



Individual Income Tax Return RESIDENT



Calendar Year 2016 OR

JBT161

- X AMENDED Return
X NOL Carryback
X IRS Adjustment

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

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

- X First Time Filer
X Address or Name Change

THIS SPACE RESERVED

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

Form with fields for Taxpayer's Name, Spouse's Name, Mailing Address, City, State, ZIP, and Foreign Address.

IMPORTANT - Complete this Section

Form for Social Security Numbers and Spouse's Name with input fields for letters and numbers.

(Place an X in only ONE box)

- 1 X Single
2 X Married filing joint return
3 X Married filing separate return
4 X Head of household
5 X Qualifying widow(er) with dependent child

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

Form for dependent status (6a, 6b) with checkboxes for 'Yourself' and 'Spouse' and 'Age 65 or over'.

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

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, and 4. Enter number of your children listed... 6c

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

ID NO 12



Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

JBT162

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURNXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instructions)	7	<input checked="" type="checkbox"/>	<u>123456789</u>
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions)	8		<u>123456789</u>
9	Interest on out-of-state bonds (including municipal bonds).....	9		<u>123456789</u>
10	Other Hawaii additions to federal AGI (see page 12 of the Instructions).....	10		<u>123456789</u>
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11		<u>123456789</u>
12	Add lines 7 and 11.....	12	<input checked="" type="checkbox"/>	<u>123456789</u>
13	Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions).....	13		<u>123456789</u>
14	Social security benefits taxed on federal return.....	14		<u>123456789</u>
15	First \$6,279 of military reserve or Hawaii national guard duty pay.....	15		<u>123456789</u>
16	Payments to an individual housing account	16		<u>123456789</u>
17	Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions).....	17		<u>123456789</u>
18	Other Hawaii subtractions from federal AGI (see page 15 of the Instructions).....	18		<u>123456789</u>
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19		<u>123456789</u>
20	Line 12 minus line 19 Hawaii AGI ▶	20	<input checked="" type="checkbox"/>	<u>123456789</u>

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

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

21a	Medical and dental expenses (from Worksheet A-1)	21a		<u>123456789</u>
21b	Taxes (from Worksheet A-2).....	21b		<u>123456789</u>
21c	Interest expense (from Worksheet A-3).....	21c		<u>123456789</u>
21d	Contributions (from Worksheet A-4)	21d		<u>123456789</u>
21e	Casualty and theft losses (from Worksheet A-5).....	21e		<u>123456789</u>
21f	Miscellaneous deductions (from Worksheet A-6).....	21f		<u>123456789</u>

TOTAL ITEMIZED DEDUCTIONS

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.

123456789

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

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



Your Social Security Number

Your Spouse's SSN

123 - 12 - 1234

123 - 12 - 1234

JBT164

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURNXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be **applied** to your **2017 ESTIMATED TAX** **46** 123456789

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

Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

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

47d Account number 12345678901234567

48 **AMOUNT YOU OWE** (line 36 minus line 41). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"..... **48** 123456789

49 **Estimated tax penalty.** (See page 30 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached **49** 123456789

50 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **50** 123456789

51 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **51** 123456789

52 Did you file a federal Schedule C? Yes No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE C BUSIN
 your main business product: SCHEDULE C PRODU **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

53 Did you file a federal Schedule E for rental activity? Yes No If yes, enter **Hawaii** gross rents received 123456789
AND your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

54 Did you file a federal Schedule F? Yes No If yes, enter **Hawaii** gross receipts 123456789
 your main business activity: SCHEDULE F BUSIN
 your main business product: SCHEDULE F PRODU **AND** your HI Tax I.D. No. for this activity **GE** 123-123-1234-12

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 31 of the Instructions.
 Designee's name DESIGNEE'S NAMEXXXX Phone no. (123) 456-7891 Identification number 12-3456789

HAWAII ELECTION CAMPAIGN FUND (See page 31 of the Instructions) Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No **Note:** Placing an X in the "Yes" box will not increase your tax or reduce your refund.
 If joint return, does your spouse want \$3 to go to the fund? Yes No

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

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

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

PLEASE SIGN HERE

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

Paid Preparer's Information Print Preparer's Name PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. 12-1234567

Firm's name (or yours if self-employed), Address, and ZIP Code FIRMS NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX Phone No. (123) 123-4567