



Publication EF-6
(Rev. 9/2012)

TAX
YEAR
2012

Hawaii Test Packages for Modernized e-File



Release date **1/10/13.v8**

Latest revisions of the Test Packages, draft and final forms, record layouts, schemas, and business rules will be at the DOTAX's Electronic Services website at:
<https://www.ehawaii.gov/efile>



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GENERAL INFORMATION

The Hawaii Test Packages for Modernized e-File pertains to the initial testing process. For complete details, refer to the Hawaii Software Developers and Transmitters Handbook for Modernized e-File.

There are eighteen (18) test scenarios, nine (9) Resident and nine (9) Nonresident. The Department of Taxation (DOTAX) requires test scenarios for linked and unlinked returns. If unlinked filing is not supported by your software, please submit that test scenario as linked and include this as a limitation in your initial e-mail.

The test scenarios provide information that is needed to prepare the Hawaii returns, schedules and worksheets. The test tax returns should be prepared and computed correctly, based on the information provided, before transmitting for testing. All forms are considered standard unless stated in the scenario. DOTAX testing will validate the schema and business rules.

ACCEPTANCE AND PARTICIPATION

In order to participate in DOTAX's MeF program each year software developers and transmitters must first provide the information specified below. Otherwise, any test returns that are submitted will be automatically rejected. In addition, software developers must pass Assurance Testing Systems (ATS) and receive approval by DOTAX. Live returns submitted before ATS is completed will be rejected.

Software developers and transmitters: E-mail the following information to tax.efile.test@hawaii.gov, please include your test ETIN in the subject of the e-mail. A separate e-mail should be sent for each product/test ETIN. Do not transmit any test returns until you receive a confirmation e-mail from DOTAX that testing can begin, otherwise they will be rejected.

1. Software developer company name and address
2. Software developer product name
3. Primary/Secondary contact name
4. Primary/Secondary telephone number
5. Primary/Secondary e-mail address
6. Test ETIN
7. Software Identification Number
8. Limitations of your product for Hawaii returns
 - a. DOTAX does not require developers to support all forms and schedules. It is important to inform DOTAX of these limitations before your first test transmission.
9. Approximate date you will transmit

TESTING PERIOD

2012 ATS Testing begins on – November 26th, 2012

CONTACT INFORMATION



The contact information provided below is strictly for software developer's and transmitter's testing inquiries.

Contact: Electronic Processing Testing Group
E-mail address: tax.efile.test@hawaii.gov
Phone number: (808) 587-9197

Our office hours are Monday through Friday, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time.
Our office will be closed on weekends and on all National and State of Hawaii holidays.



DOTAX N-11 TEST SCENARIOS

SCENARIO 1 (SSN: 400-00-7901)

FORMS INCLUDED

Form N-11, Form N-210, Form W-2, Form 1099-INT

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Ashlee K Matsunaga**

Your SSN: **400-00-7901**

Your Date of Birth: **04-20-1987**

US Phone Number: **808-259-7575**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Ashlee K Matsunaga**

Your SSN: **400-00-7901**

Address: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Filing Status: **Single**

Exemptions: **None (Dependent of Another)**

Line 7 Wages, salaries, tips, etc.....: **6,200**

Line 8a Taxable interest: **6,500**

Line 8b Tax-exempt interest: **1,000**

Line 9a Ordinary dividends: **3,000**

Line 9b Qualified dividends: **3,000**

Line 22 Total Income: **15,700**

Line 37 Adjusted Gross Income: **15,700**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

Your First Name: **Ashlee** MI: **K** Your Last Name: **Matsunaga**

First four letters of Your last name: **MATS**

Your SSN: **400-00-7901**

Address: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Filing Status: **(1) Single**

Exemptions: **None Dependent of Another**

Tax Computation: **Tax Rate Schedule**

Estimated Tax Payments: **900**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Acct #: **8003865430**



Payment Amount: **100% of Line 48 plus 100% of Line 49**
Account Holder Name: **Ashlee K Matsunaga**
IAT Transaction: **No**

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Designee: **No**

Campaign Electing Fund: **Taxpayer: No**

Occupation: Yourself = **Tour Guide**

Paid Preparer Information:

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1

a. Employee's social security number: **400-00-7901**

b. Employer identification number: **22-2244661**

c. Employer's name address and zip code: **United States Air Force Reserves
7755 East 56th Street
Indianapolis IN 46249-1200**

e. Employee's name (first, mi, last): **Ashlee K Matsunaga**

f. Employee's address and zip code: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Box 1 Wages, tips, etc.: **3,000**

Box 2 Federal income tax withheld: **455**

Box 3 Social security wages: **3,000**

Box 4 Social security tax withheld: **126**

Box 5 Medicare wages and tips: **3,000**

Box 6 Medicare tax withheld: **44**

Box 15 State and state ID number: **HI 22130**

Box 16 State wages: **3,000**

Box 17 State income tax: **84**

FORM W-2 #2

a. Employee's social security number: **400-00-7901**

b. Employer identification number: **22-3355771**

c. Employer's name address and zip code: **Hawaii National Guard
P O Box 342
Honolulu HI 96813**

e. Employee's name (first, mi, last): **Ashlee K Matsunaga**

f. Employee's address and zip code: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Box 1 Wages, tips, etc.: **3,200**

Box 2 Federal income tax withheld: **500**

Box 3 Social security wages: **3,200**



Box 4 Social security tax withheld: **134**
Box 5 Medicare wages and tips: **3,200**
Box 6 Medicare tax withheld: **46**
Box 15 State and state ID number: **HI 0754397**
Box 16 State wages: **3,200**
Box 17 State income tax: **5**

FORM 1099-INT #1

PAYER's name, street add., city, state, ZIP code, and telephone no.: **Happy Day Money
1100 Ward Ave Ste 1015
Honolulu HI 96814-1617
808-238-1567**

PAYER's Federal identification number: **98-1234567**
Recipient's identification number: **400-00-7901**
Recipient's Name: **Ashlee K Matsunaga**
Street address: **98-084 Kamehameha Hwy Ste 305**
City State and ZIP code: **Aiea HI 96701-5124**
Box 1 Interest Income: **6,500**

FORM 1099-INT #2 (Not taxable for Hawaii purposes)

PAYER's name, street address, city, state, ZIP code and telephone no.: **Kala Bank
6000 S Beretania St Suite 900
Honolulu HI 96817**

PAYER's Federal identification number: **98-5671234**
Recipient's identification number: **400-00-7901**
Recipient's Name: **Ashlee K Matsunaga**
Street address: **98-084 Kamehameha Hwy Ste 305 Aiea HI 96701-5124**
Box 8 Tax-exempt interest: **1,000**

DIVIDEND INCOME

Your Name: **Ashlee K Matsunaga** Your SSN: **400-00-7901**
Payer's Name: **Aloha Jones Investments**
Box 1b: **3,000**

INTEREST ON OUT-OF-STATE BONDS

Your Name: **Ashlee K Matsunaga** Your SSN: **400-00-7901**
Interest from CA bonds is taxed for Hawaii purposes but not for Federal purposes.
This interest is not included in the Federal AGI. **98,381**

PAYMENT TO AN INDIVIDUAL HOUSING ACCOUNT **1,000**

FORM N-210

Name as shown on tax return: **Ashlee K Matsunaga** SSN: **400-00-7901**
The underpayment penalty is calculated using full months, not days as calculated on federal Form 2210. See section 235-97(f), HRS, at www.hawaii.gov/tax

Part II

Line 2 Total Credits: **0**
Line 4 Hawaii income taxes withheld: **89**
Line 7 Enter the tax amount from your 2011 income tax return: **2,700**

Part III



Line 9 Required installment...: *(all quarters)* **675**

Line 10 Estimated and other tax payments made...: **989** (1st to 3rd qtr **247**, 4th qtr **248** each quarter paid timely)

Part IV

Line 18 Date the amount on line 16 was paid...: (all columns) **4/20/13**

Line 19 Number of months from the payment due date...: (a) **12**, (b) **10**, (c) **7**, (d) **3**



SCENARIO 2 (SSN: 400-00-7902)

FORMS INCLUDED

Form N-11, Schedule CR, Schedule X, Schedule K-1 (Form N-20), 1099-R, 1099-INT

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Bradley O Kamakana**

Your SSN: **400-00-7902**

Your Date of Birth: **06-01-1941**

US Phone Number: **808-342-9791**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Bradley O Kamakana**

Your SSN: **400-00-7902**

Address: **45-250 Kaneohe Bay Drive
Kaneohe HI 96744**

Filing Status: **Qualifying Widower**, Spouse Date of death **2011**

Line 6a: Yourself = **Yes**

Line 6c Dependents:

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Rose Kamakana	15	400-00-7971	Daughter	12

Lines 6a and 6b Boxes checked on line: **1**

Line 6c No. of children who lived with you: **1**

Line 6d Add numbers on lines above: **2**

Taxable interest: **10,000**

IRA distributions: **2,500**

Pensions and annuities: **4,920**

Rental real estate, royalties, partnerships: **1,440**

Total Income: **18,860**

Adjusted Gross Income: **18,860**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

First Time Filer oval marked

Your First Name: **Bradley M.I. O** Your Last Name: **Kamakana**

First four letters of Your last name: **KAMA**

Your SSN: **400-00-7902**

Address: **45-250 Kaneohe Bay Drive
Kaneohe HI 96744**

Filing Status: **(5) Qualifying Widower**, Spouse Date of death: **2011**

Exemptions: Line 6a: Yourself = **Yes** 65+ = **Yes**

Line 6ab: **2**



Line 6c: **1**

Line 6e: **3**

Tax Computation: **Tax Table**

Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Hawaii public Libraries Fund: Yourself = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**

~~Direct Deposit: IAT Transaction: **No**~~

~~Routing Number: **321379410**~~

~~Type: **Savings**~~

~~Account Number: **11001770357**~~

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Designee Information:

Designee name: **Silver Designee**

Phone Number.: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: **Yourself: No**

Occupation: **Yourself: Retired**

Paid Preparer Information:

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: 801-930-3000

FORM 1099-R #1

Payer's name address and zip code: **Island Life Insurance
5962 States Street
Springfield MA 01111**

Payer's identification number: **52-7754541**

Recipient's social security number: **400-00-7902**

Recipient's name (first, mi, last): **Bradley O Kamakana**

Recipient's street address: **45-250 Kaneohe Bay Drive**

Recipient's city, state, and zip code: **Kaneohe, HI 96744**

Gross distribution: **2,500**

Taxable amount: **2,500**

Distribution code: **7** IRA/SEP/SIMPLE: **X**

State/Payer's state no: **HI / 664113332**

FORM 1099-R #2

Payer's name address and zip code: **Employee Retirement System
201 Merchant St Ste 1121
Honolulu HI 96813**

Payer's identification number: **42-9081726**



Recipient's social security number: **400-00-7902**
Recipient's name (first, mi, last): **Bradley O Kamakana**
Recipient's street address: **45-250 Kaneohe Bay Drive**
Recipient's city, state, and zip code: **Kaneohe, HI 96744**
Gross distribution: **4,920**
Taxable amount: **4,920**
Federal income tax withheld: **200**
Distribution code: **7**
State/Payer's state no: **HI / 1123445**

FORM 1099-INT #1

PAYER's name, street add., city, state, ZIP code, and telephone no.: **Peoples Bank**
49 Ualena St Ste 100
Honolulu HI 96819
808-555-1555

PAYER's Federal identification number: **99-5234567**
Recipient's identification number: **400-00-7902**
Recipient's Name: **Bradley O Kamakana**
Street address: **45-250 Kaneohe Bay Drive**
City State and ZIP code: **Kaneohe, HI 96744**
Box 1 Interest income: **6,000**

FORM 1099-INT #2

PAYER's name, street add., city, state, ZIP code and telephone no.:
Hawaiian Islands Federal Credit Union
777 Maniniholo Street
Honolulu HI 96825-2740

PAYER's Federal identification number: **99-3479513**
Recipient's identification number: **400-00-7902**
Recipient's Name: **Bradley O Kamakana**
Street address: **45-250 Kaneohe Bay Drive**
City State and ZIP code: **Kaneohe, HI 96744**
Box 1 Interest income: **4,000**



SCHEDULE K-1 (Form N-20)

Partner's SSN: **400-00-4902**

Partner's Name, address, and postal/ZIP code: **Bradley O Kamakana
45-250 Kaneohe Bay Drive
Kaneohe, HI 96744**

Corporation's Federal Identifying number (FEIN): **06-4512311**

Corporation's name, address, and postal/ZIP code: **Island Sun and Fun Inc
665 Keonekai Road
Kihei, HI 96753**

- A This partner is a? **Limited Partner**
- B What type of entity is this partner? **Individual**
- C Enter partner's percentage of:

	(i) Before change of termination	(ii) End of year
Profit sharing	50.00%	50.00%
Loss sharing	50.00%	50.00%
Ownership of capital	50.00%	50.00%

- D Partner's share of liabilities:
 - Nonrecourse: **14,786**
 - Qualified nonrecourse financing:
 - Other: **0**

- G Reconciliation of partner's capital account:
 - (a) Capital account at beginning of year : **1,700**
 - (b) Capital contributed during year: **0**
 - (c) Income included in col.(c) below, plus nontaxable income: **11,230**
 - (d) Deductions included in col. (c) below, plus unallowable deductions: **-599**
 - (e) Withdrawals and distributions: "leave blank"
 - (f) Capital account at end of year (combine columns (a) through (e)): **12,331**

Line 3 Net Income (loss) from other rental activities: **1,440**
 Line 25 Credit for income tax withheld on form N-288 (net of refunds): **154**

SCHEDULE X

Name as shown on N-11...: **Bradley O Kamakana** Your SSN: **400-00-7902**

Part I

Line 2 Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Bradley O Kamakana	Self
Rose Kamakana	Daughter Spouse

Line 3 Minor Children Receiving Public Support :



Hawaii
Department of Taxation

<i>Name</i>	<i>Social Security Number</i>	<i>Relationship to You</i>
Kai Kahuhipa	400-01-7971	Nephew
Sandi Kahuhipa	400-02-7971	Niece
Daisy Kahuhipa	400-03-7971	Niece
Zenda Kahuhipa	400-04-7971	Niece

SCHEDULE CR

Name as shown on return: **Bradley O Kamakana** SSN(s): **400-00-7902**

Part II Pro rata share of taxes withheld... **154**



SCENARIO 3 (SSN: 400-00-7903)

FORMS INCLUDED

Form N-11, Form W-2, Form 1099-MISC, Schedule CR, Schedule X, Schedule K-1 (Form N-35),
Worksheet A

OTHER

Unlinked Submission

ASSUMPTION

- Spouse Itemizes Deductions:
 - Note: For the purpose of the Hawaii return the filing status is married filing separately, the spouse does not have any Hawaii income and does not file a separate return. This will allow the spouse to be claimed as an exemption on the Hawaii return.

YOUR INFORMATION

Your Name: **Cedrick E Hanauma**

Your SSN: **400-00-7903**

Your Date of Birth: **04-20-1977**

Foreign Phone Number: **81-3-3348-1235 441-212-1223**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Cedrick E Hanauma**

Your SSN: **400-00-7903**

Spouse SSN: **400-00-7923**

Address: **30-18 1 04 Sakuragaoka Cho
Shibuya Ku Tokyo 150 Japan**

Filing Status: **Married Filing Separate**

Spouse Name: **Puamana K Hanauma**

Line 6a: Yourself = **Yes**

Line 6c: **(Child claimed as dependent but did not live with taxpayer)**

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Tomiko Hanauma	16	400-00-7972	Daughter	00

Lines 6a and 6b Boxes checked on line: **1**

Line 6c No. of children who did not live with you: **1**

Line 6d Add numbers on lines above: **2**

Wages, salaries, tips, etc.....: **25,900**

Other Income: **4,000**

Total Income: **29,900**

Adjusted Gross Income: **29,900**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

Your Name: **Cedrick M.I. E** Your Last Name: **Hanauma**



First four letters of Your last name: **HANA**

Your SSN: **400-00-7903**

First four letters of your Spouse's last name: **HANA**

Spouse SSN: **400-00-7923**

Address: **30-18 1 04 Sakuragaoka Cho
Shibuya Ku Tokyo 150 Japan**

Filing Status: **(3) Married Filing Separate**

Spouse's Name: **Puamana K Hanauma** (Hawaii resident for **12** months. Spouse does not file a Hawaii return)

Exemptions: Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes** Oval = **Yes**

Line 6ab: **2**

Line 6c: **1**

Line 6e: **3**

Tax Computation: **Tax Table**

Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Hawaii public Libraries Fund: Yourself = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**

Direct Deposit: IAT Transaction: **No**

Routing Number: **321379410**

Type: **Savings**

Account Number: **11001770357**

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Designee Information:

Designee name: **Silver Designee**

Phone Number: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: Yourself: **Yes**

Occupation: Yourself = **Tour Bus Driver**

Paid Preparer Information:

Date: _____

Check if self-employed: **X**

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Test Preparer**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**



FORM W-2

- a. Employee's social security number: **400-00-7903**
b. Employer identification number: **43-2244661**
c. Employer's name address and zip code: **Happy Hula Hut Inc**
2222 Kalakaua Ave Ste 991
Honolulu HI 96815
e. Employee's name (first, mi, last): **Cedrick E Hanauma**
f. Employee's address and zip code: **30-18 1 04 Sakuragaoka Cho**
Shibuya Tokyo 150 Japan

Wages, tips, etc.: **25,900**
Federal income tax withheld: **1,150**
Social security wages: **25,900**
Social security tax withheld: **1,092**
Medicare wages and tips: **25,900**
Medicare tax withheld: **377**
State and state ID number: **HI 12208422**
State wages: **25,900**
State income tax: **1,035**

1099-MISC

PAYER's name, street address, city, state and ZIP code: **Palm Tree Villa Resort**
1210 Auahi St Ste 105
Honolulu HI 96814-4922

PAYER's Federal identification number: **99-4567912**
Recipient's identification number: **400-00-7903**
Recipient's Name: **Cedrick E Hanauma**
Street address: **30-18 1 04 Sakuragaoka Cho**
City State and ZIP code: **Shibuya Ku Tokyo 150 Japan**
Other income: **4,000**
State tax withheld: **101**
State Payer's state no.: **HI**

SCHEDULE K-1 (Form N-35)

Shareholder's identifying number: **400-00-7903**
Shareholder's Name, address, and postal/ZIP code: **Cedrick E Hanauma**
30-18 1 04 Sakuragaoka Cho
Shibuya Ku Tokyo 150 Japan
Corporation's federal identifying number (FEIN): **89-1234561**
Corporation's name, address, and postal/ZIP code: **Mauka Makai Productions**
555 Alakawa St Room 451A
Honolulu, HI 96817-5798

A (1) Shareholder's percentage of stock ownership: **10**
(2) Number of shares owned by shareholder at tax year end: **25**
Line 16n Credit for Hawaii income tax withheld on Form N-288: **97**

WORKSHEET A (Fed Schedule A)

State and local income tax: **1,136 4,035**
Mortgage Interest reported on form 1098: **2,450**



SCHEDULE X

Name as shown on N-11...: **Cedrick E Hanauma** Your SSN: **400-00-7903**

Part I

Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Cedrick E Hanauma	Self
Pumahana K Hanauma	Spouse
Tomiko Hanauma	Daughter Child

Part II

Credit for low-income household renters:

Address: **414 Une Place**
Haiku HI 96708

Rent paid: **4,400**

Occupied: **From 6/2012 To 12/2012**

Owned by: **Sam White**

Owner's address: **P O Box 1533**
Ewa Beach HI 96706

Hawaii Tax ID Number: **W55113377-01**

SCHEDULE CR

Name as shown on return: **Cedrick E Hanauma** SSN(s): **400-00-7903**

Part II Pro rata share of taxes withheld... **97**



SCENARIO 4 (SSN: 400-00-7904)

FORMS INCLUDED

Form N-11, Schedule X, Form W-2, Form 1099-G

ATTACHMENT

Certified Arborist Affidavit

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Donald Ogawa-Kane**

Your SSN: **400-00-7904**

Your Date of Birth: **04-15-1961**

US Phone Number: **808-569-5599**

Disabled: **No**

Blind: **Yes**

SPOUSE INFORMATION

Spouse Name: **Kelli A Kane**

Spouse SSN: **400-00-7924**

Spouse Date of Birth: **04-15-1966**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Donald Ogawa-Kane**

Your SSN: **400-00-7904**

Spouse Name: **Kelli A Kane**

Spouse SSN: **400-00-7924**

Address: **75-5706 Hanama Pt Apt 203
Kailua-Kona HI 96740-1720**

Filing Status: **Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Line 6c Dependents:

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Paul Ogawa-Kane	16	400-01-7974	Son	12
Star Ogawa-Kane	14	400-02-7974	Daughter	12
Loea Ogawa-Kane	12	400-03-7974	Daughter	12
Kuma Ogawa-Kane	10	400-04-7974	Son	12
Don Ogawa-Kane	8	400-05-7974	Son	12
Kaila Ogawa-Kane	6	400-06-7974	Daughter	12



Lines 6a and 6b Boxes checked on line: **2**
Line 6c No. of children who live with you: **6**
Line 6d Add numbers on lines above: **8**
Wages, salaries, tips, etc.....: **29,026**
Unemployment Compensation: **6,000**
Total Income: **35,026**
Adjusted Gross Income: **35,026**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**
Your First Name: **Donald** Your Last Name: **Ogawa-Kane**
First four letters of Your last name: **OGAW**
Your SSN: **400-00-7904**
Spouse's First Name: **Kelli M.I.** A Spouse's Last Name: **Kane**
First four letters of your Spouse's last name: **KANE**
Spouse SSN: **400-00-7924**
Address: **75-5706 Hanama PI Apt 203**
Kailua-Kona HI 96740-1720
Filing Status: **(2) Married Filing Joint**
Exemptions: Line 6a: Yourself = **Yes**
Line 6b: Spouse = **Yes**
Line 6ab: **2**
Line 6c: **6**
Line 6e: **8**

Tax Computation: **Tax Table**

Line 43a Haw Schools Repairs and Maint. Fund: Yourself = **Yes**
Spouse = **Yes**

Hawaii public Libraries Fund: Yourself = **Yes**
Spouse = **Yes**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**
Spouse = **Yes**

Applied to your 2013 ESTIMATED TAX: **1,000**

Direct Deposit: ~~IAT Transaction:~~ **Yes** (For this scenario IAT = Yes we do not expect you to pass any direct deposit information in your test XML)

~~Routing Number:~~ **321370765**

~~Type:~~ **Checking**

~~Account Number:~~ **8003865430**

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Designee: **No**

Campaign Electing Fund: Yourself: **Yes**
Spouse = **No**

Occupation: Yourself = **Teacher**



Spouse = Real Estate Agent

Paid Preparer Information:

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1

Employee's social security number: **400-00-7904**

Employer identification number: **99-2984469**

Employer's name address and zip code: **Surf Is Up Hawaii**

51 Makaala St

Hilo HI 96720-5106

Employee's name (first, mi, last): **Donald Ogawa-Kane**

Employee's address and zip code: **75-5706 Hanama PI Apt 203**

Kailua-Kona HI 96740-1720

Wages, tips, etc.: **24,500**

Federal income tax withheld: **900**

Social security wages: **24,500**

Social security tax withheld: **1,029**

Medicare wages and tips: **24,500**

Medicare tax withheld: **355**

Dependent care benefits: **1200**

State and state ID number: **HI 20888**

State wages: **24500**

State income tax: **1715**

FORM W-2 #2

Employee's social security number: **400-00-7924**

Employer identification number: **99-8111311**

Employer's name address and zip code: **Ono Hawaiian Food Inc**

P O Box 444

Kailua-Kona HI 96745-1272

Employee's name (first, mi, last): **Kelli A Kane**

Employee's address and zip code: **75-5706 Hanama PI APT 203**

Kailua-Kona HI 96740-1720

Wages, tips, etc.: **4,526**

Federal income tax withheld: **283**

Social security wages: **2,499**

Social security tax withheld: **190**

Medicare wages and tips: **4,526**

Medicare tax withheld: **66**

State and state ID number: **HI W1001564501**

State wages: **4,526**

State income tax: **185**

FORM 1099-G



PAYER's name, street address, city, state and ZIP code: **Department of Labor
Keeliokalani Building
830 Punchbowl St
Honolulu HI 96813**

PAYER's Federal identification number: **99-7894561**

Recipient's identification number: **400-00-7924**

Recipient's Name: **Kelli A Kane**

Street address: **75-5706 Hanama PI Apt 203**

City State and ZIP code: **Kailua-Kona HI, 96740-1720**

Unemployment compensation: **6,000**

State: **HI**

State income tax withheld: **50**

EXCEPTIONAL TREE DEDUCTION

Cost to maintain the exceptional tree: **1,000**

(Exceptional tree deduction must be substantiated with a notarized affidavit signed by a certified arborist.)

SCHEDULE X

Part I

Line 2 Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Donald Ogawa-Kane	Self
Kelli A Kane	Spouse
Paul Ogawa-Kane	Son
Star Ogawa-Kane	Daughter
Loea Ogawa-Kane	Daughter
Kuma Ogawa-Kane	Son
Don Ogawa-Kane	Son
Kaila Ogawa-Kane	Daughter

Part III

Section A: Care Provider Information (*All care provider's are organizations*)

<i>(a) Care Provider's name</i>	<i>(b) Address</i>	<i>(c) Identification number</i>	<i>Hawaii Tax I.D. Num</i>	<i>(e) Amount Paid</i>
Happy Child Center	88-221 Kuakini Hwy C2 PMB 129 Kailua Kona HI 96740	99-6212123	W74185296-01	875 475
Aunty Mary's	75-589 Hanama PI 104 Kailua-Kona HI 96740	*See Attached	W95175312-02	1,400 1,000
Fun In the Sun	P O Box 9856 Kamuela HI 96743-9856	99-8529631	W32165485-01	1,600 1,200
Surf Is Up Hawaii	See W-2			

*Due Diligence Statement for Aunty Mary's: **Aunty Mary's did not provide me with their Identification Number.**



Section B: Dependent Care Benefits

Line 6 Qualified Expenses: **3,875** ~~2,600~~

Line 12 \$2,400 (\$4,800 if two or more qualifying persons): **4,800**

Line 13 Add lines f and i from Taxable Benefits worksheet...: **1,200**

Section C: Credit for Child and Dependent Care Expenses

<i>(a) Qualifying person's name</i>	<i>(b) Relationship</i>	<i>(c) Qualifying Person's SSN</i>	<i>(d) Qual. Exp. You incurred.....*</i>
Kuma Ogawa-Kane	Son	400-04-7974	875 800
Don Ogawa-Kane	Son	400-05-7974	800
Kaila Ogawa-Kane	Daughter	400-06-7974	1,000

*Col. D Qual. Exp. You incurred for each dependent is reduced by \$400 each of excluded benefits.



SCENARIO 5 (SSN: 400-00-7905)

FORMS INCLUDED

Form N-11, Form N-615, Form 1099-INT

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Elizabeth Yasukochi**

Your SSN: **400-00-7905**

Your Date of Birth: **06-25-2002**

Foreign Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Elizabeth Yasukochi**

Your SSN: **400-00-7905**

Address: **1176 W Georgia St
Vancouver British Columbia Canada VSE 4A2**

Filing Status: **Single**

Exemptions: **None
Dependent of Another**

Taxable interest: **1,514**

Ordinary dividends: **582**

Capital Gain or Loss: **-800**

Rental real estate, royalties...: **5,355**

Total Income: **6,651**

Adjusted Gross Income: **6,651**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

Your Name: **Elizabeth** Your Last Name: **Yasukochi**

First four letters of Your last name: **YASU**

Your SSN: **400-00-7905**

Address: **1176 W Georgia St
Vancouver British Columbia Canada VSE 4A2**

Filing Status: **(1) Single, Dependent of Another**

Exemptions: **None**

Tax Computation: **Form N-615**

Haw Schools Repairs and Maint. Fund: Yourself = **No**

Hawaii public Libraries Fund: Yourself = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**

Payment Information: Account Type: **Checking**



Routing Transit #: **321370765**
Bank Acct #: **8003865430**
Payment Amount: **500**
Account Holder Name: **Elizabeth Yasukochi**
IAT Transaction: **No**

Schedule C: **No**
Schedule E: **No**
Schedule F: **No**
Designee name:

Designee name: **Silver Designee**
Phone Number: **808-239-4123**
Identification no.: **123451234**

Campaign Electing Fund: Yourself: **No**

Occupation: Yourself = **Student**

Paid Preparer Information:

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM 1099-INT

PAYER's name, street address, city, state, ZIP code and telephone no.: **Investment Trust Bank
6000 S Beretania St Suite 900
Honolulu HI 96817**

PAYER's Federal identification number: **98-5671234**

Recipient's identification number: **400-00-7905**

Recipient's Name: **Elizabeth Yasukochi**

Street address: **1176 W George St**

City State and ZIP code: **Vancouver British Columbia Canada VSE 4A2**

Box 1 Interest Income: **1,514**

DIVIDEND INCOME

Name: **Elizabeth Yasukochi** SSN: **400-00-7905**

Payer's Name: **Money Trust Investments**

Line 1b: **582**



SCHEDULE K-1 (Form N-35)

Shareholder's identifying number: **400-00-7905**

Shareholder's Name, address, and postal/ZIP code: **Elizabeth Yasukochi**
1176 W Georgia St
Vancouver British Columbia Canada VSE 4A2

Corporation's federal identifying number (FEIN): **22-9995551**

Corporation's name, address, and postal/ZIP code: **Happy Feed Inc**
32 Makaweli St
Honolulu, HI 96825-2149

A (1) Shareholder's percentage of stock ownership: **15**

(2) Number of shares owned by shareholder at tax year end: **20**

Line 2(b) Net income (loss) from rental real estate act.....: **5,355** (*attributable to Hawaii*)

Sales and Other Dispositions of Capital Assets (Fed 8949)

Part I Short-Term Capital Gains and Losses - Line 1

(a) <i>Description</i>	(c) <i>Date acquired</i>	(d) <i>Date Sold</i>	(e) <i>Sales Price</i>	(f) <i>Cost or other basis</i>
100 SHS Money	06-15-12	08-15-12	1,000	1,800

FORM N-615 (Fed 8615)

Child's name as shown on return: **Elizabeth Yasukochi** Child's SSN: **400-00-7905**

Parent's Name: **Carl Yasukochi**

Parent's social security number: **400-11-7925**

Parent's filing status: **Married filing joint**

Enter the number of exemptions claimed on parents return: **4**

Parent's taxable income: **40,100**

Total if any from Forms N-615, line 5 ALL OTHER children.....: **1,620**

Tax on the amount on line 8.....use **Tax table**

Parent's tax (tax table): **2,140**



SCENARIO 6 (SSN: 400-00-7906)

FORMS INCLUDED

Form N-11, Form N-342, Form N-342A, Form W-2, Form W-2G, Form 1099-R, Schedule CR, Schedule X

OTHER

Linked Submission (Include required IRS forms)

YOUR INFORMATION

Your Name: **Francis R Halliday**

Your SSN: **400-00-7906**

Your Date of Birth: **08-15-1967**

US Phone Number: **808-238-6548**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Francis R Halliday**

Your SSN: **400-00-7906**

Address: **P O Box 221**

Hawaii National Park HI 96718-0209

Filing Status: **Head of Household**

Qualifying Name: **Red Halliday**

Exemptions: Line 6a: Yourself = **Yes**

Line 6ab: **1**

Line 6d: **1**

Note: Red Halliday is not claimed as a dependent.

Business Income or (loss): **15,075**

IRA distributions: **3,000**

Rental real estate, royalties...: **24,400**

Other Income Gambling Winnings: **5,000**

Total Income: **47,475**

Adjusted Gross Income: **47,475**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

Your Name: **Francis** M.I. **R** Your Last Name: **Halliday**

First four letters of Your last name: **HALL**

Your SSN: **400-00-7906**

Address: **P O Box 221**

Hawaii National Park HI 96718-0209

Filing Status: **(4) Head of Household**

Qualifying Name: **Red Halliday**

SSN: **400-00-7976**



AGE: **15**

Exemptions: Line 6a: Yourself = **Yes** 65+ = **No**

Line 6ab: **1**

Line 6e: **1**

(Note: Red Halliday is not claimed as a dependent.)

Tax Computation: **Tax Table**

Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Hawaii public Libraries Fund: Yourself = **Yes**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**

Applied to your 2013 ESTIMATED TAX: **Apply 100% of overpayment**

Schedule C: **Yes**

Hawaii gross receipts: **28,900**

Main business activity: **Sales Commissions**

Main business product: **Insurance**

Hawaii Tax I.D. No: **W55116600-01**

Line 53 Schedule E: **No**

Line 54 Schedule F: **No**

Designee: **No**

Campaign Electing Fund: Yourself: **Yes**

Occupation: Yourself = **Marketing**

Paid Preparer Information:

Date: _____

Check if self-employed: **X**

Preparer's identification number (SSN): **123456789**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Test Preparer**

Address and ZIP Code: **830 Punchbowl St, Honolulu HI 96813**

Phone Number: **801-930-3000**

FORM W-2

Employee's social security number: **400-00-7906**

Employer identification number: **55-8899112**

Employer's name address and zip code: **Rainy Day Insurance Sales**

P O Box 368

Kamuela HI 96743

Employee's name (first, mi, last): **Francis R Halliday**

Employee's address and zip code: **P O Box 221**

Hawaii National Park HI 96718-0209

Wages, tips, etc.: **28,900**

Federal income tax withheld: **0**

Social security wages: **28,900**

Social security tax withheld: **1,214**

Medicare wages and tips: **28,900**

Medicare tax withheld: **419**

Statutory employee: **X**



State and state ID number: **HI 55339911**
State wages: **28,900**
State income tax: **2,023**

FORM W-2G

Payer's name, address and zip code: **Vegas Winnings**
810 S Casino Center Blvd
Las Vegas NV 89101

Payer's identification number: **01-1234567**

Winner's name, address and zip code: **Francis R Halliday**
P O Box 221
Hawaii National Park HI 96718-0209

Gross winnings: **5,000**
Federal Income tax withheld: **500**
Type of wager: **Blackjack**
Date won: **03-10-2012**
Winner's taxpayer ID No.: **400-00-7906**
State/Payer's state ID No.: **HI 88553111**

FORM 1099-R

Payer's name address and zip code: **Employee Retirement System**
201 Merchant St Ste 1121
Honolulu HI 96813

Payer's identification number: **52-7754541**
Recipient's social security number: **400-00-79062**
Recipient's name (first, mi, last): **Francis R Halliday**
Recipient's street address: **P O Box 221**
Recipient's city, state, and zip code: **Hawaii National Park HI 96718-0209**
Gross distribution: **3,000**
Taxable amount: **3,000**
Total Distribution: **X**
Distribution Code: **2**
State/Payer's state no: **HI / 99545621**

PROFIT OR LOSS FROM BUSINESS (Sch. C)

Name of Proprietor: **Francis R Halliday**
SSN: **400-00-7906**
Hawaii Tax ID Number: **W55116600-01 W-11133311-01**
Principal Business: **Insurance Sales**
SIC Code: **524290**
Employer ID Number: **65-7044337**
Accounting Method: **Cash**
Did you "materially participate": **Yes**
Did you make any payments.....: **No**
Income-
Income reported to you on form W-2: **28,900**
Expenses-
Office Expense: **640**
Supplies: **4,065**



Taxes and licenses: **820**
Wages: **8,300**

SUPPLEMENTAL INCOME AND LOSS (Sch. E)

Your Name: **Francis R Halliday** Your SSN: **400-00-7906**

Are you reporting any loss not allowed in prior years due to the at-risk or basis limitations....: **No**

Name: **Tanning in the Sun**

Entity: **S Corporation**

Employer ID number: **66-8521367**

Nonpassive income from Sch. K-1: **24,400**

FORM N-342A

Name (S Corp, Partnership, Estate, or Trust, or Condominium Apartment Assoc.): **Rubber Slipper Inn**

SSN or FEIN: **99-5546321**

Entity Type: **S Corporation**

Address and zip code: **1999 North Street**

Wailuku HI 96793-1710

Name of Indv. Or Corp. for whom this statement is being prepared: **Francis R Halliday**

Physical Property Address: **1999 North Street; Wailuku HI 96793-1710**

Solar Energy System – installed: **12/29/2012 on a Multi-family residential property**

Total Cost of qualified solar energy system....: **18,000**

Amount of consumer incentive premiums....: **0**

Actual cost of the solar energy system....: **18,000**

Primarily used to heat water for household use?: **Yes**

Enter the amount from line 3....: **18,000**

Divide total square feet....: **.05**

Actual per unit cost....: **900**

35% of line 9....: **315**

Multiply line 10 by number of units you own (20): **6,300**

Add lines 6, 11, and 13: **6,300**

Distributive share of solar energy tax credit: **6,300**

FORM N-342 (This N-342 is for the N-342A)

Names(s) as shown on form N-11....: **Francis R Halliday** SSN: **400-00-7906**

Treat tax credit as **Nonrefundable**

FORM N-342

Name: **Francis R Halliday** SSN: **400-00-7906**

Physical Property Address: **97 Kimo Pl; Hilo HI 96720**

Placed in service: **7/31/2012 on a Single-family residential property**

Total cost: **7,000**

Consumer incentive: **0**

System primarily used to heat water: **Yes**

Treat tax credit as.... **Refundable**

SCHEDULE CR

Names(s) as shown on return: **Francis R Halliday** SSN: **400-00-7906**

Total Nonrefundable credits: **1,002**



Hawaii
Department of Taxation

Total Refundable credits: **1,575**

SCHEDULE X

Names(s) as shown on form N-11...: **Francis R Halliday** SSN: **400-00-7906**

Line 2 Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Francis R Halliday	Self



SCENARIO 7 (SSN: 400-00-7907)

FORMS INCLUDED

Form N-11, Form W-2, Worksheet A

ATTACHMENT

Passenger Restraint Invoice

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Huang O**

Your SSN: **400-00-7907**

Your Date of Birth: **12-22-1982**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Kaimana A O**

Spouse SSN: **400-00-7927**

Spouse Date of Birth: **11-01-1990**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Huang O**

Your SSN: **400-00-7907**

Spouse Name: **Kaimana A O**

Spouse SSN: **400-00-7927**

Address: **PSC 78 Box 11556**

APO AP 96326

Filing Status: **Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Line 6c Dependents:

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Apple O	5	400-01-7977	Daughter	12
Bonnie O	3	400-02-7977	Daughter	12
Fung O	80	400-11-7977	Parent	12
Ma-Li O	79	400-1244-7977	Parent	12

Lines 6a and 6b Boxes checked on line: **2**

Line 6c No. of children who live with you: **2**

No. of children who did not live with you: **2**

Line 6d Add numbers on lines above: **6**

Wages, salaries, tips, etc.....: **80,900**



Business income or (loss): **12,411**
Rental real estate, royalties...: **1,200**
Total Income: **94,511**
Deductible part of self-employment: **876**
Adjusted Gross Income: **93,635**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**
Your Name: **Huang** Your Last Name : **O**
First four letters of Your last name: **O**
Your SSN: **400-00-7907**
Spouse's First Name: **Kaimana** M.I.: **A** Spouse's Last Name: **O**
First four letters of your Spouse's last name: **O**
Spouse SSN: **400-00-7927**
Address: **PSC 78 Box 11556**
APO AP 96326

Filing Status: **(2) Married Filing Joint**
Exemptions: Line 6a: Yourself = **Yes**
Line 6b: Spouse = **Yes**
Line 6ab: **2**
Line 6c: **2**
Line 6d: **2**
Line 6e: **6**

Tax Computation: **Tax Table**
Other Hawaii Subtractions: (Adjusted for test purposes to lower HI AGI) **73,330**
Haw Schools Repairs and Maint. Fund: Yourself = **Yes**
Spouse = **No**
Hawaii public Libraries Fund: Yourself = **Yes**
Spouse = **No**
Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**
Spouse = **No**

Direct Deposit: IAT Transaction: **No**
Routing Number: **321370765**
Type: **Checking**
Account Number: **8003865430**

Schedule C: **Yes**
Hawaii gross receipts: **19,447**
Main business activity: **Contracting/Services**
Main business product: **Electrical and Catering**
Hawaii Tax I.D. No: **W12345622-01 22116677-01**

Line 53 Schedule E: **No**
Line 54 Schedule F: **No**
Designee Information:
Designee name: **Silver Designee**



Phone Number: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: Yourself: **Yes**
Spouse = **Yes**

Occupation: Yourself = **Electrician**
Spouse = **Chef**

Paid Preparer Information:

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1

Employee's social security number: **400-00-7907**

Employer identification number: **99-1199442**

Employer's name address and zip code: **Power Me Up Inc**
88-919 Pohakunui Ave
Waianae HI 96792

Employee's name (first, mi, last): **Huang O**

Employee's address and zip code: **PSC 78 Box 11556**
APO AP 96326

Wages, tips, etc.: **77,700**

Federal income tax withheld: **10,800**

Social security wages: **87,900**

Social security tax withheld: **3,692**

Medicare wages and tips: **87,900**

Medicare tax withheld: **1,275**

Box 12a: **P 1000**

Box 12b: **D 10,200**

Retirement Plan: **X**

State and state ID number: **HI 55339911**

State wages: **77,700**

State income tax: **1,250**

FORM W-2 #2

Employee's social security number: **400-00-7927**

Employer identification number: **96-8899112**

Employer's name address and zip code: **Seafood on the Shores**
9001 SW Boeckman Rd
Wilsonville OR 97070

Employee's name (first, mi, last): **Kaimana A O**

Employee's address and zip code: **PSC 78 Box 11556**
APO AP 96326

Wages, tips, etc.: **3,200**

Federal income tax withheld: **78**

Social security wages: **3,200**



Social security tax withheld: **134**
Medicare wages and tips: **3,200**
Medicare tax withheld: **46**
Box 12a: **L 100**
State and state ID number: **HI 39911**
State wages: **3,200**
State income tax: **23**

PROFIT OR LOSS FROM BUSINESS #1 (*Business is located in Hawaii*)

Name of Proprietor: **Huang O**
SSN: **400-00-7907**
Hawaii Tax ID Number: **W-12345622**
Principal Business: **Electrical Contracting**
Business Name: **Turn the Lights On**
Address: **PSC 78 Box 11556**
APO AP 96326
NAICS Code: **238210**
Employer ID Number: **99-3371110**
Accounting Method: **Cash**
Did you "materially participate": **Yes**
Did you make any payments.....: **No**
Income
Gross receipts and sales: **16,780**
Expenses
Insurance (other than health): **2,216**
Office Expense: **1,502**
Supplies: **1,800**

PROFIT OR LOSS FROM BUSINESS #2 (*Business is located outside of Hawaii*)

Name of Proprietor: **Kaimana A O**
Hawaii Tax ID Number: **W-44345621**
Principal Business: **Catering**
Business Name: **Fill Me Up Catering**
Address: **PSC 78 Box 11556**
APO AP 96326
NAICS Code: **722320**
Employer ID Number: **99-5551110**
Accounting Method: **Cash**
Did you "materially participate": **Yes**
Did you make any payments.....: **No**
Income
Gross receipts and sales: **2,667**
Returns and allowances (delivery van exp): **768**
Expenses
Insurance (other than health): **150**
Office Expense: **100**
Supplies: **500**

SUPPLEMENTAL INCOME AND LOSS (Sch. E) (*Hawaii source income*)

Your Name: **Huang O** Your SSN: **400-00-7907**

Are you reporting any loss not allowed in prior years due to the at-risk or basis limitations.....: **No**



Name: **Eats' Inc**
Entity: **S Corporation**
Employer ID number: **56-8521367**
Nonpassive income from Sch. K-1: **1,200**

WORKSHEET A (Fed Schedule A)

Medical and Dental Expense: **10,500**
State and Local Taxes: **Derived from W-2**
~~State and Local Income Tax: **1,250**~~
Real Estate Tax: **283**
Mortgage Interest Expense on form 1098: **8,950**
Gifts by cash or check (all gifts are less than \$250 each): **1,978**
Tax preparation fees: **150**

CREDIT FOR CHILD PASSENGER RESTRAINT SYSTEM

For this test the invoice **shows** the taxpayer's name.: **25**
(An invoice or receipt showing the taxpayer's name must be provided to substantiate the claim for the restraint system. An explanation must accompany the invoice or receipt if it does not show the taxpayer's name.)



SCENARIO 8 (SSN: 400-00-7908)

FORMS INCLUDED

Form N-11, Form N-158, Form N-312, Schedule CR, Schedule X, Worksheet A

ATTACHMENT

Donee Acknowledgement

OTHER

Linked Submission (Include required IRS forms)

ASSUMPTION

- Other Additions - for Hawaii tax purposes, the taxpayer did not elect to take any IRC section 179 deduction = 53,065
- Itemized Deductions Worksheet A-4 – Gifts by cash or check must be substantiated by a written acknowledgement from the donee organization.

YOUR INFORMATION

Your Name: **Grant O De Campo**

Your SSN: **400-00-7908**

Your Date of Birth: **10-30-1959**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Leilani Paa-De Campo**

Spouse SSN: **400-00-7928**

Spouse Date of Birth: **11-01-1963**

US Phone Number: **808-753-8912**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Grant O De Campo**

Your SSN: **400-00-7908**

Spouse Name: **Leilani Paa-De Campo**

Spouse SSN: **400-00-7928**

Address: **7700 Lower Honoapiilani Hwy D206**

(Care of) **Ocean Waters**

Lahaina HI 96761-8900

Filing Status: **Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Lines 6a and 6b Boxes checked on line: **2**

Line 6d Add numbers on lines above: **2**

Taxable refunds: **2,000**



Rental real estate, royalties...: **10,858**
Farm income or (loss): **9,086**
Total Income: **21,944**
Deductible part of self-employment: **642**
Add lines 23 through 35: **642**
Adjusted Gross Income: **21,302**

FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**
Your First Name: **Grant M.I.** Your Last Name: **De Campo**
First four letters of Your last name: **DE C** Your SSN: **400-00-7908**
Spouse's First Name: **Leilani** Spouse's Last Name: **Paa-De Campo**
First four letters of your Spouse's last name: **PAA-**
Spouse SSN: **400-00-7928**
Address: **7700 Lower Honoapiilani Hwy D206**
c/o Ocean Waters
Lahaina HI 96761-8900

Filing Status: **(2) Married Filing Joint**
Exemptions: Line 6a Yourself = **Yes**
Line 6b Spouse = **Yes**
Line 6ab **2**
Line 6e **2**

Tax Computation: **Tax Table**

Other Hawaii Subtractions: (Adjusted for test purposes to lower HI AGI) **53,418**
2012 Estimated Tax Payments: **480** (All estimated payments were made by 12/31/2012)

Haw Schools Repairs and Maint. Fund: Yourself = **No**
Spouse = **No**

Hawaii public Libraries Fund: Yourself = **No**
Spouse = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**
Spouse = **No**

Direct Deposit: IAT Transaction: **No**
Routing Number: **321370765**
Type: **Checking**
Account Number: **8003865430**

Schedule C: **No**
Schedule E: **No**
Schedule F: **Yes**

Hawaii gross receipts: **226,717**
Main business activity: **Farming**
Main business product: **Coffee**
Hawaii Tax I.D. No: **W22116677-01**

Designee: **No**
Campaign Electing Fund: Yourself: **Yes**



Spouse = **Yes**

Occupation: Yourself = **Farmer**

Spouse = **Domestic Engineer**

Paid Preparer Information: **Yes**

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FARM RENTAL INCOME AND EXPENSES #1 (Form 4835)

Did you actively participate in the operation of this farm....: **No**

Part I-

Income from production of livestock, produce, grains and other crops: **12,460**

Part II-

Interest: Mortgage (paid to banks, etc.): **1,460**

Taxes: **260**

FARM RENTAL INCOME AND EXPENSES #2 (Form 4835)

Did you actively participate in the operation of this farm.... : **No**

Part I-

Income from production of livestock, produce, grains and other crops: **3,600**

Part II-

Insurance (other than health): **750**

Interest: Mortgage (paid to banks, etc.): **2,100**

Taxes: **632**

SUPPLEMENTAL INCOME AND LOSS (Sch. E)

Reconciliation of farming and fishing income: **16,060**

PROFIT OR LOSS FROM FARMING (Sch. F)

Name of proprietor: **Grant O De Campo**

Principal crop or activity: **Coffee Beans**

Code form Part IV: **111900**

Accounting Method: **Accrual**

Did you "materially participate".....: **Yes**

Did you make any payments....: **No**

Part II

Car and truck expense: **360**

Chemicals: **963**

Custom hire: **120**

Depreciation: **149,491**

Fertilizers and lime: **1,496**

Freight and trucking: **3,950**

Gasoline, fuel and oil: **4,303**



Insurance (other than health): **1,900**
Interest – Mortgage (paid to banks): **1,200**
Interest – Other: **300**
Labor hires (less employ. credits): **28,200**
Rent or lease Vehicles, machinery, equipment: **1,010**
Rent or lease Other (land, animals, etc.): **1,200**
Repairs and maintenance: **3,044**
Seeds and plants: **2,690**
Storage and warehousing: **5,854**
Supplies: **231**
Taxes: **842**
Utilities: **1,800**
Other expenses: **4,105 (tractor tires)**

Part III

Sales of livestock, produce, grains, and other: products not reported on line 37a: **226,717**
Cooperative distributions: **1,800**
Taxable amount: **1,500**
Agricultural program payments: **400**
Taxable amount: **400**
Crop insurance proceeds: **200**
Other custom hire not reported on 42a.: **500**
Other income not reported on line 43a: **325**
Inventory of livestock, produce, grains...: **34,308**
Cost of livestock, produce, grains....: **6,790**
Inventory of livestock, produce, grains.. at end of year: **33,601**

FORM N-158

Name(s) as shown on return: **Grant O De Campo & Leilani Paa-De Campo SSN: 400-00-7908**

Part I Total Investment Interest Expense-

Investment interest expense: **60**
Disallowed investment interest exp....: **11**
Total Interest Expense: **71**

Part II Net Investment Income-

Gross Income from property held for investment...: **390**
Investment Income: **390**
Net investment income: **390**

Part III Investment Interest Expense Deduction-

Disallowed investment expense: **0**



FORM N-312

Name(s) as shown on return: **Grant O De Campo** SSN: **400-00-7908** Hawaii ID Num: **W22116677-01**

Part I Computation of Tax Credit

<i>Description of Property</i>	<i>(b) Date property was placed in service</i>	<i>(c) Cost of qualifying property</i>
1. Hawaii purchases		
Tractor	6/01/2012	142,000
Truck	6/15/2012	46,000
Grain trailer	6/15/2012	60,000
2a. Purchases from out-of-state sellers		
John Deere Combine	4/15/2012	190,000
2b. Was 4% Use Tax paid on these purchases?: Yes		
3. Total qualifying cost of eligible property.....: 438,000		
Line 6 Amount of sales or use taxes paid to another state....: 0		
Check boxes A, B, C, D, and E: No		

WORKSHEET A (Fed Schedule A)

Medical and Dental Expense: **2,119**

Real Estate Tax: **1,120**

Mortgage interest and points reported on form 1098: **1,217 (note total mort int. paid \$1,352)**

Mortgage interest not reported on form 1098.....: **460**

Ocean Walker
P O Box; Franklin PA 17304

Points not reported on form 1098: **100**

Investment Interest: **71**

Gifts to charity by cash or check **1,300**

Donee acknowledgement:

(Itemized Deductions Worksheet A-4 – Gifts by cash or check greater than \$250 must be substantiated by a written acknowledgement from the donee organization.)

SCHEDULE CR

Names(s) as shown on return: **Grant O De Campo & Leilani Paa-De Campo** SSN: **400-00-7908**

Total Refundable Credits: **17,520**

SCHEDULE X

Names(s) as shown on form N-11: **Grant O De Campo & Leilani Paa-De Campo**

Your SSN: **400-00-7908**

Part I

Line 2 Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Grant O De Campo	Self
Leilani Paa-De Campo	Spouse



SCENARIO 9 (SSN: 400-00-7909)

FORMS INCLUDED

Form N-11, Form N-210 (annualized), Form N-342, Schedule CR, Form W-2, Form 1099-MISC, Form 1099-R

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Ingrid Lauhala**

Your SSN: **400-00-7909**

Your Date of Birth: **02-28-1941**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Erwin Lauhala, Sr.**

Spouse SSN: **400-00-7929**

Spouse Date of Birth: **03-01-1943**

US Phone Number: **Not provided**

Disabled: **No**

Blind: **Yes**

FORM 1040

Your Name: **Ingrid Lauhala**

Your SSN: **400-00-7909**

Spouse Name: **Erwin Lauhala Sr.**

Spouse SSN: **400-00-7929**

Address: **29456 Rancho California Rd Apt 343
Temecula CA 92591**

Filing Status: **Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Lines 6a and 6b Boxes checked on line: **2**

Line 6d Add numbers on lines above: **2**

Wages, salaries, tips, etc.....: **25,521**

Taxable interest: **12,000**

Pensions & annuities: **15,000**

Taxable amount: **12,000**

Social security benefits: **23,000**

Taxable amount: **1,800**

Other income: **48,000**

Total Income: **99,321**

Adjusted Gross Income: **99,321**



FORM N-11

Hawaii Residency: **1/1/2012 – 12/31/2012**

Your First Name: **Ingrid** Your Last Name: **Lauhala**

First four letters of Your last name: **LAUH**

Your SSN: **400-00-7909**

Spouse's First Name: **Erwin** Spouse's Last Name: **Lauhala**

First four letters of your Spouse's last name: **LAUH**

Spouse's SSN: **400-00-7929**

Address: **29456 Rancho California Rd Apt 343
Temecula CA 92591**

Filing Status: **(2) Married Filing Joint**

Exemptions: Line 6a Yourself = **Yes** 65+ = **Yes**

Line 6b Spouse = **Yes** 65+ = **Yes**

Line 6ab **4**

Line 6e **4**

Tax Computation: **Tax Table**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Acct #: **8003865430**

Payment Amount: **50% of Line 48 plus 100% of Line 49**

Account Holder Name: **Ingrid Lauhala**

(Note: For joint account holders, e.g. Ingrid Lauhala and Erwin Lauhala Sr. it is okay to send only one of the account holders names.)

IAT Transaction: **No**

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Designee Information:

Designee name: **Silver Designee**

Phone Number.: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: Yourself: **No**

Spouse = **Yes**

Occupation: Yourself = **Retired**

Spouse = **Lei Maker**

Paid Preparer Information: **No** (Self prepared)



FORM W-2

Employee's social security number: **400-00-7909**

Employer identification number: **99-8978910**

Employer's name address and zip code: **Aloha State Leis
1 Aloha Tower Dr Ste 1000
Honolulu HI 96813-4809**

Employee's name (first, mi, last): **Ingrid Lauhala**

Employee's address and zip code: **29456 Rancho California Rd Apt 343
Temecula, CA 92591**

Wages, tips, etc.: **25,521**

Federal income tax withheld: **3,546**

Social security wages: **25,521**

Social security tax withheld: **1,072**

Medicare wages and tips: **25,521**

Medicare tax withheld: **370**

Box 12a: **P 1,950**

State and state ID number: **HI W203463681**

State wages: **25,521**

State income tax: **1,219**

FORM 1099-R

Payer's name address and zip code: **Snow Islands Pension Plan
3551 Kachemak Cir
Anchorage AK 99515**

Payer's identification number: **62-5253631**

Recipient's social security number: **400-00-7909**

Recipient's name (first, mi, last): **Ingrid Lauhala**

Recipient's street address: **29456 Rancho California Rd Apt 343**

Recipient's city, state, and zip code: **Temecula, CA 92591**

Gross distribution: **15,000**

Taxable amount: **12,000**

Distribution code: **7**

State tax withheld: **100**

State/Payer's state no: **HI / 5543322**

State distribution: **8,000**

FORM 1099-MISC

PAYER's name, street address, city, state and ZIP code: **Ocean Resorts
2949 Kaimakani St
Honolulu HI 96816**

PAYER's Federal identification number: **93-4117912**

Recipient's identification number: **400-00-7909**

Recipient's Name: **Ingrid Lauhala**

Street address: **29456 Rancho California Rd**

City State and ZIP code: **Temecula, CA 92591**

Box 3 Other income: **48,000**

SOCIAL SECURITY BENEFITS RECEIVED

Name: **Erwin Lauhala** SSN: **400-00-7929**

23,000 (1,800 taxable)



IRS SCHEDULE B

Recipient's Name: **Ingrid Lauhala SSN 400-00-7909**
Corporate Bonds: **12,000**

FORM N-342 (Purchased 2/2012)

Name: **Ingrid Lauhala & Erwin Lauhala Sr. SSN 400-00-7909**
Physical Property Address: **47-188 Kamehameha Hwy; Kaneohe HI 96744**
Placed in service: **7/31/2012 on a Single-family residential property**
Total cost: **6,000**
Consumer incentive: **0**
System primarily used to heat water: **No**
System used as substitute for solar water heating.....: **No**
Treat the tax credit as **Nonrefundable**

FORM N-210 (Annualized method)

Name: **Ingrid Lauhala & Erwin Lauhala Sr. SSN 400-00-7909**

Part II-

Enter the tax amount from your 2011 income tax return: **4,700**

Part III

Line 10 Estimated and other tax payments made: (a) **329** (b) **330** (c) **330** (d) **330**

Part IV-

Line 18 Enter the date the amount on line 16 was paid...: **4/20/13** (Columns all columns)

Line 19 Number of months from the payment due date...: (a) **12**, (b) **10**, (c) **7**, (d) **3**

Schedule A

Line 1 a : **16,381** ~~44,384~~ b: **32,761** ~~22,764~~ c: **48,141** ~~34,144~~ d: **93,521** ~~79,524~~

Line 10: **Spouse is disabled, use disability exemption amount**

Line 21 Enter ¼ of Part II Line 8: (a) **465** (b) **465** (c) **464** (d) **464**

SCHEDULE CR

Names(s) as shown on return: **Ingrid Lauhala & Erwin Lauhala Sr. SSN: 400-00-7909**

Total Nonrefundable credits: **2,100**



DOTAX N-15 TEST SCENARIOS

SCENARIO 10 (SSN: 400-00-7941)

FORMS INCLUDED

Form N-15, Form N-210, Worksheet NR, Form W-2, Form 1099-INT

OTHER

Linked Submission (Include required IRS forms)

YOUR INFORMATION

Your Name: **Caldwell Nenu**

Your SSN: **400-00-7941**

Your Date of Birth: **04-20-1990**

US Phone Number: **808-239-7981**

Disabled: **No**

Blind: **No**

FORM N-15

Non-Resident

Your First Name: **Caldwell** Your Last Name: **Nenu**

First four letters of Your last name: **NENU**

Your SSN: **400-00-7941**

Address: **811 Newgate St**

Mele Nenu (*care of*)

London England EC1A 7AJ United Kingdom

Filing Status: **(1) Single**

Exemptions: **None** (Dependent of Another)

Wages, salaries, tips, etc.: (Column A) **6,200**

Interest income.... (Column A) **105,881** ~~104,881~~

Ordinary dividends: (Column A) **3,000**

Rents, royalties, partnerships...: (Column A) **28,495**

First \$5,795 of military reserve or Hawaii national guard duty pay: (Column A) **3,200**

Oval Claimed as a dependent on another person's return: **Yes**

Tax Computation: **Tax Rate Schedule** Table

2012 State Estimated Tax Payments on Form N-1: **900**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Acct #: **8003865430**

Payment Amount: **100%** of Line 64 plus **100%** of Line 65

Account Holder Name: **Caldwell Nenu**

IAT Transaction: **No**

Designee: **No**

Campaign Electing Fund: Yourself: **No**

Occupation: Yourself = **Student**



Paid Preparer Information: Yes

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1

Employee's social security number: **400-00-7941**

Employer identification number: **22-2244661**

Employer's name address and zip code: **Teriyaki Plates Inc
888 Mililani St Ste 100
Honolulu HI 96813**

Employee's name (first, mi, last): **Caldwell Nenu**

Employee's address and zip code: **811 Newgate St
London England EC1A 7AJ United Kingdom**

Wages, tips, etc.: **3,000**

Federal income tax withheld: **455**

Social security wages: **3,000**

Social security tax withheld: **126**

Medicare wages and tips: **3,000**

Medicare tax withheld: **44**

State and state ID number: **HI 22130**

State wages: **3,000**

State income tax: **84**

FORM W-2 #2

Employee's social security number: **400-00-7941**

Employer identification number: **22-3355771**

Employer's name address and zip code: **Hawaii National Guard
P O Box 342
Honolulu HI 96813**

Employee's name (first, mi, last): **Caldwell Nenu**

Employee's address and zip code: **811 Newgate St
London England EC1A 7AJ United Kingdom**

Wages, tips, etc.: **3,200**

Federal income tax withheld: **500**

Social security wages: **3,200**

Social security tax withheld: **134**

Medicare wages and tips: **3,200**

Medicare tax withheld: **46**

State and state ID number: **HI 07543917**

State wages: **3,200**

State income tax: **5**



FORM 1099-INT #1 (Not taxable for Hawaii income tax purposes)

PAYER's name, street address, city, state, ZIP code, and telephone no.: **Life Money**
1111 Ward Ave Ste 1015
Honolulu HI 96814-1617
808-238-1567

PAYER's Federal identification number: **98-1234567**
Recipient's identification number: **400-00-7941**
Recipient's Name: **Caldwell Nenu**
Street address: **811 Newgate St**
City State and ZIP code: **London England EC1A 7AJ United Kingdom**
Box 1 Interest income: **6,500**

FORM 1099-INT #2 (Not taxable for Hawaii income tax purposes)

PAYER's name, street add., city, state, ZIP code and telephone no.: **Kala Bank**
1000 S Beretania St Suite 888
Honolulu HI 96817

PAYER's Federal identification number: **98-5671234**
Recipient's identification number: **400-00-7941**
Recipient's Name: **Caldwell Nenu**
Street address: **811 Newgate St**
City State and ZIP code: **London England EC1A 7AJ United Kingdom**
Tax-exempt interest: **1,000**

DIVIDEND INCOME (Taxable for Hawaii income tax purposes)

Your Name: **Caldwell Nenu** Your SSN: **400-00-7941**
Payer's Name: **Aloha Jones Investments**
Box 1b: **3,000**

INTEREST ON OUT-OF-STATE BONDS

Your Name: **Caldwell Nenu** Your SSN: **400-00-7941**
Interest from CA bonds is taxed for Hawaii purposes but not for Federal purposes. This interest is not included in the Federal AGI. : **98,381**

SCHEDULE K-1 (Form N-35)

Shareholder's identifying number: **400-00-7941**
Shareholder's Name, address, and postal/ZIP code: **Caldwell Nenu**
811 Newgate St
London England EC1A 7AJ United Kingdom
Corporation's federal identifying number (FEIN): **89-1234561**
Corporation's name, address, and postal/ZIP code: **Pupu Productions**
1511 Ala Napunani St
Honolulu, HI 96818

A (1) Shareholder's percentage of stock ownership: **25**
(2) Number of shares owned by shareholder at tax year end: **100**
Line 1 Ordinary income: **28,495**

FORM N-210

Name as shown on tax return: **Caldwell Nenu** SSN: **400-00-7941**



The underpayment penalty is calculated using full months, not days as calculated on federal Form 2210. See section 235-97(f), HRS, at www.hawaii.gov/tax

Part II-

Line 7 Enter the tax amount from your 2011 income tax return: **2,700**

Part III-

Line 10 Estimated and other tax payments made...: **989** (1st to 3rd qtr **247**, 4th qtr **248** each quarter paid timely)

Part IV-

Line 18 Enter the date the amount on line 16 was paid...: **12/20/12 (all columns)**

Line 19 Number of months from the payment due date...: (a) **842**, (b) **640**, (c) **37**, (d) **03**

Worksheet NR

Name as shown on tax return: ~~Caldwell Nenu~~ SSN: ~~400-00-7941~~

State and Local income tax: ~~989~~



SCENARIO 11 (SSN: 400-00-7942)

FORMS INCLUDED

Form N-15, Form 1099-R, Form 1099-INT, Schedule CR, Schedule K-1 (Form N-20), Schedule X

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Donald Opelu, Jr.**

Your SSN: **400-00-7942**

Your Date of Birth: **06-01-1946**

US Phone Number: **808-222-5391**

Disabled: **No**

Blind: **No**

FORM N-15

Part-Year resident - January 1, 2012 to November 30, 2012

Your First Name: **Donald** Your Last Name: **Opelu, Jr.**

First four letter of your last name: **OPEL**

SSN: **400-00-7942**

Address: **P O Box 880500**

Pukalani HI 96788

Filing Status: **(5) Qualifying Widower, Spouse DOD - 2010**

Line 6a: Yourself = **Yes** 65+ = **Yes**

Line 6c Dependents:

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Lotus Opelu	16	400-00-7981	Daughter	12

Line 6ab Number of ovals filled: **2**

Line 6c Number of your children listed: **1**

Line 6e Total number of exemptions: **3**

Interest income.....: (Column A) **10,000**

IRA distributions.....: (Column A) **2,500**

Pensions and annuities.....: (Column A) **4,920**

Rents, royalties, partnerships.....: (Column A) **1,440**

Tax Computation: **Tax Table**

Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Hawaii public Libraries Fund: Yourself = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**

Direct Deposit: IAT Transaction: **No**

Routing Number: **321370765**

Type: **Checking**

Account Number: **8003865430**

Designee Information:

Designee name: **Silver Designee**



Phone Number.: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: Yourself: **No**

Occupation: Yourself = **Retired**

Paid Preparer Information:

Date: _____

Check if self-employed: **X**

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Test Preparer**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

SOCIAL SECURITY BENEFITS RECEIVED 33

FORM 1099-R #1 (*IRA distribution taken from Feb. 1, 2012*)

Payer's name address and zip code: **Hawaiian Life Insurance
98-9631 Kaahumanu St A
Aiea HI 96701**

Payer's identification number: **21-1908170**

Recipient's social security number: **400-00-7942**

Recipient's name (first, mi, last): **Donald Opelu, Jr.**

Recipient's street address: **P O Box 880500**

Recipient's city, state, and zip code: **Pukalani HI 96788**

Gross distribution: **2,500**

Taxable amount: **2,500**

Distribution code: **7** IRA/SEP/SIMPLE: **X**

State/Payer's state no: **HI / 4119992**

FORM 1099-R #2 (*Not taxable for Hawaii income tax purposes*)

Payer's name address and zip code: **Employee Retirement Systems
4411 Piikoi St G
Honolulu HI 96822**

Payer's identification number: **92-7754541**

Recipient's social security number: **400-00-7942**

Recipient's name (first, mi, last): **Donald Opelu, Jr.**

Recipient's street address: **P O Box 880500**

Recipient's city, state, and zip code: **Pukalani HI 96788**

Gross distribution: **4,920**

Taxable amount: **4,920**

Federal income tax withheld: **200**

Distribution code: **7**

State/Payer's state no: **CA / 1123445**



FORM 1099-INT #1 (Allocated to Hawaii during period of residency)

PAYER's name, street address, city, state, ZIP code, and telephone no.: **All for One Bank
98 – 1111 Kaahumanu St
Aiea HI 96701
808-555-1888**

PAYER's Federal identification number: **99-5234567**
Recipient's identification number: **400-00-7942**
Recipient's Name: **Donald Opelu, Jr.**
Street address: **P O Box 880500**
City State and ZIP code: **Pukalani, HI 96788**
Interest income: **6,000**

FORM 1099-INT #2 (Allocated to Hawaii during period of residency)

PAYER's name, street address, city, state, ZIP code and phone no.: **Lava Rock Federal Credit Union
213 Kahinani Pl Box 512
Kaunakakai HI 96748**

PAYER's Federal identification number: **99-3479513**
Recipient's identification number: **400-00-7942**
Recipient's Name: **Donald Opelu, Jr.**
Street address: **P O Box 88050**
City State and ZIP code: **Pukalani HI 96788**
Interest income: **4,000**

SCHEDULE K-1 (Form N-20)

Shareholder's Identifying number: **400-00-4942**
Shareholder's Name, address, and postal/ZIP code: **Donald Opelu, Jr.
P O Box 88050
Pukalani HI 96788**

Corporation's Federal Identifying number (FEIN): **06-4512311**
Corporation's name, address, and postal/ZIP code: **Island Party Inc
55 Makalani Pl
Makawao, HI 96768**

- A This partner is a? **Limited Partner**
- B What type of entity is this partner? **Individual**
- C Enter partner's percentage of:

	(i) Before change of termination	(ii) End of year
Profit sharing	50.00%	50.00%
Loss sharing	50.00%	50.00%
Ownership of capital	50.00%	50.00%

- D Partner's share of liabilities:
Nonrecourse: **14,786**
Qualified nonrecourse financing:
Other: **0**

- G Reconciliation of partner's capital account:
(a) Capital account at beginning of year : **1,700**
(b) Capital contributed during year: **0**



- (c) Income included in col.(c) below, plus nontaxable income: **11,230**
- (d) Deductions included in col. (c) below, plus unallowable deductions: **-599**
- (e) Withdrawals and distributions: **0**
- (f) Capital account at end of year (combine columns (a) through (e)): **12,331**

F Final K-1 = Yes

Line 3 Net Income (loss) from other rental activities: Column b **1,440** Column c **1,440**

Line 25 Credit for income tax withheld on form N-288 (net of refunds): Column b **154**

SCHEDULE CR

Names as shown on return: **Donald Opelu, Jr.** SSN: **400-00-7942**

Part II Pro rata share of taxes withheld... **154**

SCHEDULE X

Part I

Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Donald Opelu	Self
Lotus Opelu	Daughter Spouse

Minor Children Receiving Public Support :

<i>Name</i>	<i>Social Security Number</i>	<i>Relationship to You</i>
Jamie Wood	400-01-7982	Nephew
Jasmine Wood	400-02-7982	Niece
Jenny Wood	400-03-7982	Niece
Janey Wood	400-04-7982	Niece



SCENARIO 12 (SSN: 400-00-7943)

FORMS INCLUDED

Form N-15, Schedule CR, Schedule X, Form W-2, Form 1099-MISC, Schedule K-1 (Form N-35),
Worksheet PY

OTHER

Unlinked Submission

ASSUMPTIONS

- Spouse Itemizes Deductions:
 - Note: For the purpose of the Hawaii return the filing status is married filing separately, the spouse does not have any Hawaii income and does not file a separate return. This will allow the spouse to be claimed as an exemption on the Hawaii return.

YOUR INFORMATION

Your Name: **Thomas Ulua**

Your SSN: **400-00-7943**

Your Date of Birth: **04-20-1971**

US Phone Number: **808-233-8945**

Disabled: **No**

Blind: **No**

FORM N-15

Part-Year resident - February 1, 2012 to November 30, 2012

Your First Name: **Thomas** Your Last Name: **Ulua**

First four letter of your last name: **ULUA**

SSN: **400-00-7943**

First four letter of your Spouse's last name: **MOAN**

SSN: **400-00-7963**

Address: **804 10th St 4000 Lone Cactus Dr**
Hood River OR 970311502 Phoenix AZ 85050

Filing Status: **(3) Married Filing Separate**

Spouse's Name: **Gloria H Moano**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes** Spouse meets qualifications = **Yes**

Line 6c: *(Child claimed as dependent but did not live with taxpayer)*

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Sharla Moano	10	400-00-7983	Daughter	00

Line 6ab: **2**

Line 6c: **1**

Line 6e: **3**

Wages, salaries, tips, etc.: (Column A) **25,900**

Other Income: (Column A) **4,000 Game Show Prize**

Tax Computation – **Tax Table**

Haw Schools Repairs and Maint. Fund: Yourself = **No**



Hawaii public Libraries Fund: Yourself = **No**
Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**
Payment Information: Account Type: **Checking**
Routing Transit #: **321370765**
Bank Acct #: **8003865430**
Payment Amount: **100%** of Line 64
Account Holder Name: **Thomas Ulua**
IAT Transaction: **No**

Designee Information:
Designee name: **Silver Designee**
Phone Number: **808-239-4123**
Identification no.: **123451234**

Campaign Electing Fund: Yourself: **Yes**
Occupation: Yourself = **Singer**
Paid Preparer Information: **Yes**

Date: _____
Preparer's identification number: **P12345678**
Print Preparer's Name: **Test Preparer**
Federal E. I. No.: **88-3456789**
Firm's name (or yours if self-employed), **Firm Taxes Inc**
Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**
Phone Number: **801-930-3000**

FORM W-2 #1

Employee's social security number: **400-00-7943**
Employer identification number: **43-2244661**
Employer's name address and zip code: **Kaimana Productions Inc**
213 Ala Moana Blvd Ste 52
Honolulu HI 96815

Employee's name (first, mi, last): **Thomas Ulua**
Employee's address and zip code: **804 10th St 4000 Lone Cactus Dr**
Hood River OG 970311502 Phoenix AZ 85050

Wages, tips, etc.: **25,900**
Federal income tax withheld: **1,150**
Social security wages: **25,900**
Social security tax withheld: **1,092**
Medicare wages and tips: **25,900**
Medicare tax withheld: **377**
State and state ID number: **HI 12208422**
State wages: **25,900**
State income tax: **800**

1099-MISC (*Hawaii sourced income*)

- ❖ **Game show prize.**
- ❖ ~~**1099-MISC for this test allow tax paid to California (CA) as a Credit for Income Taxes Paid to Other States and Countries on Schedule CR.**~~



PAYER's name, street address, city, state and ZIP code: **Poke Shop Hawaii Inc**
1098 Sand Island Pkwy
Honolulu HI 96813

PAYER's Federal identification number: **99-4567912**
Recipient's identification number: **400-00-7943**
Recipient's Name: **Thomas Ulua**
Street address: **804 10th St** ~~4000 Lone Cactus Dr~~
City State and ZIP code: **Hood River OR 970311502** ~~Phoenix AZ 85050~~
Other income: **4,000**
State tax withheld: **101**
Line 1 State Payer's state no.: **HI**

SCHEDULE K-1 (Form N-35)

Shareholder's identifying number: **400-00-7943**
Shareholder's Name, address, and postal/ZIP code: **Thomas Ulua**
804 10th St ~~4000 Lone Cactus Dr~~
Hood River OR 970311502 ~~Phoenix AZ 85050~~

Corporation's federal identifying number (FEIN): **89-1234561**
Corporation's name, address, and postal/ZIP code: **Pupu Productions**
1511 Ala Napunani St
Honolulu, HI 96818

A (1) Shareholder's percentage of stock ownership: **10**
(2) Number of shares owned by shareholder at tax year end: **25**
Line 16n Credit for Hawaii income tax withheld on Form N-288 **97**

SCHEDULE CR

Name(s) as shown on form N-11: **Thomas Ulua** Your SSN: **400-00-7943**
Pro Rata share of taxes withheld....: **97**

SCHEDULE X

Part I

Refundable Food/Excise Tax Credit:

<i>Name</i>	<i>Relationship</i>
Thomas Ulua Donald Opelu	Self

Part II

Credit for low-income household renters:

Address: **94-511 Nolupe St**
Waipahu HI 96797
Rent paid: **4,400**
Occupied: **From 6/2012 To 11/2012**
Owned by: **Lacey Fortin**
Owner's address: **P O Box 1533, Ewa Beach HI 96706**
Hawaii Tax ID Number: **W55113377-01**

WORKSHEET PY (Fed Schedule A)

State and Local income tax: **901**
Mortgage Interest reported on form 1098: (Property located in Hawaii) **2,450**



SCENARIO 13 (SSN: 400-00-7944)

FORMS INCLUDED

Form N-15, Form W-2, Form 1099-G, Worksheet PY

ATTACHMENT

Certified Arborist Affidavit

OTHER

Linked Submission (Include required IRS forms)

YOUR INFORMATION

Your Name: **Flora K Palani**

Your SSN: **400-00-7944**

Your Date of Birth: **04-15-1961**

US Phone Number: **808-569-5599**

Disabled: **No**

Blind: **Yes**

SPOUSE INFORMATION

Spouse Name: **Charlie A Palani-Hill**

Spouse SSN: **400-00-7964**

Spouse's Date of Birth: **04-15-1966**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

FORM N-15

Part-Year resident – January 1, 2012 to March 31, 2012

Your First Name: **Flora M.I. K** Your Last Name: **Palani**

First four letters of Your last name: **PALA**

Your SSN: **400-00-7944**

Spouse's First Name: **Charlie M.I. A** Your Last Name: **Palani-Hill**

First four letters of Spouse's last name: **PALA**

Spouse's SSN: **400-00-7964**

Address: **175 Berkeley St**

Boston MA 02116-5066

Filing Status: **(2) Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Line 6c: Dependents

<i>Name</i>	<i>Age</i>	<i>SSN</i>	<i>Relationship</i>	<i># MO</i>
Max Palani	15	400-01-7983	Son	12
Mindi Palani	12	400-02-7983	Daughter	12
Nina Palani	10	400-03-7983	Daughter	12
Ozlow Palani	8	400-04-7983	Son	12
Paul Palani	6	400-05-7983	Son	12



Quinn Palani

4

400-06-7983

Daughter

12

Line 6ab: **2**

Line 6c: **6**

Line 6e: **8**

Wages, salaries, tips etc.....: (Column A) **43,200** ~~42,000~~

Unemployment compensation (insurance)..: (Column A) **6,000**

Exceptional tree deduction (attach affidavit): (Column A) **3,000**

Tax Computation – Tax Table

Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Spouse = **Yes**

Hawaii public Libraries Fund: Yourself = **Yes**

Spouse = **Yes**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**

Spouse = **Yes**

Applied to your 2013 ESTIMATED TAX: **1,000**

Direct Deposit: ~~IAT Transaction:~~ **Yes** (For this scenario IAT = Yes we do not expect you to pass direct deposit information in your test XML)

~~Routing Number:~~ **321370765**

~~Type:~~ **Checking**

~~Account Number:~~ **8003865430**

Designee: **No**

Campaign Electing Fund: Yourself: **No**

Spouse = **Yes**

Occupation: Yourself = **Law Clerk**

Spouse = **Baker**

Paid Preparer Information: **Yes**

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1 (Earned in Hawaii from January 1, 2012 to March 31, 2012)

Employee's social security number: **400-00-7944**

Employer identification number: **99-2984469**

Employer's name address and zip code: **Hawaii Lawyers Inc**

P O Box 212

Kekaha HI 96752

Employee's name (first, mi, last): **Flora K Palani**

Employee's address and zip code: **175 Berkeley St**

Boston MA 02116-5066

Wages, tips, etc.: **24,500**

Federal income tax withheld: **900**

Social security wages: **24,500**



Social security tax withheld: **1,029**
Medicare wages and tips: **24,500**
Medicare tax withheld: **355**
Dependent care benefits: **1,200**
State and state ID number: **HI 20888**
State wages: **24,500**
State income tax: **1,715**

FORM W-2 #2 (*Earned outside Hawaii from April 1, 2012 to December 31, 2012*)

Employee's social security number: **400-00-7944**
Employer identification number: **99-8111311**
Employer's name address and zip code: **Hawaii Bake Shop Inc**
4123 Kekaulike Lane
Princeville HI 96722

Employee's name (first, mi, last): **Flora K Palani**
Employee's address and zip code: **175 Berkeley St**
Boston MA 02116-5066

Wages, tips, etc.: **17,500**
Federal income tax withheld: **550**
Social security wages: **17,500**
Social security tax withheld: **735**
Medicare wages and tips: **17,500**
Medicare tax withheld: **254**
State and state ID number: **NEV- 100156**
State wages: **17,500**
State income tax: **0**

FORM 1099-G (*Received from April 1, 2012 to June 30, 2012*)

PAYER's name, street address, city, state and ZIP code: **Department of Labor**
Keeliokalani Building
830 Punchbowl St
Honolulu HI 96813

PAYER's Federal identification number: **99-7894111**
Recipient's identification number: **400-00-7964**
Recipient's Name: **Charlie A Palani-Hill**
Street address: **175 Berkeley St**
City State and ZIP code: **Boston MA 02116-5066**
Unemployment compensation: **6,000**
State: **HI**
State Identification Number: **1234567**
State income tax withheld: **1,100**

WORKSHEET PY

State and Local income tax: **2,815**
Real estate tax (Property located in Hawaii): **1,200**
Mortgage interest and points reported on form 1098 (Property located in Hawaii): **9,865**

EXEPTIONAL TREE DEDUCTION

Cost to maintain the exceptional tree: **12,000**
(Exceptional tree deduction must be substantiated with a notarized affidavit signed by a certified arborist.)



SCENARIO 14 (SSN: 400-00-7945)

FORMS INCLUDED

Form N-15, Form N-615, Form 1099-INT

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Gregory Opakapaka**

Your SSN: **400-00-7945**

Your Date of Birth: **06-25-2002**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

FORM N-15

Part Year Resident - January 1, 2012 to June 30, 2012

Your First Name: **Gregory** Your Last Name: **Opakapaka**

First four letters of Your last name: **OPAK**

Your SSN: **400-00-7945**

Address: **67th CSH Unit 26610 Box 595
APO AE 09244**

Filing Status: **(1) Single** (Dependent of Another)

Interest income.... (Column A) **1,514**

Ordinary dividends: (Column A) **582**

Capital gain or (loss): (Column A) - **400**

Rents, royalties, partnerships...: (Column A) **5,355**

Tax Computation: **Form N-615**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Acct #: **8003865430**

Payment Amount: **100% of Line 64**

Account Holder Name: **Amy Opakapaka**

IAT Transaction: **No**

Designee Information:

Designee name: **Silver Designee**

Phone Number: **808-239-4123**

Identification no.: **123451234**

Campaign Electing Fund: Yourself: **No**

Occupation: Yourself = **Student**

Paid Preparer Information: **Yes**

Date: _____

Check if self-employed: **X**

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**



Federal E. I. No.: **88-3456789**
Firm's name (or yours if self-employed), **Test Preparer**
Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**
Phone Number: **801-930-3000**

FORM 1099-INT *(Allocated to Hawaii during period of residency)*

PAYER's name, street address, city, state, ZIP code and telephone no.: **Money Trust Bank
6000 S Beretania St Suite 900
Honolulu HI 96817**

PAYER's Federal identification number: **98-5671234**
Recipient's identification number: **400-00-7945**
Recipient's Name: **Gregory Opakapaka**
Street address: **67th CSH Unit 26610 Box 595**
City State and ZIP code: **APO AE 09244**
Box 1 Interest Income: **1,514**

DIVIDEND INCOME *(Allocated to Hawaii during period of residency)*

Payer's Name: **Investments R Us**
Line 1b: **582**

SCHEDULE K-1 (Form N-35) *(Allocated to Hawaii during period of residency)*

Shareholder's identifying number: **400-00-7945**
Shareholder's Name, address, and postal/ZIP code: **Gregory Opakapaka
67th CSH Unit 26610
APO AE 09244**

Corporation's federal identifying number (FEIN): **92-1259510**
Corporation's name, address, and postal/ZIP code: **Halakau Inc
5 Kamehameha Ave
Hilo, HI 96720**

A (1) Shareholder's percentage of stock ownership: **15**
(2) Number of shares owned by shareholder at tax year end: **20**
Line 2, Column (b) 'Attributable to Hawaii' Net Income(loss) from rental real estate activities.....: **2,678**
Line 2, Column (c) 'Attributable Elsewhere' Net Income(loss) from rental real estate activities.....: **2,677**



SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS (Fed 8949) (*Hawaii source income/loss*)

Part I Short-Term Capital Gains and Losses - Line 1

(a) <i>Description</i>	(c) <i>Date acquired</i>	(d) <i>Date Sold</i>	(e) <i>Sales Price</i>	(f) <i>Cost or other basis</i>
100 SHS Money	06-15-12	08-15-12	1,000	1,400

FORM N-615 (Fed 8615)

Parent's Name : **Shirley Opakapaka**

Parent's social security number: **400-11-7975**

Parent's filing status : **Married filing joint**

Enter the number of exemptions claimed on parents return: **4**

Parent's taxable income: **40,100**

Total if any from Forms N-615 Line 5 of ALL OTHER children... : **1,620**

Tax on the amount on line 8.....use **Tax table**

Parent's tax (tax table): **2,140**



SCENARIO 15 (SSN: 400-00-7946)

FORMS INCLUDED

Form N-15, Form N-342, Form N-342A, Form W-2, Form W2-G, Form 1099-R, Schedule CR

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Hubert A Mahimahi**

Your SSN: **400-00-7946**

Your Date of Birth: **08-15-1967**

US Phone Number: **808-238-6548**

Disabled: **No**

Blind: **No**

FORM N-15

Non-Resident

First Time Filer

Your First Name: **Hubert M.I. A** Your Last Name: **Mahimahi**

First four letters of Your last name: **MAHI**

Your SSN: **400-00-7946**

Address: **232 Wild River Dr**

(Care of) **Stone Lodge**

Port Hueneme CA 93041

Filing Status: **(4) Head of Household**

Qualifying Name: **Mauli Mahimahi**

SSN: **400-00-7986**

AGE: **10**

Exemptions: Line 6a: Yourself = **Yes**

Line 6ab: **1**

Line 6e: **1**

Note: Mauli Mahimahi is not claimed as a dependent.

Line 12 Business or farm income or (loss): (Column A) **15,075** *(Derived from W-2)*

Line 16 Pension and annuities.....: (Column A) **3,000**

Line 17 Rents, royalties, partnership.....: (Column A) **24,400**

Line 19 Other Income.....: (Column A) **5,000** **Gambling Winnings**

Tax Computation: **Tax Table**

Line 54 2012 State Estimated Tax Payments on Form N-1: **400**

Line 59a Haw Schools Repairs and Maint. Fund: Yourself = **Yes**

Line 59b Hawaii public Libraries Fund: Yourself = **Yes**

Line 59c Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**

Direct Deposit: IAT Transaction: **No**

~~Routing Number: **321370765**~~

~~Type: **Checking**~~



~~Account Number: 8003865430~~

Designee: **No**

Campaign Electing Fund: Yourself: **Yes**

Occupation: Yourself = **Writer**

Paid Preparer Information: **N/A (self prepared)**

FORM W-2

a. Employee's social security number: **400-00-7946**

b. Employer identification number: **55-8899112**

c. Employer's name address and zip code: **Mountain Books
368 Ohukai Rd
Kihei HI 96753**

e. Employee's name (first, mi, last): **Hubert A Mahimahi**

f. Employee's address and zip code: **232 Wild River Dr
Port Hueneme CA 93041**

Box 1 Wages, tips, etc.: **28,900**

Box 2 Federal income tax withheld: **0**

Box 3 Social security wages: **28,900**

Box 4 Social security tax withheld: **1,214**

Box 5 Medicare wages and tips: **28,900**

Box 6 Medicare tax withheld: **419**

Box 13 Statutory employee: **X**

Box 15 State and state ID number: **LA 3391**

Box 16 State wages: **28,900**

Box 17 State income tax: **2,023**

FORM W-2G

Payer's name, address and zip code: **Vegas Winnings
810 S Casino Center Blvd
Las Vegas NV 89101**

Payer's identification number: **01-1234567**

Winner's name, address and zip code: **Hubert A Mahimahi
232 Wild River Dr
Port Hueneme CA 93041**

Box 1 Gross winnings: **5,000**

Box 2 Federal Income tax withheld: **500**

Box 3 Type of wager: **Blackjack**

Box 4 Date won: **07-11-2012**

Box 9 Winner's taxpayer ID No.: **400-00-7946**

Box 13 State/Payer's state ID No.: **LA 3391**

FORM 1099-R

Payer's name address and zip code: **Employee Retirement System
201 Merchant St Ste 1121
Honolulu HI 96813**

Payer's identification number: **52-7754541**

Recipient's social security number: **400-00-7946**

Recipient's name (first, mi, last): **Hubert A Mahimahi**

Recipient's street address: **232 Wild River Dr**



Recipient's city, state, and zip code: **Port Hueneme CA 93041**

Box 1 Gross distribution: **3,000**

Box 2a Taxable amount: **3,000**

Box 2b Total Distribution: **X**

Box 7 Distribution Code: **2**

SUPPLEMENTAL INCOME AND LOSS (Sch. E) (*Business located in Hawaii*)

Are you reporting any loss not allowed in prior years due to the at-risk or basis limitations....: **No**

Name: **Tanning in the Sun Inc**

Entity: **S Corporation**

Employer ID number: **66-8521367**

Nonpassive income from Sch. K-1: **24,400**

PROFIT OR LOSS FROM BUSINESS

Name of Proprietor: **Hubert A Mahimahi**

SSN: **400-00-7946**

Hawaii Tax ID Number: **W-11133311-01**

Principal Business: **Insurance Sales**

SIC Code: **524290**

Employer ID Number: **99-7044337**

Accounting Method: **Cash**

Did you "materially participate": **Yes**

Did you make any payments....: **No**

Income:

Income reported to you on form W-2: **28,900**

Expenses:

Office Expense: **640**

Supplies: **4,065**

Taxes and licenses: **820**

Wages: **8,300**

FORM N-342A

Name (S Corp, Partnership, Estate, or Trust, or Condominium Apartment Assoc.): **Flip Flop Cabins**

SSN or FEIN: **99-0146329**

Entity Type: **S Corporation**

Address and zip code: **55 Kaiea PI**

Paia HI 96779

Name of Indv. Or Corp. for whom this statement is being prepared: **Hubert A Mahimahi**

Physical Property Address: **55 Kaiea PI; Paia HI 96779**

Solar Energy System – installed: **12/29/2012 on a Multi-family residential property**

Line 1 Total Cost of qualified solar energy system....: **18,000**

Line 2 Amount of consumer incentive premiums....: **0**

Line 3 Actual cost of the solar energy system....: **18,000**

Line 4 Primarily used to heat water for household use?: **Yes**

Line 7 Enter the amount from line 3....: **18,000**

Line 8 Divide total square feet....: **.05**

Line 9 Actual per unit cost....: **900**

Line 10 35% of line 9....: **315**

Line 11 Multiply line 10 by number of units you own: (Number of units you own **20**) **6,300**



Hawaii
Department of Taxation

Line 14 Add lines 6, 11, and 13: **6,300**
Line 40 Total tax credit claimed: **6,300**
Line 41 Distributive share of solar energy tax credit: **6,300**

FORM N-342

Name as shown on return: **Hubert A Mahimahi SSN: 400-00-7946**
Physical Property Address: **55 Kaiea Pl; Paia HI 96779**
Treat credit as **Nonrefundable**

SCHEDULE CR

Name as shown on return: **Hubert A Mahimahi SSN: 400-00-7946**



SCENARIO 16 (SSN: 400-00-7947)

FORMS INCLUDED

Form N-15, Form N-210 (annualized), Form W-2, Worksheet PY

ATTACHMENT

Passenger Restraint Invoice

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Isami Wahanui**

Your SSN: **400-00-7947**

Your Date of Birth: **12-22-1982**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Ann B Wahanui**

Spouse SSN: **400-00-7967**

Spouse's Date of Birth: **11-01-1986**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

FORM N-15

Part-Year resident, From July 1 , 2012 to December 31, 2012

Your First Name: **Isami** Your Last Name: **Wahanui**

First four letters of Your last name: **WAHA**

SSN: **400-00-7947**

Spouse's First Name: **Ann** M.I. **B** Spouse's Last Name: **Wahanui**

First four letters of your Spouse's last name: **WAHA**

Spouse's SSN: **400-00-7967**

Address: **91-888 Makule Rd #106**

Ewa Beach HI 96706-2526

Filing Status: **(2) Married Filing Joint**

Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Line c: Dependent

	<i>Name</i>	<i>Social Security Number</i>	<i>Relationship to You</i>	<i># MO</i>
	Kora Wahanui	400-01-7986	Daughter	12

Line 6ab: **2**

Line 6c: **1**

Line 6e: **3**



Wages, salaries, tips, etc...: (Column A) **80,900**
Business or farm income or (loss): (Column A) **12,411**
Rents, royalties, partnerships, estates, trusts, etc...: (Column A) **1,200**
Deductible part of self-employment tax: (Column A) **876**

Tax Computation – Tax Table

Payment Information: Account Type: **Checking**
Routing Transit #: **321370765**
Bank Acct #: **8003865430**
Payment Amount: **50% of Line 64 plus 100% of Line 65**
Account Holder Name: **Ann Wahanui**
IAT Transaction: **No**

Designee: **No**

Campaign Electing Fund: Yourself = **Yes**
Spouse = **Yes**

Occupation: Yourself = **Musician**
Spouse = **Hula Dancer**

Paid Preparer Information: **Yes**

Date: _____

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Firm Taxes Inc**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FORM W-2 #1 (*Earned July 1, 2012 to December 31, 2012*)

Employee's social security number: **400-00-7947**

Employer identification number: **99-1199442**

Employer's name address and zip code: **Music of the Heart Inc**
88-919 Pohakunui Ave
Waianae HI 96792

Employee's name (first, mi, last): **Isami Wahanui**

Employee's address and zip code: **91-888 Makule Rd #106**
Ewa Beach HI 96706-2526

Wages, tips, etc.: **77,700**

Federal income tax withheld: **10,800**

Social security wages: **87,900**

Social security tax withheld: **3,692**

Medicare wages and tips: **87,900**

Medicare tax withheld: **1,275**

Box 12a : ~~P 1000~~

Box 12b : ~~D 10,200~~

Retirement Plan: **X**

State and state ID number: **HI 55339911**

State wages: **77,700**

State income tax: **1,250**



FORM W-2 #2 (Earned July 1, 2012 to December 31, 2012)

Employee's social security number: **400-00-7967**

Employer identification number: **96-8899112**

Employer's name address and zip code: **Luau Entertainment Inc
9001 SW Boeckman Rd
Wilsonville OR 97070**

Employee's name (first, mi, last): **Ann B Wahanui**

Employee's address and zip code: **91-888 Makule Rd #106
EWA BEACH HI 96706-2526**

Wages, tips, etc.: **3,200**

Federal income tax withheld: **78**

Social security wages: **3,200**

Social security tax withheld: **134**

Medicare wages and tips: **3,200**

Medicare tax withheld: **46**

Box 12a: **L 100**

State and state ID number: **HI 39911**

State wages: **3,200**

State income tax: **23**

PROFIT OR LOSS FROM BUSINESS #1 (Business is located in Hawaii)

Name of Proprietor: **Isami Wahanui**

SSN: **400-00-7947**

Hawaii Tax ID Number: **W-1234562**

Principal Business: **Recording Studio**

Business Name: **Turn On the Music**

Address: **55 King St Ste 551
Honolulu HI 96813**

NAICS Code: **512220**

Employer ID Number: **99-3371150**

Accounting Method: **Cash**

Did you 'materially participate': **Yes**

Did you make any payments.....: **No**

Income

Gross receipts and sales: **16,780**

Expenses

Insurance (other than health): **2,216**

Office Expense: **1,502**

Supplies: **1,800**

PROFIT OR LOSS FROM BUSINESS #2 (Earned January 1, 2012 to June 30, 2012) (Not Hawaii Source Income)

Name of Proprietor: **Ann B Wahanui**

SSN: **400-00-7967**

Hawaii Tax ID Number: **W-4434562**

Principal Business: **Catering**

Business Name: **Party Hawaii Catering**

Address: **91-888 Makule Rd #106
Ewa Beach HI 96706-2526**

NAICS Code: **722320**

Employer ID Number: **99-3331110**



Accounting Method: **Cash**

Did you "materially participate: **Yes**

Did you make any payments.....: **No**

Income

Gross receipts and sales: **2,667**

Returns and allowances (delivery van exp): **768**

Expenses

Insurance (other than health): **150**

Office Expense: **100**

Supplies: **500**

SUPPLEMENTAL INCOME AND LOSS (Sch. E) (*Hawaii source income*)

Are you reporting any loss not allowed in prior years due to the at-risk or basis limitations.....: **No**

Name: **Dance Hawaii Inc**

Entity: **S Corporation**

Employer ID number: **99-8521367**

Nonpassive income from Sch. K-1: **1,200**

FORM N-210 (Annualized method)

The underpayment penalty is calculated using full months, not days as calculated on federal Form 2210. See section 235-97(f), HRS, at www.hawaii.gov/tax

Part II-

Line 7 Enter the tax amount from your 2011 income tax return: **3,032**

Part III-

Line 10 Estimated and other tax payments made....: **1, 273** ~~1,250~~ (**637** ~~625~~ paid by 9/20/12 and **636** ~~625~~ paid by 12/31/20/12/13)

Part IV-

Line 18 Enter the date the amount on line 16 was paid....: **4/20/13** (**Columns C & D** all columns)

Line 19 Number of months from the payment due date....: ~~(a) 12, (b) 10, (c) 7, (d) 3~~

Schedule A

Line 1 Adjusted income for each period: (a) **0**, (b) **0**, (c) **27,367**, (d) **92,567**

Line 4 Itemized deduction for each period: (a) **0**, (b) **0**, (c) **6,303**, (d) **11,158** ~~12,605~~

Line 21 Enter ¼ of Part II Line 8: a: **751** b: **751** c: **751** d: **751**

WORKSHEET PY (Fed Schedule A)

Medical and Dental Expense: **10,500**

State and local income taxes: **1,273**

Real Estate Tax: (*For Worksheet PY calculation, the property is located outside of Hawaii*) **283**

Taxes on out-of-state income earned while nonresident: **Derived from real estate taxes**

Taxes on Hawaii income OR on income earned while resident in Hawaii: **Derived from withholding and real-estate taxes**

Mortgage Interest not reported on form 1098: (*For Worksheet PY calculation the property is located outside of Hawaii*) **8,950**

Line 24: **4,475**

Gifts by cash or check: **1,978**

CREDIT FOR CHILD PASSENGER RESTRAINT SYSTEM (**Purchased 2/2012**)

For this test the invoice **does not** show the taxpayer's name.: **25**



Hawaii
Department of Taxation

(An invoice or receipt showing the taxpayer's name must be provided to substantiate the claim for the restraint system. An explanation must accompany the invoice or receipt if it does not show the taxpayer's name.)



SCENARIO 17 (SSN: 400-00-7948)

FORMS INCLUDED

Form N-15, Form N-158, Form N-312, Schedule CR, Worksheet NR

ATTACHMENT

Donee Acknowledgement

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Aloha Aina**

Your SSN: **400-00-7948**

Your Date of Birth: **10-30-1959**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Sadie Aina**

Spouse SSN: **400-00-7968**

Spouse Date of Birth: **11-01-1963**

US Phone Number: **808-753-8912**

Disabled: **No**

Blind: **No**

FORM N-15

Non-Resident

Your First Name: **Aloha** Your Last Name: **Aina**

First four letters of Your last name: **AINA**

SSN: **400-00-7948**

Spouse's First Name: **Sadie** Spouse's Last Name: **Aina**

First four letters of your Spouse's last name: **AINA**

Spouse's SSN: **400-00-7968**

Address: **8524 Mingo Ct**

Louisville KY 40220-3477

Filing Status: **(2) Married Filing Joint**

Exemptions: Line 6a: Yourself = **Yes**

Line 6b: Spouse = **Yes**

Line 6ab: **2**

Line 6e: **2**

State income tax refund... (*Taxable to Hawaii*).....: (Column A) **2,000**

Business or farm income or (loss).....: (Column A) **9,086**

Rents, royalties, partnerships, estates, trusts, etc.....: (Column A) **10,858**



Deductible part of self-employment tax.....: (Column A) **642**

Tax Computation – Tax Table

State Estimated Tax Payments on Form N-1: **480**

Haw Schools Repairs and Maint. Fund: Yourself = **No**
Spouse = **No**

Hawaii public Libraries Fund: Yourself = **No**
Spouse = **No**

Domestic Violence/Child Abuse and Neglect Funds: Yourself = **No**
Spouse = **No**

Direct Deposit: IAT Transaction: **No**
Routing Number: **321370765**
Type: **Checking**
Account Number: **8003865430**

Designee: **No**
Campaign Electing Fund: Yourself = **Yes**
Spouse = **Yes**

Occupation: Yourself = **Farmer**
Spouse = **Domestic Engineer**

Paid Preparer Information: **Yes**

Date: _____

Check if self-employed: **X**

Preparer's identification number: **P12345678**

Print Preparer's Name: **Test Preparer**

Federal E. I. No.: **88-3456789**

Firm's name (or yours if self-employed), **Test Preparer**

Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**

Phone Number: **801-930-3000**

FARM RENTAL INCOME AND EXPENSES #1 (Form 4835) (Not a Hawaii Source Income)

Did you actively participate in the operation of this farm....: **No**

Part I-

Income from production of livestock, produce, grains and other crops: **12,460**

Part II-

Interest: Mortgage (paid to banks, etc.): **1,460**

Taxes: **260**

FARM RENTAL INCOME AND EXPENSES #2 (Form 4835) (Not a Hawaii Source Income)

Did you actively participate in the operation of this farm.... : **No**

Part I-

Income from production of livestock, produce, grains and other crops: **3,600**

Part II-

Insurance (other than health): **750**

Interest: Mortgage (paid to banks, etc.): **2,100**

Taxes: **632**

SUPPLEMENTAL INCOME AND LOSS (Sch. E) (Not a Hawaii Source Income)

Reconciliation of farming and fishing income (from Form 4835): **16,060**



PROFIT OR LOSS FROM FARMING (Sch. F) (*Hawaii Source Income*)

Name of proprietor: **Aloha Aina**

Principal crop or activity: **Coffee Beans**

Code form Part IV: **111900**

Accounting Method: **Accrual**

Did you "materially participate".....: **Yes**

Did you make any payments....: **No**

Part II

Car and truck expense: **360**

Chemicals: **963**

Custom hire: **120**

Depreciation: **149,491**

Fertilizers and lime: **1,496**

Freight and trucking: **3,950**

Gasoline, fuel and oil: **4,303**

Insurance (other than health): **1,900**

Interest – Mortgage (paid to banks): **1,200**

Interest – Other: **300**

Labor hires (less employ. credits): **28,200**

Rent or lease Vehicles, machinery, equipment: **1,010**

Rent or lease Other (land, animals, etc.): **1,200**

Repairs and maintenance: **3,044**

Seeds and plants: **2,690**

Storage and warehousing: **5,854**

Supplies: **231**

Taxes: **842**

Utilities: **1,800**

Other expenses: **4,105 (tractor tires)**

Part III

Sales of livestock, produce, grains, and other: products not reported on line 37a: **226,717**

Cooperative distributions: **1,800**

Taxable amount: **1,500**

Agricultural program payments: **400**

Taxable amount: **400**

Crop insurance proceeds: **200**

Other custom hire not reported on 42a.: **500**

Other income not reported on line 43a: **325**

Inventory of livestock, produce, grains....: **34,308**

Cost of livestock, produce, grains....: **6,790**

Inventory of livestock, produce, grains.. at end of year: **33,601**

FORM N-158

Part I Total Investment Interest Expense

Investment interest expense: **9,060**



Disallowed investment interest exp.....: **11**
Part II Net Investment Income
Gross Income from property held for investment....: **10,390**
Part III Investment Interest Expense Deduction
Disallowed investment expense: **0**

FORM N-312

Name: **Aloha Aina** SSN: **400-00-7948** Hawaii ID Num: **W88116622-01**

Part I Computation of Tax Credit

<i>(a) Description of Property</i>	<i>(b) Date property was placed in service</i>	<i>(c) Cost of qualifying property</i>
1. Hawaii purchases		
Tractor	6/01/2012	142,000
Truck	6/15/2012	46,000
Grain trailer	6/15/2012	60,000
2a. Purchases from out-of-state sellers		
John Deere Combine	4/15/2012	190,000
2b. Was 4% Use Tax paid on these purchases?: Yes		
3. Total qualifying cost of eligible property.....: 438,000		
Line 6 Amount of sales or use taxes paid to another state....: 0		
Check boxes A, B, C, D, and E: No		

SCHEDULE CR

Name(s) as shown on form N-11: **Aloha Aina** Your SSN: **400-00-7948**
Part II Capital Goods Excise Tax Credit ~~Pro rata share of taxes withheld...~~ **17,520**

WORKSHEET NR (Fed Schedule A)

Medical and Dental Expense: **2,119**
State and Local Taxes: Derived from state estimated tax payments
Investment Interest: **9,071**
Gifts to charity by cash or check: **3,000** ~~5,300~~

Donee Acknowledgement:

(Itemized Deductions Worksheet NR-4 - Gifts by cash or check greater than \$250 must be substantiated by a written acknowledgement from the donee organization.)



SCENARIO 18 (SSN: 400-00-7949)

FORMS INCLUDED

Form N-15, Form N-342, Form 1099-MISC, Form 1099-R, Schedule CR, Worksheet PY

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Blaisdell G Moano**

Your SSN: **400-00-7949**

Your Date of Birth: **02-28-1941**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

SPOUSE INFORMATION

Spouse Name: **Gari-Ann Moano**

Spouse SSN: **400-00-7969**

Spouse Date of Birth: **03-01-1943**

Disabled: **No**

Blind: **Yes**

FORM N-15

Part-Year resident , From April 1, 2012 To December 31, 2012

Your First Name: **Blaisdell M.I. G** Your Last Name: **Moano**

First four letters of Your last name: **MOAN**

Your SSN: **400-00-7949**

First four letters of your Spouse's last name: **MOAN**

Spouse's SSN: **400-00-7969**

Address: **1741 Ala Moana Blvd Unit 138**

Honolulu HI 96815-1430

Filing Status: **(3) Married Filing Separate**

Spouse's Name: **Gari-Ann Moano**

Exemptions: Line 6a: Yourself = **Yes** 65+ = **Yes**

Line 6ab: **2**

Line 6e: **2**

Wages, salaries, tips, etc...: (Column A) **93,191**

Interest Income.....: (Column A) **12,000** (Column B) **prorated for 9 months**

Pensions and annuities.....: (Column A) **8,000**

Other income.....: (Column A) **13,500 Prize Drawing**

Tax Computation – **Tax Rate Schedule**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Acct #: **8003865430**



Payment Amount: **100% of Line 64**
Account Holder Name: **Blaisdell G. Moano**
IAT Transaction: **No**

Designee: **No**
Campaign Electing Fund: Yourself: **No**
Occupation: Yourself = **Musician**
Paid Preparer Information: **No(self-prepared)**

IRS SCHEDULE B Corporate Bonds: **12,000**

FORM W-2

Employee's social security number: **400-00-7949**
Employer identification number: **99-8978910**
Employer's name address and zip code: **Tunes of the Land
2440 Hanamalia Pl
Eleele HI 96705**
Employee's name (first, mi, last): **Blaisdell G Moano**
Employee's address and zip code: **1741 Ala Moana Blvd Unit 138
Honolulu HI 96815-1430**

Wages, tips, etc.: **93,191**
Federal income tax withheld: **13,572**
Social security wages: **93,191**
Social security tax withheld: **3,914**
Medicare wages and tips: **93,191**
Medicare tax withheld: **1,351**
State and state ID number: **HI W203463681**
State wages: **93,191**
State income tax: **6,205**

FORM 1099-R (Hawaii source income)

Payer's name address and zip code: **Moose Pension Plan
3551 Kachemak Cir
Anchorage AK 99515**
Payer's identification number: **62-5253631**
Recipient's social security number: **400-00-7949**
Recipient's name (first, mi, last): **Blaisdell G Moano**
Recipient's street address: **1741 Ala Moana Blvd Unit 138**
Recipient's city, state, and zip code: **Honolulu HI 96815-1430**
Gross distribution: **15,000**
Taxable amount: **8,000**
Distribution code: **7**
Amount allocable to IRR with 5 years: **100**
State/Payer's state no.: **HI / 5543322**
State distribution: **8,000**

1099-MISC (Hawaii source income)

PAYER's name, street address, city, state and ZIP code: **Blue Sky Resorts
2210 Date St
Honolulu HI 96826-4047**
PAYER's Federal identification number: **94-4114444**



Recipient's identification number: **400-00-7949**
Recipient's Name: **Blaisdell G Moano**
Street address: **1741 Ala Moana Blvd Unit 138**
City State and ZIP code: **Honolulu HI 96815-1430**
Box 3 Other income: **13,500 Prize**

FORM N-342

Name: **Blaisdell G Moano & Gari-Ann Moano** SSN: **400-00-7949**
Physical Property Address: **777 Ala Moana Blvd; Honolulu HI 96815**
Placed in service: **7/31/2012 on a Single-family residential property**
Total cost ...: **6,000**
Consumer incentive: **0**
System primarily used to heat water ...: **No**
System used as substitute for solar.....: **No**
Treat refund as **Refundable**

SCHEDULE CR

Names as shown on return: **Blaisdell G. Moano** SSN: **400-00-7949**
Total Refundable Credits: **1,470**

WORKSHEET PY

~~State and Local Taxes: Derived from W-2 withholding~~
Gifts to Charity by cash or check: **4,000**



FORMS, WORKSHEETS AND SCHEDULES

The latest forms, worksheets and schedules can be found on our website at
<http://www6.hawaii.gov/tax/vendor/revised.htm>

TEST SCENARIO UPDATES

Document Version Number	Scenario Number	Update
.v2		2012 ATS Testing begins on – November 26 15 , 2012
.v2	3	PAYER's name, street address, city, state and ZIP code: Palm Tree Villa Resort 1210 Auahi St Ste 105, Honolulu HI 96814-4922
.v2	12	PAYER's name, street address, city, state and ZIP code: Poke Shop Hawaii Inc 1098 Sand Island Pkwy Honolulu HI 96813
.v3	13	From W-2 #2 State and state ID number: NEV- 100156
.v3	13	N-15 Wages, salaries, tips etc.: 43,200
.v4	ALL	For 1099s that do not have HI withholding you are not required to pass the information.
.v4	1, 5, 9, 10, 12, 14, 16, 18	Added Account Holder Name to scenarios with ACH Debit information
.v4	2	1) Schedule X - Rose Kamakana Daughter Spouse 2) Removed Direct Deposit: IAT Transaction: No Routing Number: 321379410 Type: Savings Account Number: 11001770357
.v4	3	1) Foreign Phone Number: 81-3-3348-1235 411-212-4223 2) WORKSHEET A State and local income tax: 1,136 4,035 3) Sch X Part I: Tomiko Hanauma Daughter Child
.v4	4	Sch X Part III Section A Aunty Mary's column C N/A changed to See Attached Due diligence statement added Aunty Mary's did not provide me with their Identification Number.
.v4	6	1) 1099R SSN 400-00-7906 2) Profit or Loss from Business (Sch. C) - Hawaii Tax ID Number: W55116600-01 W-11133311-01



.v4	7	1040 Line 6c - Ma-Li O 400-1244-7977
.v4	9	N-210 - Line 1a : 16,381 44,384 b: 32,761 22,764 c: 48,141 34,144 d: 93,521 79,524
.v4	10	1) London England EC1A 7AJ United Kingdom 2) 1099-Int #1 (<i>Not taxable for Hawaii income tax purposes</i>) 3) Line 19 Number of months from the payment due date...: (a) 842 , (b) 640 , (c) 37 , (d) 03
.v4	11	N-15 Line 16 Pensions and annuities Column A 4,920 Sch X - Lotus Opelu Daughter Spouse
.v4	12	1) Primary address change on various documents – Street address: 804 10th St 4000 Lone Cactus Dr City State and ZIP code: Hood River OG 970311502 Phoenix AZ 85050 2) Sch X = Thomas Ulua Donald Opelu
.v4	13	Form 1099-G State Identification Number: 1234567
.v4	15	1) W-2G Box 4 Date Won 07-11-20124 2) Remove Direct Deposit: IAT Transaction: No Routing Number: 321370765 Type: Checking Account Number: 8003865430 FORM N-342 Physical Property Address: 55 Kaiea Pl; Paia HI 96779
.v4	16	N-210 - Line 10 Estimated and other tax payments made...: 1, 273 4,250 (637 625 paid by 9/20/12 and 636 625 paid by 1/20/13)
.v5	7	N-11, Sch C Hawaii Tax ID No 12345622-01 22446677-04
.v5	9	Part III Line 10: (a) 329 (b) 330 (c) 330 (d) 330 Schedule A Line 21 Enter ¼ of Part II Line 8: (a) 465 (b) 465 (c) 464 (d) 464
.v5	10	N-15: Tax Computation: Tax Rate Schedule Table



.v5	16	<p>W-2 #1 1) Removed Box 12a : P 1000 Removed Box 12b : D 10,200</p> <p>Worksheet PY Interest Taxes on Hawaii income OR on income earned while resident in Hawaii: Derived from withholding and real estate taxes Line 24: 4,475</p> <p>N-210 Part IV Line 18 Enter the date the amount on line 16 was paid....: 4/20/13 (Columns C & D all columns) Line 19 Number of months from the payment due date....: (a) 12, (b) 10, (c) 7, (d) 3</p> <p>Schedule A 1) - Line 10 Estimated and other tax payments made....: 1, 273 4,250 (637 625 paid by 9/20/12 and 636 625 paid by 12/31/20/1243)</p> <p>Line 4 Itemized deduction for each period: (a) 0, (b) 0, (c) 6,303, (d) 11,158 12,605 Line 21 Enter ¼ of Part II Line 8: a: 751 b: 751 c: 751 d: 751</p>
.v6	4	<p>Direct Deposit: IAT Transaction: Yes Routing Number: 321370765 Type: Checking Account Number: 8003865430</p> <p>Sch X - See Scenario 4 for updates Part III Section A Column E Part III Section B Line 6 Part III Section C Column D</p>
.v6	13	<p>Direct Deposit: IAT Transaction: Yes Routing Number: 321370765 Type: Checking Account Number: 8003865430</p>
.v6	17	<p>Part II Capital Goods Excise Tax Credit Pro-rata share of taxes withheld... 17,520</p>
.v6	18	<p><u>WORKSHEET PY</u> State and Local Taxes: Derived from W-2 withholding</p>
.v7	1	<p><u>FORM 1099-INT #2</u> (Not taxable for Hawaii income tax purposes)</p>



.v7	7	WORKSHEET A (Fed Schedule A) State and Local Taxes: Derived from W-2 State and Local Income Tax: 1,250
.v7	10	Worksheet NR Name as shown on tax return: Caldwell Nenuo SSN: 400-00-7941 State and Local income tax: 989 FORM 1099-INT #2 (Not taxable for Hawaii income tax purposes)
.v7	11	Sch K-1 F Final K-1 = Yes
.v7	12	Payment Informaion - Account Holder Name: Thomas Ulua
.v7	17	WORKSHEET NR (Fed Schedule A) Gifts to charity by cash or check: 3,000 5,300
.v8		Acceptance and Participation Updated to match PUB EF-5 .v4
.v8	8	2012 Estimated Tax Payments: 480 (All estimated payments were made by 12/31/2012)
.v8	9	FORM N-342 (Purchased 3/2012)
.v8	10	N-15 Interest income.... (Column A) 105,881 104,881
.v8	16	CREDIT FOR CHILD PASSENGER RESTRAINT SYSTEM (Purchased 2/2012)
.v8	18	FORM 1099-R (Hawaii source income)