated Tax Penalty	9	N		Renumbered, New Line number
130	4		Federal Schedule C - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
131	4		Federal Schedule C - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts	9	Ν		Renumbered, New Line number
						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	
133	4		Federal Schedule C TSM Hawaii Tax ID	12		include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
134	4	54(i)	Federal Schedule E - YES checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
135	4	54(ii)	Federal Schedule E - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents	9	Ν		Renumbered, New Line number
		- ()		-		Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
						this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID	12		include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
138	4	· · ·	Federal Schedule F - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
139	4		Federal Schedule F - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
140	4		Federal Schedule F Hawaii Gross Receipts	9	N		Renumbered, New Line number
140	4	55(III)		9		Note that the leading "GE" from the HI Tax I. D. is not captured and should not be included in	
		FF()		40		this field. Only include the 10 digit numeric Tax I. D. value plus the two digit suffix. Do not	
141	4		Federal Schedule F TSM Hawaii Tax ID	12		include hyphens, spaces or other delimiters in this field.	Renumbered, New Line number
142	4		Preparer Identification Number	9		Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	Renumbered
143	4		Primary HI Election Campaign - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
144	4		Primary HI Election Campaign - NO checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
145	4		Spouse HI Election Campaign - YES checkbox	1		"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
146	4		Spouse HI Election Campaign - NO checkbox	1	С	"X" or null. Check the YES or NO checkbox, but not both.	Renumbered, Description updated
147	CR1	1	Tax Paid to another state	9	Ν		Renumbered
148	CR1	2	Carryover of Energy Conservation Tax Credit	9	Ν		Renumbered
149	CR1	3	Enterprise Zone Tax Credit	9	Ν		Renumbered
150	CR1	4	Tax Credit for Low Income Housing Tax Credit	9	Ν		Renumbered, Description updated
151	CR1	5	Employment Vocational Rehab Referral Credit	9	Ν		Renumbered
-	CR1		Carryover of the High Tech Business Investment Tax Credit	9	N		Renumbered
		2	Carryover of Individual Development Account Contribution Tax	~			
153	CR1		Credit	9	Ν		Renumbered
	CR1		Carryover of Tech Infrastructure Renovation Tax Credit	9	N		Renumbered
	CR1		School Repair and Maintenance Credit	9	N		Renumbered
155	UNI		Carryover of the Hotel Construction and Remodeling Tax	9	IN		
450	CR1		Credit	9	NI		Denumbered
156	CRI	10	Credit	9	Ν		Renumbered
457	0.04		Operations of Decidential Operation and Demy 121 To Country	~	N		Descurptions d
	CR1		Carryover of Residential Construction and Remodel Tax Credit	9	N		Renumbered
	CR1		Carryover of the Renew Energy Tech Income Tax Credit	9	N		Renumbered
			Solar Checkbox	1		"X" or null	Renumbered, New Line number, Description updated
			Wind Checkbox	1		"X" or null	Renumbered, New Line number, Description updated
	CR1		Renew Energy Tech Income Tax Credit-July 2009	9	Ν		Renumbered, New Line number
162	CR1	13b	RETITC carryforward from previous years	9	Ν		New Field

Field	Page	Form		Max	Data		
#		Line #	Description	Length		Field Business Rules	Changes
163	CR1		Capital Infrastructure Tax Credit	9	N		Renumbered
	0.01		Cesspool Upgrade, Conversion or Connection Income Tax	Ŭ			
164	CR1		Credit	9	Ν		Renumbered
	CR1	16	Renewable Fuels Production Tax Credit	9	N		Renumbered
166	CR1	17	Organic Foods Production Tax Credit	9	Ν		Renumbered
167	CR1	18	Earned Income Tax Credit	9	N		New Field
168	CR1	19	Total Nonrefundable Credits	9	Ν		Renumbered, New Line number
169	CR2	20	Capital Goods Excise Tax Credit	9	Ν		Renumbered, New Line number
170	CR2		Fuel Tax Credit	9	Ν		Renumbered, New Line number
171	CR2		Motion Picture and Film Tax Credit	9	Ν		Renumbered, New Line number
			Solar Checkbox	1		"X" or null	Renumbered, New Line number, Description updated
	CR2		Wind Checkbox	1	С	"X" or null	Renumbered, New Line number, Description updated
	CR2	23	Renew Energy Tech Income Tax Credit-July 2009	9	Ν		Renumbered, New Line number
	CR2	24	Important Agricultural Land Tax Credit	9	Ν		Renumbered, New Line number
176	CR2	25	Tax Credit for Research Activities	9	Ν		Renumbered, New Line number
			Other refundable credits-pro rata share of taxes paid on sale of				
177	CR2		real property	9	N		Renumbered, New Line number
			Other refundable credits-credit from regulated investment				
		26b	company	9	N		Renumbered, New Line number
	CR2		Other Refundable Credits Total	9	N		Renumbered, New Line number
	CR2		Total Refundable Credits	9	N		Renumbered, New Line number
181	N311		Refundable Food/Excise Tax Credit	4	N		Renumbered
		Part I					
182	X1		Low-Income Household Renters Credit	4	N		Renumbered
183	X2	Part II L28	Credit for Child and Dependent Care Expenses	4	N		Renumbered
184			End of Record Trailer	5	А	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "*EOD*"	Renumbered

Return Fields that are NOT Included in the 2D Barcode

1		First Time Filer Checkbox		
1		Address or Name Change Checkbox		
		ITIN Applied For. This will be hand written in the space below		
1		the area reserved for the barcode.		
1	3 <mark>a</mark>	MFS Spouse Name. This field appears below line 3.		Moved from Included in 2D barcode to Not Included
		Spouse meets qualifications Checkbox. This is the checkbox		
1		below line 6b.		
		Table of dependent names, social security numbers, and		
1	6d	relationship		
		Tax source checkbox group (Tax Table, Tax Rate Schedule,		
2	27	Form N-168, Form N-615, Cap. Gains Worksheet)		
		Amended Return: Amount Paid (Overpaid) on Original Return-		
4	51	negative indicator checkbox		

Field #		Form Line #	Description	Max Length	Data Type	Field Business Rules	Changes
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return				
			Amended Return: Balance Due (Refund) on Amended Return-				
	4	52	negative indicator checkbox				
	4	52	Amended Return: Balance Due (Refund) on Amended Return				
	4		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				

Appendix B: 2D Testing Cases - N-15 / 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							
#	rage #	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
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	2018	2018	2018	2018	2018	2018
5			2D Specification Version	0	0	0	0	0	12
6			Software Version	0	0	0	0	0	123456789012345
7	1		Fiscal Year Begin Month	03					6
8	1		Fiscal Year Begin Day	01					1
9	1		Fiscal Year Begin Year	18					18
10	1		Fiscal Year End Month	2					12
11	1		Fiscal Year End Day	28					31
12	1		Fiscal Year End Year	19					18
13	1		Amended Return Checkbox			Х		Х	Х
14	1		NOL Carryback Checkbox			Х			Х
15	1		IRS Adjustment Checkbox					Х	Х
									MAXLENGTHPRIMARYFI
16	1		Primary First Name	TONEFIRST	TTWOPRIF	TTHREFIRST	TFOURFIRST	TFIVEFIRST	RSTNAME
17	1		Primary Middle Initial	A				D	Μ
									MAXIMUMLENGTHPRIM
									ARYLASTNAMEAAAAAA
18	1		Primary Last Name-Suffix	TONELAST	TTWOPRIL	THREELAST	TFOURLAST	TFIVELAST	A
19	1		Primary Suffix	JR					JRRRRRRRRR
									MAXILENGTHSPOUSEFI
20	1		Spouse First Name		TESTTWOSPF	TESTTHRESPF			RSTNAME
21	1		Spouse Middle Initial		С				Μ
									MAXIMUMLENGTHSPOU
									SELASTNAMEAAABBBC
22	1		Spouse Last Name-Suffix		TESTTWOSPL	SPMFSLAST			С
23	1		Spouse Suffix		SR				SRRRRRRRR
24	1		First 4 Characters of Primary Last Name	TONE	TTWO	THRE	TFOU	TFIV	MAXL
25	1		Primary SSN	400001902	575661121	576661123	575661124	575661125	123446789
26	1		Primary Deceased Checkbox				Х		X
27	1		Primary Deceased Date of Death - Month				06		11

Field	-	Form							
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
28	1		Primary Deceased Date of Death - Day				21		12
29	1		Primary Deceased Date of Death - Year				18		18
30	1		First 4 Characters of Spouse Last Name		TEST	SPMF			MAXI
31	1		Spouse SSN		576557442	576661124			223456789
32	1		Spouse Deceased Checkbox		Х				Х
33	1		Spouse Deceased Date of Death - Month		03				10
34	1		Spouse Deceased Date of Death - Day		10				17
35	1		Spouse Deceased Date of Death - Year		18				18
36	1		Care Of	x					CARE OF MAX LENGTH AAABBBCCCDDDEEEFF FGGG 123 MAX STREET
37	1		Street Address	x	x	x	x	x	LENGTH AAABBBCCCDDDEEEFF F
38	1		City	x	x	х	x	x	MAX CITY LENGTH AAAAA
39	1		U.S. State Code	x	x			x	US
40	1		ZIP (Postal) Code	Х	Х	Х	Х	Х	ZIP CODE 1
41	1		Foreign State or Province				х		MAXIMUMLENGTHFORE IGNSTATE
42	1		Country			Х	Х		MAXLENGTHCTRY
43	1	1	Filing Status Checkbox: Single	Х					1
44	1		Filing Status Checkbox: Married filing joint		Х				X
45	1		Filing Status Checkbox: Married filing separate			Х			X
46	1		Filing Status Checkbox: Head of Household				Х		Х
47	1	5	Filing Status Checkbox: Qualifying Widower					Х	Х
48	1		HOH Qualifying Person. This field appears below line 4.				х		MAXLENGTHHOHQUALI FYNG
49	1	5 <mark>a</mark>	QW Year Spouse Died					Х	1234
50	1		Primary Regular Exemption		Х	Х	Х	Х	Х
51	1	6a <mark>(ii)</mark>	Primary Over 65 Exemption		Х				X
52	1		Spouse Regular Exemption		Х	Х			Х
53	1	6b <mark>(ii)</mark>	Spouse Over 65 Exemption		Х				Х

Field	Page	Form							
#	#		Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
			Number of Primary and Spouse Exemptions. This is the field						
54	1	6 <mark>a/b</mark>	that appears to the right of lines 6a and 6b.		х	х	х	Х	4
55	1	6c	Exemptions for Dependent Children		Х		Х	Х	90
56	1	6d	Exemptions for Other Dependents			Х			91
57	1	6e	Total Exemptions Claimed	Х	Х	Х	Х	Х	92
58	2	7	Federal Adjusted Gross Income - negative indicator checkbox			Х			х
59	2	7	Federal Adjusted Gross Income		х	Х	х	х	112345678
60	2			Х					111456789
61	2			Х			Х		111156789
62	2			Х	Х		Х		122256789
63	2	11		Х	Х		Х		122226789
64	2	12	Total Income - negative indicator checkbox			Х			Х
65	2	12	Total Income	Х	Х	Х	Х	Х	123356789
66	2	13	Pensions Taxed Federally		Х				123336789
67	2	14	Social Security Benefits		Х				123333789
68	2	15	National Guard Duty Pay	Х	Х			Х	123446789
69	2	16	Individual Housing Acct		Х				123444489
70	2	17	Exceptional Tree					Х	123455789
71	2	18	Other Hawaii Subtractions	Х					123455589
72	2	19	Total Subtractions	Х	Х			Х	123456689
73	2		HI Adjusted Gross Income - negative indicator checkbox			Х			Х
74	2	20	,	Х	Х	Х	Х	Х	123456669
75	2	21	Dependent Indicator.	Х					Х
76	2		Medical and Dental		Х			Х	123456779
77	2	21b	Taxes		Х			Х	123456777
78	2	21c	Interest Expense		Х			X	123456788
79	2		Contributions		Х			Х	123456799
80	2		Casualty and Theft Losses		Х			Х	323456789
81	2		Miscellaneous deductions		Х			Х	423456789
82	2	22	Total Itemized Deductions		Х			Х	523456789
83	2	23	Standard Deduction	Х		X	Х	Х	623456789
	0					Y.			N N N N N N N N N N N N N N N N N N N
84	2		Subtotal (Line 20 – Line 22 or 23) - negative indicator checkbox	Y	N N	X	N .		X
85	2			X	X	X	X	X	723456789
86	3	25	Total Exemptions	Х	Х	Х	Х	Х	823456789

Field #		Form Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
87	3	25 <mark>a</mark>	Primary Disability Indicator. This field appears below line 25.		x				x
88	3		Spouse Disability Indicator. This field appears below line 25.		Х				Х
89	3	26	Taxable Income	Х	Х		Х	Х	923456789
90	3	27(iv)	Indicator if tax from other forms (N-2, N-103, etc.) is included	х					x
91	3			Х	Х		Х	Х	123456781
92	3		Net Capital Gain				Х		123456782
93	3	28	Refundable Food/Excise Tax Credit		Х	Х	Х		123456783
			Refundable Food/Excise Tax Credit - Count DHS Exemptions						
94	3	28 <mark>a</mark>	(Child Support)		Х				99
95	3		Low-Income Household Renters Credit			Х			123456784
96	3		Child and Dependent Care Expenses					Х	123456785
97	3		Child Passenger Restraint Credit		Х			Х	123456786
98	3		Total Refundable Credits - Sch CR	Х		Х	Х	Х	123456787
99	3	33		Х	Х	Х	Х	Х	123456788
			Tax Less Refundable Credits - negative indicator checkbox						
100	3	34		Х		Х			X
			Tax Less Refundable Credits -Balance Subtotal (Line 27-						
101	3			Х	Х	Х	Х	Х	443456789
102	3	35		Х	Х		Х	Х	553456789
			Tax Less Nonrefundable Credits - negative indicator checkbox-						
103	3	36		Х		Х			X
			Tax Less Nonrefundable Credits Balance (Line 34 minus Line						
104	3			Х	Х	Х	Х	Х	663456789
105	3			Х	Х		Х	Х	773456789
106	3		Estimated tax payments				Х	Х	883456789
107	3		Estimated tax from previous tax year				Х		993456789
108	3		Extension Payment			X	X		123456100
109	3			X	X	X	Х	Х	123456200
110	3			Х	Х	Х		Х	123456300
111	3			Х	Х				X
112	3		Spouse School Repairs and Maintenance Donation		Х				X
113	3			Х	Х				X
114	3		Spouse Public Libraries Donation		Х				Х
115	3			Х	Х				X
116	3	43c <mark>(ii)</mark>	Spouse Domestic Violence Donation		Х				X

Field	Page	Form							
#		Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
117	3	44	Total Donations	Х	Х				18
118	3	45	Overpaid minus donations	Х	Х	Х		Х	123456400
119	4	46	Estimated Tax apply to the following tax year					Х	123456500
120	4			Х	Х	Х		Х	123456600
121	4	47a <mark>(i)</mark>	Refund will be deposited to a foreign bank, checkbox			Х			X
122	4	47b	Routing Number	Х				Х	123456700
123	4	47c <mark>(i)</mark>	Account Type Checking	Х					Х
124	4	47c <mark>(ii)</mark>	Account Type Savings					Х	Х
125	4	47d	Account Number	Х				Х	12345678901234500
126	4	48	Amount you owe				Х		123456999
127	4	49	Payment Amount				Х		
128	4	50(i)	Form N210 attached checkbox				Х		X
129	4	50	Estimated Tax Penalty				Х		123444489
130	4	53(i)	Federal Schedule C - YES checkbox					Х	Х
131	4		Federal Schedule C - NO checkbox	Х	Х	Х	Х		Х
132	4	53(iii)	Federal Schedule C Hawaii Gross Receipts					Х	123455559
133	4	53(vi)	Federal Schedule C TSM Hawaii Tax ID					Х	123456789012
134	4	54(i)	Federal Schedule E - YES checkbox				Х		Х
135	4	54(ii)	Federal Schedule E - NO checkbox	Х	Х	Х		Х	X
136	4	54(iii)	Federal Schedule E Hawaii Gross Rents				Х		123456767
137	4	54(iv)	Federal Schedule E TSM Hawaii Tax ID				Х		123456789015
138	4	55(i)	Federal Schedule F - YES checkbox			Х			X
139	4	55(ii)	Federal Schedule F - NO checkbox	Х	Х		Х	Х	Х
140	4	55(iii)	Federal Schedule F Hawaii Gross Receipts			Х			122346789
141	4	55(vi)	Federal Schedule F TSM Hawaii Tax ID			Х			123456789016
142	4		Preparer Identification Number			Х		Х	123455789
143	4		Primary HI Election Campaign - YES checkbox		Х			Х	Х
144	4		Primary HI Election Campaign - NO checkbox	Х		Х	Х		Х
145	4		Spouse HI Election Campaign - YES checkbox		Х				Х
146	4		Spouse HI Election Campaign - NO checkbox						Х
147	CR1	1	Tax Paid to another state					Х	123106789
148	CR1	2	Carryover of Energy Conservation Tax Credit					Х	123101789
149	CR1	3	Enterprise Zone Tax Credit					Х	123102789
150	CR1	4	Tax Credit for Low Income Housing Tax Credit					Х	123103789
151	CR1	5	Employment Vocational Rehab Referral Credit					Х	123104789
152	CR1	6	Carryover of the High Tech Business Investment Tax Credit		Х				123105789
			Carryover of Individual Development Account Contribution Tax						
153	CR1	7	Credit		Х				123106789

Field	Page	Form							
#	#	Line #	Description	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6*
154	CR1		Carryover of Tech Infrastructure Renovation Tax Credit		Х				123107789
155	CR1	9	School Repair and Maintenance Credit		Х				123108789
156	CR1	10	Carryover of the Hotel Construction and Remodeling Tax Credit		х				123109789
157	CR1		Carryover of Residential Construction and Remodel Tax Credit		x				123110789
158	CR1		Carryover of the Renew Energy Tech Income Tax Credit		Х				123112789
159			Solar Checkbox		Х				Х
160			Wind Checkbox					Х	Х
161	CR1		Renew Energy Tech Income Tax Credit-July 2009		Х			Х	123113789
162	CR1		RETITC carryforward from previous years					Х	555444667
163	CR1	14	Capital Infrastructure Tax Credit		Х				123114789
164	CR1	15	Cesspool Upgrade, Conversion or Connection Income Tax Credit		x				123115789
165	CR1	16	Renewable Fuels Production Tax Credit		Х			Х	123116789
166	CR1		Organic Foods Production Tax Credit		Х		Х		123117789
167	CR1	18	Earned Income Tax Credit		Х		Х		123118789
168	CR1	19	Total Nonrefundable Credits	Х	Х		Х	Х	123119789
169	CR2	20	Capital Goods Excise Tax Credit					Х	123110789
170	CR2		Fuel Tax Credit					Х	123112789
171	CR2		Motion Picture and Film Tax Credit			Х			123113789
172	CR2		Solar Checkbox				Х		Х
173	CR2			Х					Х
174	CR2			Х			Х		123114789
175	CR2		Important Agricultural Land Tax Credit			Х			123115789
176	CR2	25	Tax Credit for Research Activities			Х		Х	123118789
177	CR2	26a	Other refundable credits-pro rata share of taxes paid on sale of real property				x		123119789
178	CR2		Other refundable credits-credit from regulated investment company				x		123120789
179	CR2		Other Refundable Credits Total				Х		123121789
180	CR2	27		Х		Х	Х	Х	123122789
181	N311		Refundable Food/Excise Tax Credit		Х	Х	Х		1239
182	X1	Part I L12	Low-Income Household Renters Credit			x			1238
183	X2		Credit for Child and Dependent Care Expenses					x	1237
184			End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*

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

Return Fields that are NOT Included in the 2D Barcode

Netu			at are NOT included in the 2D Barcode				I	T	
	1		First Time Filer Checkbox						
	1		Address or Name Change Checkbox						
			ITIN Applied For. This will be hand written in the space below						
	1		the area reserved for the barcode.						
	1	3 <mark>a</mark>	MFS Spouse Name. This field appears below line 3.			Х			
			Spouse meets qualifications Checkbox. This is the checkbox						
	1		below line 6b.			Х			
			Table of dependent names, social security numbers, and						
	1	6d	relationship						
			Tax source checkbox group (Tax Table, Tax Rate Schedule,					X (Tax Rate	
	2	27		X (Tax Table)	X (Tax Table)	X (Tax Table)	Worksheet)	Schedule)	
			Amended Return: Amount Paid (Overpaid) on Original Return-						
	4	51	negative indicator checkbox					Х	
	4	51	Amended Return: Amount Paid (Overpaid) on Original Return			Х		Х	
			Amended Return: Balance Due (Refund) on Amended Return-						
	4	52	negative indicator checkbox			Х			
	4		Amended Return: Balance Due (Refund) on Amended Return			Х		Х	
	4		Schedule C business activity/product					Х	
	4	55d	Schedule F business activity/product			Х			
	4		Designee Name				Х		
	4		Designee Phone Number				Х		
	4		Designee Identification Number				Х		
	4		Signature Date	Х	X	Х	Х	Х	
	4		Occupation	Х	X	Х	Х	Х	
	4		Daytime Phone Number	X	Х	Х	Х	Х	
	4		Spouse Signature Date		Х				
	4		Spouse Occupation		Х				
	4		Spouse's Daytime Phone Number		Х				
	4		Preparer Signature Date			X		Х	
	4		Preparer Self Employed Checkbox			Х			
	4		Preparer Name			Х		Х	
	4		Preparer Firm Name and Address			Х		Х	
	4		Preparer Phone Number			Х		Х	
-									

N-11 Rev. 2018)						OT WRITE IN THIS AREA		
Place								
R Code Here		U	R					
	iscal Year	1.0						
E	leginning 12 -	12 - 12	and Ending 12	- 12	- 12			
X AMEND	ED Return							
X NOL Ca		OFFICE USE ONLY						
X IRS Adj								
Do	NOT Submit	t a Photoc	opv!!					
Plac	e an X in applicai	ble box, if appl	ropriate					
X Fir	st Time Filer X	Address or N	ame Change					
						NT Complete this \$	Section	•
					Enter the first four I	letters		
Your First Nam		M.I. Your Last Na		Suffix	of your last name			
	YER'S FIRST		NAMEXXXXXXX		Use ALL CAPITAL		A	BCD
Spouse's First		M.I. Spouse's Las		Suffix	Your Social			224
	E'S FIRSTXX	MI SPOUS	SE'S LASTXXX	JR	Security Number	123 - 12	2 - 1	234
			ESSXXXXXXXXX	777777	Deceased X	Date of Death 12 -	12 -	12
U/U N	ATT TOR MAL							
Present mailing	or home address (Number a	nd street, including Rural					12 -	
	or home address (Number an VER'S MATTIT		Route)		Enter the first four I	letters		
	YER'S MAILI		^{Route)} E ADDRESSXXX			letters Ist name.		BCD
TAXPA	YER'S MAILI ost office	NG OR HOM	Route) E ADDRESSXXX Postal/ZIP code		Enter the first four I of your Spouse's la Use ALL CAPITAL	letters Ist name.		
City town or po	YER'S MAILI	NG OR HOM State FFICE XX	Route) E ADDRESSXXX e Postal/ZIP code		Enter the first four I	letters Ist name.	A	
City towr or po City towr or po CITY,	YER'S MAILI stoffice TOWN, POSTO	NG OR HOM State FFICE XX	Route) E ADDRESSXXX P Postal/ZIP code ZIP CODE		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social	letters ast name. - letters 123 - 12	A 2 - 1	BCD
City towr or po City towr or po CITY,	YER'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta	NG OR HOM State FFICE XX	Route) E ADDRESSXXX D Postal/ZIP code ZIP CODE Country		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social	letters ast name. - letters 123 - 12	A	BCD
City towr or po City towr or po CITY,	YER'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta	NG OR HOM State FFICE XX	Route) E ADDRESSXXX D Postal/ZIP code ZIP CODE Country		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number	letters ast name. - letters 123 - 12	A 2 - 1	BCD 234
City towr or pc CITY, If Foreign addr FOREI	YER'S MAILI stoffice TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE	NG OR HOM State FFICE XX	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box)		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X	letters ist name. - letters 123 - 12 Date of Death 12 -	A 2 - 1 12 -	BCD 234 12
TAXPA City towr or pc CITY, If Foreign addr FOREI	YER'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE ngle	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4	xxxx	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (\	letters st name. letters 123 - 12 Date of Death 12 - with qualifying person). If	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City towr or pc CITY, If Foreign addr FOREI	YER 'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE ngle arried filing joint return	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income).	XXXX	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but	letters ist name. - letters 123 - 12 Date of Death 12 -	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M	YER 'S MAILI st office TOWN, POSTO ess. enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate return	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and	XXXX	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name.	letters st name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City town or pc CITY, If Foreign addr FOREI	YER 'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las	NG OR HOM state FFICE XX te XXXXXXXXXX (Place an X in o (even if only one he eturn. Enter spouse t name above. Enter	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full	XXXX	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name.	letters ast name. - letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City town or pc CITY, If Foreign addr FOREI	YER 'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las	NG OR HOM state FFICE XX te XXXXXXXXXX (Place an X in o (even if only one he eturn. Enter spouse t name above. Enter	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and	XXXX	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name.	letters st name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City town or pc CITY, If Foreign addr FOREI	YER 'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las	NG OR HOM state FFICE XX te XXXXXXXXXX (Place an X in o (even if only one he eturn. Enter spouse t name above. Enter	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUAL I Qualifying widow(er)	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruc	A 2 - 1 12 - the quali	BCD 234 12 fying
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M thunna	YER 'S MAILI stoffice TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse t name above. Enter OUSE 'S NAI	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI: Qualifying widow(er) Enter the year your s	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234	A 12 - 1 the quali the child (XXX Stions)	BCD 234 12 fying i's full
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M thunna	YER 'S MAILI stoffice TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse t name above. Enter OUSE 'S NAI	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5		Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI: Qualifying widow(er) Enter the year your s	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruc	A 12 - 1 the quali the child XXXX Stions)	BCD 234 12 fying i's full
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X Mi 3 X Mi 3 X Mi 1 na	YER 'S MAILI st office TOWN , POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP If you can be claimed as a	NG OR HOM state FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as	XXXX X X your paren	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUAL I Qualifying widow(er) Enter the year your s its'), DO NOT place ar X	letters ast name. - letters Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place	A 12 - 12 - the quali the child CXXX ctions)	BCD 234 12 fying i's full
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X Mi 3 X Mi 3 X Mi 6a X Yo	YER 'S MAILI st office TOWN , POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over	XXX X X your paren	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI: Qualifying widow(er) Enter the year your s its'), DO NOT place ar X	letters ast name. - letters Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruc spouse died 1234 on line 6a, but be sure to place	A 12 - 1 the quali the child (XXX ctions) an X abov Xs	BCD 234 12 fying i's full
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X Mi 3 X Mi 6a X Yo 6b X St	YER 'S MAILI st office TOWN , POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXXX (Place an X in o (even if only one h sturn. Enter spouse t name above. Enter OUSE 'S NAI dependent on another	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over	XXXX XXXX X your paren	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI: Qualifying widow(er) Enter the year your s ts), DO NOT place ar X	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 12 - 1 the quali the child (XXX ctions) an X abov Xs	BCD 234 12 fying i's full e line 21.
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X Mi 3 X Mi 6a X Yo 6b X St	YER 'S MAILI st office TOWN , POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXXX (Place an X in o (even if only one h sturn. Enter spouse t name above. Enter OUSE 'S NAI dependent on another	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over	XXXX XXXX X your paren	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI: Qualifying widow(er) Enter the year your s ts), DO NOT place ar X	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 12 - 1 the quali the child (XXX ctions) an X abov Xs	BCD 234 12 fying i's full e line 21.
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M 3 X M 6a X Yo 6b X Sp If you place	YER 'S MAILI st office TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las arme here. MFS SP 'If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse t name above. Enter OUSE 'S NAI dependent on another above, see the Instr above, see the Instr an 4 dependents	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over Age 65 or over uctions on page 9 and if y 2. Dependent's social	XXXX XXXX X your paren	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (N person is a child but name. PQUAL I Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct apouse clied 1234 on line 6a, but be sure to place 	A 12 - 1 the quali the child (XXX ctions) an X abov Xs	BCD 234 12 fying i's full e line 21.
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M 3 X M 3 X M 6a X Yo 6b X St If you place 6c Dependents and 1 First and l	YER 'S MAILI st office TOWN , POSTO ass, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las arme here. MFS SP 'If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXXX (Place an X in o (even if only one heaturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another above, see the Instr an 4 dependents attachment	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over Age 65 or over Utions on page 9 and if y 2. Dependent's social security number	XXX X X X your paren our spcus	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUAL I Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X 	letters st. name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 12 - 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21.
TAX PA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X Mi 3 X Mi 3 X Mi 4 0 6 X Yo 6 X Sp If you place 6 Dependents and 1 First and li 6 FIRS	YER S MAILI stoffice TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP If you can be claimed as a urself bouse ed an X on lines 3 and 6b the filmere that ast name use a T DEPENDENT	NG OR HOM State FFICE XX te XXXXXXXXXXXX (Place an X in o (even if only one h aturn. Enter spouse that name above. Enter OUSE 'S NAI dependent on another above, see the Instr attachment NAMEXXXX	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over X Age 65 or over 123-45-678	XXX X X your paren our spous	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. QUALI I Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X 	letters st. name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 12 - 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 1
TAX PA City towr or pc CITY, If Foreign addr FOREI 2 X Mi 3 X Mi 3 X Mi 3 X Mi 4 No 6 X Sp 6 X Sp 6 X Sp 1 First and 1 6 FIRS SECO	YER 'S MAILI stoffice TOWN, POSTO ass, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las arme here. MFS SP If you can be claimed as a urself bouse ast name T DEPENDENT ND DEPENDEN'	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h aturn. Enter spouse that name above. Ento OUSE 'S NAI dependent on another aturn above, see the Instr aturnent NAMEXXXX T NAMEXXXX	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over X Age 65 or over 2. Dependent's social security number 123-45-678 123-45-678	XXXX X X your paren our spous	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUALI: Qualifying widow(er) Enter the year your s ts), DO NOT place an X 	letters st. name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21.
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M 3 X M 3 X M 6a X Yc 6b X Sp If you place 6c Dependents and 1. First and la 6d FIRS SECO THIR	YER 'S MAILI stoffice TOWN, POSTO ass, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of lass arme here. MFS SP If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse t name above. Enter OUSE 'S NAI dependent on another above, see the Instr above, see the Instr above, see the Instr NAMEXXXX T NAMEXXXX	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over	XXXX XXXX XXXX your paren our spous 99 R 99 R 99 R	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUALI: Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X 	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct apouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 1
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M 3 X M 3 X M 6a X Yc 6b X Sp If you place 6c Dependents and 1. First and la 6d FIRS SECO THIR	YER 'S MAILI stoffice TOWN, POSTO ass. enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las arme here. MFS SP If you can be claimed as a urself bouse ast name T DEPENDENT ND DEPENDEN'	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse t name above. Enter OUSE 'S NAI dependent on another above, see the Instr above, see the Instr above, see the Instr NAMEXXXX T NAMEXXXX	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX ad income). e's SSN and er spouse's full MEXXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over X Age 65 or over 2. Dependent's social security number 123-45-678 123-45-678	XXXX XXXX XXXX your paren our spous 99 R 99 R 99 R	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUALI: Qualifying widow(er) Enter the year your s ts), DO NOT place an X 	letters ast name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct apouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 1
TAX PA City towr or pc CITY, If Foreign addr FOREI 2 X M 3 X M 3 X M 3 X M 6 X Yc 6 X Sp If you place 6 Dependents and 1 First and l 6 FIRS SECO THIR F	YER 'S MAILI st office TOWN, POSTO ass, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP 'If you can be claimed as a urself bouse	NG OR HOM State FFICE XX te XXXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another above, see the Instr an 4 dependents attachment NAMEXXXX T NAMEXXXX DENT NAME	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 persor's tax return (such as X Age 65 or over X Age 65 or over X Age 65 or over X Age 65 or over 123-45-678 123-45-678 123-45-678 123-45-678	XXXX X XXXX your paren our spous 9 R 9 R 9 R 9 R	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUALI Qualifying widow(er) Enter the year your s ts), DO NOT place ar X Selationship ELATIONSHI ELATIONSHI ELATIONSHI	letters ist name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 12 12
TAXPA City towr or pc CITY, If Foreign addr FOREI 1 X Si 2 X M 3 X M 3 X M 3 X M 6a X Yc 6b X Sp If you place 6c Dependents and 1. First and la 6d FIRS SECO THIR	YER 'S MAILI stoffice TOWN, POSTO ass, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP 'If you can be claimed as a urself bouse ast name T DEPENDENT ND DEPENDENT ND DEPENDENT OURTH DEPENT OURTH DEPENT	NG OR HOM State FFICE XX te XXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another above, see the Instr an 4 dependents attachment NAMEXXXX T NAMEXXXX DENT NAME ernptions claimed.	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX nly ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over	XXXX X XXXX your paren our spous 9 R 9 R 9 R 9 R	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (v person is a child but name. PQUALI Qualifying widow(er) Enter the year your s ts), DO NOT place ar X Selationship ELATIONSHI ELATIONSHI ELATIONSHI	letters ist name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 1
TAX PA City towr or pc CITY, If Foreign addr FOREI 2 X M 3 X M 3 X M 3 X M 6 X Yc 6 X Sp If you place 6 Dependents and 1 First and l 6 FIRS SECO THIR F	YER 'S MAILI stoffice TOWN, POSTO ess, enter Province and/or Sta GN PROVINCE arried filing joint return arried filing separate re e first four letters of las ame here. MFS SP (If you can be claimed as a urself	NG OR HOM State FFICE XX te XXXXXXXXXX (Place an X in o (even if only one h eturn. Enter spouse thame above. Enter OUSE 'S NAI dependent on another above, see the Instr an 4 dependents attachment NAMEXXXX T NAMEXXXX DENT NAME ernptions claimed.	Route) E ADDRESSXXX Postal/ZIP code ZIP CODE Country COUNTRYXXX n/y ONE box) 4 ad income). e's SSN and er spouse's full MEXXXXXXXX 5 person's tax return (such as X Age 65 or over X Age 65 or over 4 2. Dependent's social security number 123-45-678 123-678 123-678 123-785-678 123-785-785 123-785-785 123-785-785-785 123-785-785-785 123-785-785-785-785-785-785-785-785-785-785	XXXX X XXXX X Your paren our spous 39 R 39 R 39 R 39 R 39 R 39 R	Enter the first four I of your Spouse's la Use ALL CAPITAL Spouse's Social Security Number Deceased X Head of household (N person is a child but name. PQUALI: Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X Social Security Number QUALI: Qualifying widow(er) Enter the year your s ts'), DO NOT place ar X Social Security Number QUALI: Call Security Number Security Number Security Number Security Number Social Security Number Security Number S	letters ist name. letters 123 - 12 Date of Death 12 - with qualifying person). If not your dependent, enter FYING PERSONX (see page 9 of the Instruct spouse died 1234 on line 6a, but be sure to place 	A 2 - 1 12 - the quali the child (XXX ctions) an X abov Xs 	BCD 234 12 fying i's full e line 21. 12 12

	-11 (Rev. 2018)					Page 2 of
Place	Your Social Sedurity Numr	Der	YC	dur Sp	ouse	<u> </u>
QR Cod		34		123	3 –	12 - 1234
Here		NAME(S)	AS	SHC	DWN	ON RETURXXXX
	Nanhe(s) as shown on return	XXXXXXXXX	xxx	XXX	XXX	XXXXXXXXXXXXX
					ROL	UND TO THE NEAREST DOLLA
7 1				7	x	123456789
	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	•••••••••••••••••		(- 25	123430705
	Difference in state/federal wages due to COLA, ERS,	1234567	00			
	etc. (see page 12 of the Instructions)	1234307	69			
	Interest on out-of-state bonds	1234567	00			
	(including municipal bonds)	12343070	وه			
	Other Hawaii additions to federal AGI	1004567	00			
((see page 12 of the Instructions) 10	1234567	89			
11	Add lines 8 through 10 Total Hawaii additions to federal AC	GI 11	12	345	67	89
+++						
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	12345678	89			
14	Social security benefits taxed on federal return	12345678	89			
	First \$6,564 of military reserve or Hawaii national					
	guard duty pay	1234567	89			
16	Payments to an individual housing account	1234567	89			
		120100,1				
	Exceptional trees deduction (attach affidavit)	1234567	89			
	(see page 15 of the Instructions) 17	12343076	22			
	Other Hawaii subtractions from federal AGI	1234567	80	$\left \cdot \right $	+ $+$ $+$	
	(see page 15 of the Instructions) 18	12343070	69			
19	Add lines 13 through 18		1 0	245		
	Total Hawaii subtractions from federal AC	GI 19	12	345	007	89
20	Lirie 12 minus line 19	Hawaii AG	il 🗲	20	X	123456789
CAUTIC	DN : If you can be claimed as a dependent on another person's return, s	ee the Instructions	on p	age 1	6, an	nd 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 I	nstru	ctions		
(and enter your itemized deductions here.					
21a	Medical and dental expenses					
	(from Worksheet A-1)	12345678	89			
21b ⁻	Taxes (from Worksheet A-2) 21b	12345678	89			
						DEDUCTIONS 22 Add lines 21a through 21f.
	Interest expense (from Worksheet A-3) 21c	12345678	89			If your Hawaii adjusted gross
210						income is above a certain
21c		1234567	89			amount, you may not be able to deduct all of your
	Contributions (from Workshort A 4)					itemized deductions. See the
	Contributions (from Worksheet A-4) 21cl	12343070				
21d (Instructions on page 22. Enter
21d (Contributions (from Worksheet A-4)	12345678				
21d (21e (Casualty and theft losses (from Worksheet A-5) 21e	12345678	89			Instructions on page 22. Enter total here and go to line 24.
21d (21e (89			Instructions on page 22. Enter
21d (21e (21f	Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6)	12345678	89			Instructions on page 22. Enter total here and go to line 24.
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6) 21 f If you checked filing status box: 1 or 3 enter \$2,200;	1234567	89			Instructions on page 22. Enter total here and go to line 24. 123456789
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6) 21f If you checked filing status box: 1 or 3 enter \$2,200;	12345678	89	23		Instructions on page 22. Enter total here and go to line 24.
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6) 21 f If you checked filing status box: 1 or 3 enter \$2,200;	1234567	89	23		Instructions on page 22. Enter total here and go to line 24. 123456789 123456789
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5) 21e Miscellaneous deductions (from Worksheet A-6) 21 f If you checked filing status box: 1 or 3 enter \$2,200;	1234567 1234567 tandard Deduction	89	23		Instructions on page 22. Enter total here and go to line 24. 123456789 123456789
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5)	1234567 1234567 tandard Deduction	89			Instructions on page 22. Enter total here and go to line 24. 123456789 123456789
21d (21e (21f 23	Casualty and theft losses (from Worksheet A-5)	1234567 1234567 tandard Deduction	89			Instructions on page 22. Enter total here and go to line 24. 123456789 123456789
21d (21e (21f 23 23	Casualty and theft losses (from Worksheet A-5)	1234567 1234567 tandard Deduction	89 89 n►	24	×	Instructions on page 22. Enter- total here and go to line 24. 123456789 123456789 123456789

2	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 4	0 42 44 46 48 50 52 54 56	58 60 62 64	4 66 68 70 72 74 76 78	2 80 82 8
3						3
5	rorm	N-11 (Rev. 2018)	utity Number Yo		Page 3 o	14 4
6	Plac		inty Number YC	ur apouse s as		
7	QRC		- 1234 1	23 - 12	- 1234	7
8	Her	e	NAME(S) AS SH	OWN ON F	ETURXXXX	8
9		Nanhe(s) as shown on r	eturn XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	9
10	25	Multiply \$1,144 by the total number of exemptions claimed on li	ne 6e.			10
11		If you and/or your spouse are blind, deaf, or disabled, place an	X in the applicable box(es),			11
12		and see page 22 of the Instructions.				12
13		X Yourself X Spouse		25	123456789	13
14					100456500	14
15	26	Taxable Income. Line 24 minus line 25 (but not less than zero)		26	123456789	15
16	27	Tax. Place an X if from X Tax Table; X Tax Rate Sche	dule; or 🛛 🗙 Capital Gains Tax			16
17		Worksheet on page 39 of the Instructions.				17
18		X Place an X if tax from Forms N-2, N-103, N-152, N-160 N-344, N-348, N-405, N-586, N-615, or N-814 is included.)		07	123456789	18
19 20	27a		Iax ≯	21		19 20
20	2.1 a	the net capital gain from line 14 of that worksheet	123456789			20
22						22
23						23
24	28	Refundable Food/Excise Tax Credit				24
25		(attach Form N-311) DHS, etc. exemptions 12 28	123456789			25
26	29	Credit for Low-Income Household				26
27		Renters (attach Schedule X) 29	123456789			27
28	30	Credit for Child and Dependent				28
29		Care Expenses (attach Schedule X) 30	123456789			29
30	3 ⁻ 1		102456700			30
31		System(s) (attach a copy of the invoice) 31	123456789			31
32	32	Total refundable tax credits from	123456789			32
33		Schedule CR (attach Schedule CR) 32	123456769			33
34					123456789	34
35 36	33	Add lines 28 through 32	Total Refundable Credits >	33		35
37	3/1	Line 27 minus line 33. If line 34 is zero or less, see Instructions		34 X	123456789	37
38	0.1			54		38
39	35	Total nonrefundable tax credits (attach Schedule CR)		35	123456789	39
40						40
41	36	Line 34 minus line 35	Balance 🗲	36 X	123456789	41
42	37	Hawaii State Income tax withheld (attach W-2s)				42
43		(see page 28 of the Instructions for other attachments)	123456789			43
44			102455700			44
45	38	2018 estimated tax payments 38	123456789			45
46			123456789			46
47	39	Amount of estimated tax applied from 2017 return 39	123456789			47
48			123456789			48
49	40	Amount paid with extension 40				49
50 51	41	Add lines 37 through 40		A1	123456789	50
51	41	- 700 III 6 07 III 000 III 40				51
53						53
54	42	If line 41 is larger than line 36, enter the amount OVERPAID (lin	e 41 minus line 36) (see Instructions)	42	123456789	54
55	43					55
56		43a Hawaii Schools Repairs and Maintenance Fund				56
57		43b Hawaii Public Libraries Fund	X \$5 X \$5			57
58		43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	X \$5 X \$5			58
59	44	Add the amounts of the Xs on lines 43a through 43c and enter	the total here	44	12	59
60					100455700	60
61		45 Line 42 minus line 44		45	123456789	61
62						62
63	6 8	<u>10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 4</u> Readable text here	0 42 44 46 48 50 52 54 56	58 60 62 64	4 66 68 70 72 74 76 78 FORM N	63 80 82 8
64	Human	Readable text here			FORMIN	-11 64

orm	N-11 (Rev. 2018)						Page 4 of
Plac			Your Social Sec	urity Number	Your S	Spouse's SSN	
OR C			123 - 12	- 1234	123	- 12 -	- 1234
Her	re i i i i i i i i i i i i i i i i i i i		123 12) AS SHOW		
		Name	(s) as shown on	raturn	XXXXXXXXXX		
46	Amount of line 45 to be applie	ed to your				.2121212121212	
40	2019 ESTIMATED TAX			123	456789		
47a				ling late			
-114	see page 29 of Instructions	``					123456789
	X Place an X in this box if	this refund will u	Itimately be dep	osited to a foreion (n	on-U.S.) bank. Dr	o not complete	e lines 47b. 47c. or 47d.
			1				
47b	Routing number	12345678	9 47 c	Type: X Checki	ng X Savir	ngs	
47d	Account number	12345	67890123	4567			
48	AMOUNT YOU OWE (line 36	minus line 41)					123456789
49		· ·					
	money order payable to "Hawa		lector."				123456789
50					+++++++++++++++++++++++++++++++++++++++		
	Instructions.) Do not include o				456700		
	this box if Form N-210 is attac	hed > X			456789		
						x	123456789
51	AMENDED RETURN ONLY - Amo	urit paid (overpaid) (on original réturn. (S	see Instructions) (attach S	Sch. AMD) 51		
50					Sch. AMD) 52	X	123456789
52	AMENDED RETURN ONLY - Balar	nce que (retuna) wit	n amerided return. (See Instructions) (attach	Scn. AVID) 52		
53	Did vou file a federal Schedule	C? X Yes	X No	If yes, ente	r Hawaii gross ree	cointe	123456789
55	your main business activity: S			n yes, ente	I nawan giossile	uelpis	
	your main business product:S	CHEDULE	C PRODUN	D your HI Tax I D. No	for this activity	E 123	3-123-1234-12
54	Did you file a federal Schedule	E		If ves, enter Haw	aii cross rents rec	eived	123456789
	for any rental activity?	X Yes	X No				
			AN	D your HI Tax I.D. No	. for this activity $m{c}$	E 123	3-123-1234-12
55	Did you file a federal Schedule	F? X Yes	X No	If yes, ente	r Hawaii gross ree	ceipts	123456789
	your main business activity: So						
	your main business product:S	CHEDULE	F_PRODUAN	D your HI Tax I.D. No	. for this activity ${f C}$	je 123	3-123-1234-12
	If designating another person		return with the H	lawaii Department of	Taxation, comple	te the followin	g. This is not a full power of
	attorney. See page 31 of the	IGNEE'S	NAMEYYYY	D (12)	3)456-7891 Ida		
					100	entification nu	
CAN	IPAIGN FUND	•	•	Election Campaign F		Yes X	box wiil riot increase your
(See p				nt \$3 to go to the fund 3. that this return (including a			NO tax or reduce your refund. as been examined by rne and, to the bes
	of my knowledge and belief, is a true, o						
	rour signature				ase e signatulo (it illir	ід јонну, БФТН М И	oroign) Diate
			12/12	/12			12/12/12
	Your Occupation				r Spouse's Occupati	on	Daytime Phone Number
	TAXPAYER OCCUP	ATIONXX	(123)123	-4567 SPO	USE OCCUP	ATIONXX	(123)123-4567
	Preparer's				ate	heck if	Preparers identification number
	Signature			1	2/12/12	elf-employed	1 23456789
	Paid						
	Preparer's Name		REPARER '			ederal E.I. No. ,	12-1234567
	Firm's hame (br yours			PREPARER'			
	Address, and ZIP Cor		SS AND Z	IP CODEXXX	XXXXXX		(123)123-4567
5 8	ID_{10} 12 14 16 18 20 22 22	O XX 24 26 28 30 3	32 34 36 38	40 42 44 46 48	50 52 54 56 58	8 60 62 64	66 68 70 72 74 76 78 8 FORM N-1

(FOF N- Rev. Pla QR C Her	11 2018) ce Code	Inc	lividua Ca	All — DEPA I Incon RESID Ilendar Yea OR	ne Tax I ENT ar 2018	Return			T WRITE IN THIS A	REA	
	x x x	NOL	Beginning ¹²	- 12 OR OFFICE U		nd Ending	12 -	12	- 12			
			Do NOT Subr	cable box	x, if appro	priate						
		Λ	First Time Filer	A Add	dress or Nan	ne Change						
										NT — Complete th	nis Secti	on 🔶
ATTACH COPY 2 OF FORM W-2 HERE	lere /		Name PAYER'S FIRS First Name	ST MI M.I.	Your Last Name LAST 1 Spouse's Last N	JAMEXXX	XXXX J	uffix JR uffix	Enter the first four le of your last name. Use ALL CAPITAL			ABCD
ORM	Labe	SPO	USE'S FIRST		-	E'S LAS		JR	Your Social Security Number	123 -	12 -	1234
OFF	Place		See Instructions, page 7.) NAME FOR M.	AILING	ADDRES	SSXXXXX	XXXXXX	XX	Deceased X	Date of Death 12	- 12	- 12
OPY 2	→ [+		nailing or home address (Numb PAYER 'S MAI]				sxxxxx	x	Enter the first four le			
CH C	(City, town	or post office		State	Postal/ZIP cod	le		of your Spouse's las Use ALL CAPITAL	it name. letters		ABCD
ATTA	1		Y, TOWN, POS address, enter Province and/o		E XX	Country	ODE		Spouse's Social Security Number	123 -	12 -	1234
•		FOR	EIGN PROVIN	CEXXXX	XXXXX	COUNTE	RYXXXX	XX	Deceased X	Date of Death 12	- 12	- 12
				(Place	e an X in only	(ONE box)						
	1	X	Single		-		4 X		Head of household (w			
	2 3		Married filing joint ret Married filing separat						person is a child but n			
Щ			the first four letters of name here. MFS			•	XX 5 X	τ,	QUALIF	YING PERSC		_
HER				DE OODE	5 IAHI		-			1004	,)
3DER									Enter the year your sp			
≣Y OF		37	FION: If you can be claimed									bove line 21.
MONE	6a 6b		Yourself Spouse									1
ORI		lf you	placed an X on lines 3 an	l 6b above, s	see the Instruc	tions on page	9 and if your :	spous	e meets the qualificatior	ns, place an X here	x	
TECK	6c			e than 4 depend		2. Dependen				Enter number of		
CHC	and 6d	۰ <u>–</u> –	and last name RST DEPENDEI	ISE attachment	EXXXX	security n 123 - 45		R	3. Relationship ELATIONSHIE	your children list	ed 6c	12
• ATTACH CHECK OR MONEY ORDER HERE		SE	COND DEPENDI IRD DEPENDEN	INT NA	MEXXX	123-45	6789	R	ELATIONSHIE ELATIONSHIE	Enter number of other dependent	s6d	12
•		_11	FOURTH DEPI			123-45			ELATIONSHIE			
				exemption	s claimed. A	dd numbers e	entered in bo	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) 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 feder	ralAGI 11 1	.2345	6789	9
					100456500
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 14	123456789	,		
15	First \$6,564 of military reserve or Hawaii national	123456789)		
	guard duty pay 15	123450705	,		
		123456789	9		
16	Payments to an individual housing account 16	123430703	·		
17	Exceptional trees deduction (attach affidavit)	123456789	a		
	(see page 15 of the Instructions) 17	123430703	/		
18	Other Hawaii subtractions from federal AGI	123456789	9		
	(see page 15 of the Instructions) 18		, ,		
10					
19	Add lines 13 through 18	1	2345	6789	9
19		1	.2345	6789	9
	Add lines 13 through 18	ral AGI 19 1			
19 20	Add lines 13 through 18	ral AGI 19 1		6789 X	123456789
20	Add lines 13 through 18	ral AGI 19 1	▶ 20	x	123456789
20	Add lines 13 through 18 	ral AGI 19 1	► 20	x	123456789
20 CAUT	Add lines 13 through 18 	ral AGI 19 1	► 20	x	123456789
20 CAUT	Add lines 13 through 18 	ral AGI 19 1	► 20	x	123456789
20 <i>CAUT</i> 21	Add lines 13 through 18 	ral AGI 19 1	► 20	x	123456789
20 <i>CAUT</i> 21	Add lines 13 through 18 	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst	► 20	x	123456789 Nace an X here. X
20 <i>CAUT</i> 21	Add lines 13 through 18 	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst	► 20	x	123456789 Nace an X here. X TOTAL ITEMIZED
20 <i>CAUT</i> 21 21a	Add lines 13 through 18 	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789	► 20 page 10 ructions	X 5, and p	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS
20 <i>CAUT</i> 21 21a	Add lines 13 through 18 	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst 123456789	► 20 page 10 ructions	X 5, and p	123456789 Nace an X here. X TOTAL ITEMIZED DEDUCTIONS 2 Add lines 21 a through 21f. If your Hawaii adjusted gross
20 <i>CAUT</i> 21 21a 21b	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789 123456789	> 20	X 5, and p	123456789 Nace 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	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789	> 20	X 5, and p	123456789 Wace 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
20 CAUT 21 21a 21a 21b 21c	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789	> 20	X 5, and p	123456789 Nace 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 itemized deductions. See the Instructions on page 22. Enter
20 CAUT 21 21a 21a 21b 21c	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI > urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789 123456789	> 20	X 5, and p	123456789 Nace an X here. X DTAL ITEMIZED DEDUCTIONS 2 Add lines 21 a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the
20 CAUT 21 21a 21b 21c 21d	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	► 20	X 5, and p	123456789 Nace an X here. X DESCRIPTION SET UNALITEMIZED DEDUCTIONS 2 Add lines 21 a 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.
20 CAUT 21 21a 21b 21c 21d	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789	► 20	X 5, and p	123456789 Nace 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 itemized deductions. See the Instructions on page 22. Enter
20 CAUT 21 21a 21b 21c 21d 21e	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or se go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	► 20	X 5, and p	123456789 Nace an X here. X DESCRIPTION SET UNALITEMIZED DEDUCTIONS 2 Add lines 21 a 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.
20 CAUT 21 21a 21b 21c 21d 21e	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Instructions 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	► 20	X 5, and p	123456789 Nace an X here. X DESCRIPTION STATE AND STATE AND AND STATE AND STATE AND AND AND STATE AND AND AND AND STATE AND AND AND AND AND STATE AND AND AND AND AND STATE AND AND AND AND AND AND STATE AND AND AND AND AND AND AND AND AND AND
20 CAUT 21 21a 21b 21c 21d 21e 21f	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Instructions 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	► 20	X 5, and p	123456789 Nace an X here. X DESCRIPTION SET UNALITEMIZED DEDUCTIONS 2 Add lines 21 a 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.
20 CAUT 21 21a 21b 21c 21d 21e 21f	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	 20 a page 10 ructions a b a b c <lic< li=""> c c <lic< li=""> c</lic<></lic<>	X 3, and p 2	123456789 Wace an X here. X DESCRIPTION STATE AND AND AND AND AND AND AND AND AND AND
20 CAUT 21 21a 21b 21c 21d 21e 21f	Add lines 13 through 18	ral AGI 19 1 Hawaii AGI urn, see the Instructions or see go to page 17 of the Inst 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789	 20 a page 10 ructions a b a b c <lic< li=""> c c <lic< li=""> c</lic<></lic<>	X 5, and p	123456789 Nace an X here. X DESCRIPTION STATE AND STATE AND AND STATE AND STATE AND AND AND STATE AND AND AND AND STATE AND AND AND AND AND STATE AND AND AND AND AND STATE AND AND AND AND AND AND STATE AND AND AND AND AND AND AND AND AND AND

Form N-11 (Rev. 2018)

Your Social Security Number

Plac	Your Social Security Number	TOU	in ope	ouse's SSN	
Her	ode 123 - 12 - 1234			- 12 -	
	NAME (S) AS				
	ΛΛΛΛΛΛΛΛ	XX2	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.				100456700
	X Yourself X Spouse		25		123456789
26	Taxable Income. Line 24 minus line 25 (but not less than zero)		26		123456789
27	Tax. Place an X if from X Tax Table; X Tax Rate Schedule; or X Capital Gains		_0		
	Worksheet on page 39 of the Instructions.	Tax			
	(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				
_/u	the net capital gain from line 14 of that worksheet	9			
28	Refundable Food/Excise Tax Credit				
	(attach Form N-311) DHS, etc. exemptions 12 28 12345678	9			
29	Credit for Low-Income Household				
-•	Renters (attach Schedule X)	9			
30	Credit for Child and Dependent				
	Care Expenses (attach Schedule X)	9			
31	Credit for Child Passenger Restraint	-			
51	System(s) (attach a copy of the invoice)	9			
32	Total refundable tax credits from				
52	Schedule CR (attach Schedule CR)	9			
		-			
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	Х	123456789
05	Tatal namustum dabla tau ana dita (attach Cabadula CD)		05		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)	9			
38	2018 estimated tax payments	9			
		-			
39	Amount of estimated tax applied from 2017 return	9			
	Amount paid with extension 40 12345678	a			
	Amount paid with extension	2			
40					123456789
40	Add lines 37 through 40 Total Payments		41		
41					
41 42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions	s) ·			123456789
41	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions Contributions to (see page 29 of the Instructions):	s) ·			
41 42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions Contributions to (see page 29 of the Instructions):	s) e 2			
41 42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions Contributions to (see page 29 of the Instructions): 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$2 X \$5 X \$5	s) • • 2 5			
41 42 43	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions) Contributions to (see page 29 of the Instructions): 43a Hawaii Schools Repairs and Maintenance Fund 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	s) / ? 2 5 5	42		123456789
41 42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions Contributions to (see page 29 of the Instructions): 43a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$2 X \$5 X \$5	s) / ? 2 5 5			
41 42 43	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions) Contributions to (see page 29 of the Instructions): 43a Hawaii Schools Repairs and Maintenance Fund 43b Hawaii Public Libraries Fund 43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	s) / 2 5 5	42 44		123456789

ID NO XX

Form N-11 (Rev. 2018)

Place					iour o	000101 000	unity Nun			1	our op	Jouse	5 00N			
QR Co Here	de					- 12	1		(S) .	1 As sh			12 - J REJ			
					e(s) as s	shown on	un de la companya			XXXXX						
		f line 45 to be a	••••••					1	2345	6789						
		De REFUNDE					ling late	T	2J7J							
		29 of Instruction									47a			123	456789	
	X Plac	e an X in this t	pox if this re	fund will	ultimate	ly be dep	osited to	a foreig	gn (non-l	J.S.) banł	k. Do	not co	mplete li	nes 47t	o, 47c, or 47	'd.
47b	Routing n	umber	123	45678	89	47c ⁻	Туре: Х	Ch	necking	x	Saving	ns				
	eesing II			-				01				-				
							678901234567							100456500		
		΄ YOU OWE (lin Γ <mark>AMOUNT</mark> Su		,							48			1234	456789	
		der payable to									49			123	456789	
	-	d tax penalty.									-					
		ns.) Do not incl						-		C700						
	this box if	Form N-210 is	attached >	X		50		T	2345	७७४५						
51	AMENDED	RETURN ONLY -	- Amount paid	(overpaid)	on origin	al return. (S	See Instruct	tions) (att	tach Sch. A	AMD)	51	х		1234	456789	
					-											
52	AMENDED	RETURN ONLY -	- Balance due	(refund) w	ith amend	led return. (See Instruc	ctions) (a	ttach Sch.	AMD)	52	х		1234	456789	
f 55 [for any ren Did you file your main	e a federal Sch tal activity? e a federal Sch business activi business produ	edule F? ty: <u>SCHE</u> I		5 X F BI	No JSIN	D your Hl	l Tax I.E If yes,	D. No. for enter Ha	this activ this activ waii gros this activ	ity G ss rece	E eipts		-123 123	456789 -1234- 456789 -1234-	12
		ating another p See page 31 c			return	with the H	lawaii De	epartme	nt of Tax	ation, cor	nplete	e the fo	ollowing.	This is I	not a full po	wer of
DES	Designee	e's name 🔪 I	DESIGN	EE'S	NAME	EXXXX	Phone	no. 🔪	(123)4	56-7891	Ider	ntificati	ion numt	per 🚬	12-345	6789
	All ELECT PAIGN FU		Do you wa		-				-	?	X	Yes	X	No	Note: Placing box wiil not inc	rease your
	DECLARAT of my knowl		If joint retunder the penalting a true, correct, a	es set forth i	n section 2 e return, m	231-36, HRS	s, that this re	eturn (inclu	uding accon /ear stated,	npanying sch pursuant to s signature	the Hav	vaii Incor	me Tax Law	, Chapter	tax or reduce y mined by me ar 235, HRS. Date	
					1	10/10	/10								10/10/	10
	Your C	Occupation				L2/12 Daytime Ph		per	Your Spo	ouse's Occ	upatior	n			12/12/ Daytime Phor	
	TAXP	AYER OCC	CUPATI	ONXX	(123	3)123	-456	7 S	POUS	E OCC	CUPA	ATIC	ONXX	(12)	3)123-	4567
PLEASE SIGN HERE		Preparer's Signature							Date 12/	12/12	Ch sei	neck if If-employ	ved X		er's identificati 345678	
	Paid Preparer's	Print Preparer's Name > PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. > 12-1234567											7			
	Information	FIRMS NAME OR PREPARER'S NAME if self-employed), Address, and ZIP Code									-	Phone No. > (123) 123-4567				
	_	тт	O NO XX	X												