



Hawaii
Department of Taxation

Publication EF-6
(Rev. 12/01/2014)

TAX
YEAR
2014

Hawaii Test Packages for Modernized e-File



Release date: 12/01/14

Latest revisions of the software developers and transmitters handbook, forms, record layouts, schemas, and business rules are available on our Electronic Services' website at tax.hawaii.gov/eservices/.



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GENERAL INFORMATION

The Hawaii Test Packages for Modernized e-File (MeF) 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 schemas and business rules.

ACCEPTANCE AND PARTICIPATION

In order to participate in Hawaii MeF program, each year software developers and transmitters must provide the information requested below. Otherwise, any submitted test returns will be automatically rejected. In addition, software developers must pass Assurance Testing System (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. Test software ID (***note: test software ID is case sensitive***)
8. A list of your supported forms and schedules (*note: DOTAX does not require developers to support all forms and schedules. It is important to inform DOTAX of a list of your supported forms and schedules before your first test transmission*)
9. Tax year being tested (*note: supported tax years are 2014, 2013 and 2012*)
10. Approximate date you will transmit

Direct transmitters: If direct transmitting using an approved third party software product, please e-mail the following information to tax.efile@hawaii.gov, please include "Direct Transmitter Info" in the subject of the e-mail. Please do not transmit any returns until you receive a confirmation e-mail from DOTAX that your set-up is completed, otherwise they will be rejected.

1. Direct transmitters company name and address



2. Direct transmitters contact name
3. Direct transmitters phone number
4. Approved software product name
5. Approved software ID (***note: software ID is case sensitive***)
6. Approved software provider's production ETIN

SOFTWARE ACCEPTANCE, TESTING AND APPROVAL

The Hawaii Test Packages for MeF, Publication EF-6 (PUB EF-6) consists of eighteen (18) test scenarios.

N-11 Test Package

- Five test scenarios are required for software that supports Form N-11.
 - Four additional test scenarios are required for software that supports the targeted forms.

N-15 Test Package

- Five test scenarios are required for software that supports Form N-15.
 - Four additional test scenarios are required for software that supports the targeted forms.

Please list all unsupported forms as a limitation in your intent to participate e-mail.

TESTING PERIOD

2014 ATS Testing begins on – November 10, 2014

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) 'N-11 MANDATORY TEST'

Target Form: N-11

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked 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 line 1: **Kamehameha Plaza**

Address line 2: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Filing Status: **Single**

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

Wages, salaries, tips, etc: **6,200**

Taxable interest: **6,500**

Tax-exempt interest: **1,000**

Ordinary dividends: **3,000**

Qualified dividends: **3,000**

Total Income: **15,700**

Adjusted Gross Income: **15,700**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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

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

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

Address line 1: **Kamehameha Plaza**

Address line 2: **98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

Filing Status: **(1) Single**



Exemptions: **None** (*Dependent of Another*)
Interest on Out-Of-State Bonds: **98,381**
First \$6,137 of military reserve or Hawaii national guard duty pay: **6,137**
Payments to Individual Housing Account: **1,000**
Claimed as a dependent on another person's return: **True**
Tax Computation: **Tax Rate Schedule**
2014 Estimated Tax Payments: **900** (*All estimated payments were made by 12/31/2014*)
Payment Information: Account Type: **Checking**
Routing Transit #: **321370765**
Bank Account Number: **8003865430**
Payment Amount: **100 % of Amount You Owe and Estimated Tax Penalty**
Account Holder Name: **Ashlee K Matsunaga**
IAT Transaction: **No**

Schedule C: **No**
Schedule E: **No**
Schedule F: **No**
Campaign Electing Fund: Taxpayer: **No**
Occupation: Yourself = **Tour Guide**
Paid Preparer Information:

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: **400-00-7901**
Employer identification number: **22-2244661**
Employer's name address and zip code: **United States Air Force Reserves
7755 East 56th Street
Indianapolis IN 46249-1200**

Employee's name (first, mi, last): **Ashlee K Matsunaga**
Employee's address and zip code: **Kamehameha Plaza
98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

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: **400-00-7901**
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): **Ashlee K Matsunaga**
Employee's address and zip code: **Kamehameha Plaza
98-084 Kamehameha Hwy Ste 305
Aiea, HI 96701-5124**

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 0754397**
State wages: **3,200**
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: **Kamehameha Plaza
98-084 Kamehameha Hwy Ste 305**
City State and ZIP code: **Aiea HI 96701-5124**
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: **Kamehameha Plaza
98-084 Kamehameha Hwy Ste 305**
City State and ZIP code: **Aiea HI 96701-5124**
Tax-exempt interest: **1,000**

FORM 1099-DIV

PAYER's name, street address, city, state, ZIP code and telephone no.: **Central Pacific Realty Inc
1314 S King St Ste 714
Honolulu HI 96814-1942**



PAYER's Federal identification number: **10-0242089**

Recipient's identification number: **400-00-7901**

Recipient's Name: **Ashlee K Matsunaga**

Street address: **Kamehameha Plaza**

98-084 Kamehameha Hwy Ste 305

City State and ZIP code: **Aiea HI 96701-5124**

Total ordinary dividends: **3,000**

Qualified dividends: **3,000**

FORM N-210

Name as shown on tax return: **Ashlee K Matsunaga** SSN: **400-00-7901**

Note: the underpayment penalty is calculated using full months, not days as calculated on federal Form 2210.

See section 235-97(f), HRS, at tax.hawaii.gov.

Part II

Line 7 Enter the tax amount from your prior year 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 Date the amount on line 16 was paid: **4/20/15** (all columns)

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



SCENARIO 2 (SSN: 400-00-7902) 'N-11 MANDATORY TEST'

Target Form: N-11

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-11, Worksheet A, Form 1099-R, Form 1099-INT, Form 1099-MISC, Form 1099-DIV, Form 1099-G, Form 1099-OID, Form W-2, Form W2-G

OTHER

Linked 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**

Foreign address line 1: **1 3 61 Kouraku**

Foreign address line 2: **Bunkyo Ku**

City: **Kashiwa** Province: **Chiba** Country: **Japan** Postal code: **112**

Filing Status: **Qualifying Widower**, Spouse Date of Death: **2012**

Line 6a: Yourself = **Yes**

Line 6c Dependents:

| Name | Age | SSN | Relationship | # MO |
|----------------------|-----------|--------------------|-----------------|-----------|
| Rose Kamakana | 15 | 400-00-7972 | 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**

Wages, salaries: **225,900**

Taxable interest: **6,500-7,000**

Ordinary dividends: **3,000**

Qualified dividends: **3,000**

IRA distributions: **2,500**

Pensions and annuities: **4,920**

Unemployment Compensation: **6,000**

Other Income: **6,000**

Total Income: **254,820-255,320**

Adjusted Gross Income: **254,820-255,320**



FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

First Time Filer: **Yes**

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

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

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

Foreign address line 1: **1 3 61 Kouraku**

Foreign address line 2: **Bunkyo Ku**

City: **Kashiwa** Province: **Chiba** Country: **Japan** Postal code: **112**

Filing Status: **(5) Qualifying Widower**, Spouse Date of Death: **2012**

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

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

Line 6c Dependents:

| <i>Name</i> | <i>Age</i> | <i>SSN</i> | <i>Relationship</i> | <i># MO</i> |
|----------------------|------------|--------------------|---------------------|-------------|
| Rose Kamakana | 15 | 400-00-7972 | Daughter | 12 |

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

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

Pensions taxed federally but not taxed by Hawaii: **4,920**

Tax Computation: **Tax Rate Schedule**

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:

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

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

Employer identification number: **10-5291670**

Employer's name address and zip code: **Happy Hut Inc
2222 Kalakaua Ave Ste 991
Honolulu HI 96815**

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

Employee's address and zip code: **1 3 61 Kouraku Bunkyo Ku
Kashiwa Chiba Japan 112**

Wages, tips, etc.: **225,900**

Federal income tax withheld: **25,033**



Social security wages: **225,900**
Social security tax withheld: **12,633**
Medicare wages and tips: **225,900**
Medicare tax withheld: **6,551**
State and state ID number: **HI 47143384**
State wages: **225,900**
State income tax: **14,535**

FORM W-2G

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

Payer's identification number: **680525180**

Winner's name, address and zip code: **Bradley O Kamakana
1 3 61 Kouraku Bunkyo Ku
Kashiwa Chiba Japan 112**

Gross winnings: **2,000**
Federal Income tax withheld: **500**
Type of wager: **Slots**
Date won: **03/10/2014**
Winner's taxpayer ID No.: **400-00-7902**
State/Payer's state ID No.: **HI 20137118**
State Gambling Winnings: **2,000**

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: **99-6000449**
Recipient's identification number: **400-00-7902**
Recipient's Name: **Bradley O Kamakana**
Street address: **1 3 61 Kouraku Bunkyo Ku**
City State and ZIP code: **Kashiwa Chiba Japan 112**
Unemployment compensation: **6,000**
Federal income tax withheld: **403**
State and state ID number: **HI 40494694**
State income tax withheld: **50**

FORM 1099-R #1

Payer's name, street address, city, state 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: **1 3 61 Kouraku Bunkyo Ku**



Recipient's city, state, and zip code: **Kashiwa Chiba Japan 112**
Gross distribution: **2,500**
Taxable amount: **2,500**
Federal income tax withheld: **100**
Distribution code: **7** IRA/SEP/SIMPLE: **X**
State/Payer's state no: **HI / 664113332**

FORM 1099-R #2

Payer's name, street address, city, state 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: **1 3 61 Kouraku Bunkyo Ku**
Recipient's city, state, and zip code: : **Kashiwa Chiba Japan 112**
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: **48-0926254**
Recipient's identification number: **400-00-7902**
Recipient's Name: **Bradley O Kamakana**
Street address: **1 3 61 Kouraku Bunkyo Ku**
City State and ZIP code: : **Kashiwa Chiba Japan 112**
Box 1 Interest income: **2,500**
Federal income tax withheld: **185**
State/Payer's state no: **HI 20100608**

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: **1 3 61 Kouraku Bunkyo Ku**
City State and ZIP code: : **Kashiwa Chiba Japan 112**
Interest income: **4,000**
Federal income tax withheld: **199**

FORM 1099-OID



PAYER's name, street add., city, state, ZIP code and telephone no.:

**Finance of Hawaii
600 Kapiolani Boulevard
Honolulu HI 96814**

PAYER's Federal identification number: **99-0173796**

Recipient's identification number: **400-00-7902**

Recipient's Name: **Bradley O Kamakana**

Street address: **1 3 61 Kouraku Bunkyo Ku**

City State and ZIP code: : **Kashiwa Chiba Japan 112**

Original issue discount: **500**

Federal income tax withheld: **5**

State/Payer's state no: **HI 20308448**

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: **20-4619018**

Recipient's identification number: **400-00-7902**

Recipient's Name: **Bradley O Kamakana**

Street address: **1 3 61 Kouraku Bunkyo Ku**

City State and ZIP code: **Kashiwa Chiba Japan 112**

Other income: **4,000**

Federal income tax withheld: **203**

State tax withheld: **101**

State/Payer's State no.: **HI 20159630**

FORM 1099-DIV #1

PAYER's name, street address, city, state, ZIP code and telephone no.:

**Central Pacific Realty Inc
1314 S King St Ste 714
Honolulu HI 96814-1942**

PAYER's Federal identification number: **65-1291224**

Recipient's identification number: **400-00-7902**

Recipient's Name: **Bradley O Kamakana**

Street address: **1 3 61 Kouraku Bunkyo Ku**

City State and ZIP code: **Kashiwa Chiba Japan 112**

Total ordinary dividends: **1,000**

Qualified dividends: **1,000**

Foreign country or U.S possession: **American Samoa**

Federal income tax withheld: **89**

State/Payer's State no.: **HI 69935044**

FORM 1099-DIV #2

PAYER's name, street address, city, state, ZIP code and telephone no.:

**Central Pacific Realty Inc
1314 S King St Ste 714
Honolulu HI 96814-1942**

PAYER's Federal identification number: **65-1291224**

Recipient's identification number: **400-00-7902**

Recipient's Name: **Bradley O Kamakana**



Street address: **1 3 61 Kouraku Bunkyo Ku** City State and ZIP code: **Kashiwa Chiba Japan 112**

Total ordinary dividends: **2,000**

Qualified dividends: **2,000**

Foreign country or U.S possession: **Japan**

Federal income tax withheld: **100**

State/Payer's State no.: **HI 69935044**

WORKSHEET A

Medical and Dental Expenses paid: **21,000**

State and local income taxes: **Drives from Form W-2 and 1099s state income tax withholding**

Real estate taxes: **850**

Mortgage interest reported on form 1098: **30,000**

Home mortgage interest not reported on Form 1098: **1,000**

Points not reported to you on Form 1098: **3,000**

Gift by cash or check: **259**

Other than cash or check: **100**

Unreimbursed employee business expense: **850**

Tax preparation fees: **385**

Other expenses: **2,950 (other expense 1) and 2,000 (other expense 2)**

Other deductions not subject to 2% AGI limit: **1,500 (Gambling losses) and 500 (other deduction 1)**



SCENARIO 3 (SSN: 400-00-7903) 'N-11 MANDATORY TEST'

Target Form: N-11

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-11, Worksheet A, Schedule CR, Schedule X, Schedule K-1 (Form N-35), Schedule K-1 (Form N-20), Form W-2, Form W-2G

OTHER

Linked 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**
 Disabled: **No**
 Blind: **No**

FORM 1040

Your Name: **Cedrick E Hanauma**
 Your SSN: **400-00-7903**
 Spouse SSN: **400-00-7923**
 Address: **PSC 78 Box 11556**
 APO AP 96326
 Filing Status: **(3) 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 | 400-00-7973 | 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.....: **24,113**
 Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc.: **1,440**
 Other income.....: (Column A) **387**



Nature..... : **Other income**

Source.....: **Gambling**

Total Income: **25,940**

Adjusted Gross Income: **25,940**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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: **PSC 78 Box 11556**

APO AP 96326

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** Exempt Spouse MFS Ind = **True**

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

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

| Name | Age | SSN | Relationship | # MO |
|-----------------------|-----------|--------------------|-----------------|-----------|
| Tomiko Hanauma | 16 | 400-00-7973 | Daughter | 00 |

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

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

Tax Computation: **Tax Table**

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

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

Direct Deposit: IAT Transaction: **No**

Routing Number: **321379410**

Type: **Checking** Account Number: **11001770357**

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:

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

Employee's social security number: **400-00-7903**
Employer identification number: **20-4707147**
Employer's name address and zip code: **Surf Is Up Hawaii
51 Makaala St
Hilo HI 96720-5106**
Employee's name (first, mi, last): **Cedrick E Hanauma**
Employee's address and zip code: **PSC 78 Box 11556
APO AP 96326**

Wages, tips, etc.: **24,113**
Federal income tax withheld: **900**
Social security wages: **24,113**
Social security tax withheld: **1,029**
Medicare wages and tips: **24,113**
Medicare tax withheld: **350**
LocalWagesAndTipsAmt: **24,113**
State and state ID number: **HI 20888**
State wages: **24,113**
State income tax: **1,715**

FORM W-2G

Payer's name, address and zip code: **Jack-Pot Winnings
810 S Casino Center Blvd
Las Vegas NV 89101**
Payer's identification number: **68-0525180**
Winner's name, address and zip code: **Cedrick E Hanauma
PSC 78 Box 11556
APO AP 96326**

Gross winnings: **387**
Federal Income tax withheld: **0**
Type of wager: **Slots**
Date won: **03/10/2014**
Winner's taxpayer ID No.: **400-00-7903**

WORKSHEET A

State and local income tax paid: **Derived from Form W-2 state income tax withholding**
Mortgage Interest reported on form 1098: **2,000**
Unreimbursed employee business expenses: **450**
Tax preparation fees: **82**
Other expenses: **40 (Safe deposit box), 10 (misc)**
Other deductions not subject to 2% AGI limit: **200 (Gambling losses), 187 (Estate tax)**

SCHEDULE X

Part I

Refundable Food/Excise Tax Credit:

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



Spouse's federal AGI: **0**

Part II

Credit for low-income household renters:

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

Rent paid: **4,400**

Occupied: **From 2/2014 To 12/2014**

Owned by: **Sam White**

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

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

SCHEDULE K-1 (Form N-35)

Shareholder's identifying number:

400-00-7903

Shareholder's Name, address, and postal/ZIP code:

Cedrick E Hanauma
PSC 78 Box 11556
APO AP 96326

Corporation's federal identifying number (FEIN):

56-9876541

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**

Credit for Hawaii income tax withheld on Form N-288: (Column b) **97**

SCHEDULE K-1 (Form N-20)

Partner's SSN:

400-00-47903

Partner's Name, address, and postal/ZIP code:

Cedrick E Hanauma
PSC 78 Box 11556
APO AP 96326

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**



G Reconciliation of partner's capital account:

(a) Capital account at beginning of year : 1,700

(c) Income included in col.(c) below, plus nontaxable income: 11,230

(d) Deductions included in col. I 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

Net Income (loss) from other rental activities

Attributable to Hawaii 1,440

Attributable to Everywhere: 1,440

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

SCHEDULE CR

Part II Other Refundable Credit, Pro rata share of taxes withheld: 251



SCENARIO 4 (SSN: 400-00-7904) 'N-11 MANDATORY TEST'

Target Form: N-11

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked 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: **808-569-1245**

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 PI 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 |
| Kaila Star Ogawa-Kane | 1114 | 400-06 02-7974 | Daughter | 12 |
| Don Leea Ogawa-Kane | 12 | 400-05 03-7974 | Son Daughter | 12 |
| Kuma Ogawa-Kane | 10 | 400-04-7974 | Son | 12 |



Lines 6a and 6b Boxes checked on line: **2**
Line 6c No. of children who live with you: **4**
Line 6d Add numbers on lines above: **6**
Wages, salaries, tips, etc.....: **19,026**
Unemployment Compensation: **6,000**
Total Income: **25,026**
Adjusted Gross Income: **25,026**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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 Number of ovals filled: **2**

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 |
| Kaila Star Ogawa-Kane | 11 14 | 400-06 02-7974 | Daughter | 12 |
| Don Leea Ogawa-Kane | 12 | 400-05 03-7974 | Son Daughter | 12 |
| Kuma Ogawa-Kane | 10 | 400-04-7974 | Son | 12 |

Line 6c Number of your children listed: **4**

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

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 2014 Estimated Tax: **1,000**

Schedule C: **No**

Schedule E: **No**

Schedule F: **No**

Campaign Electing Fund: Yourself = **Yes**



Spouse = **No**

Occupation: Yourself = **Teacher**

Spouse = **Real Estate Agent**

Paid Preparer Information:

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: **20-4707147**

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.: **14,500**

Federal income tax withheld: **900**

Social security wages: **14,500**

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

Medicare wages and tips: **14,500**

Medicare tax withheld: **355**

Dependent care benefits: **1,200**

State and state ID number: **HI 84065859**

State wages: **14,500**

State income tax: **1,715**

FORM W-2 #2

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

Employer identification number: **94-3131291**

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 14632181**

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**
 Federal income tax withheld: **304**
 State and state ID number: **HI 1001564510**
 State income tax withheld: **50**

SCHEDULE X

Part I

Line 2 Refundable Food/Excise Tax Credit:

| Name | Relationship |
|------------------------------|---------------------|
| Donald Ogawa-Kane | Self |
| Kelli A Kane | Spouse |
| Paul Ogawa-Kane | Son |
| Kaila Star Ogawa-Kane | Daughter |
| Don Loea Ogawa-Kane | Son Daughter |
| Kuma Ogawa-Kane | Son |

Part II

Credit for low-income household renters:
 Address: **414 Une Place
Haiku HI 96708**
 Rent paid: **4,400**
 Occupied: **From 2/2014 To 12/2014**
 Owned by: **Sam White**
 Owner's address: **P O Box 1533
Ewa Beach HI 96706**
 Hawaii Tax ID Number: **W55113377-01**

Part III

Section A: Care Provider Information

| (a) Care Provider's name <small>**Organization or ***Individual</small> | (b) Address | (c) Identification number | (d) Hawaii Tax I.D. No | (e) Amount Paid |
|--|---|---------------------------|------------------------|-----------------|
| Happy Child Center** | 88-221 Kuakini Hwy C2 PMB 129 Kailua Kona HI 96740 | 99-6212123 | W74185296-01 | 875 |
| Aunty Mary's** | 75-589 Hanama PI 104 Kailua Kona HI 96740 | *See Attached | W95175312-02 | 1,400 |



| | | | | |
|-----------------------------|---|--------------------|---------------------|--------------|
| John Smith *** | P O Box 9856 Kamuela HI 96743-9856 | 998-52-9631 | W32165485-01 | 1,600 |
| Surf Is Up Hawaii ** | SEE W-2 | | | |

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

Section B: Dependent Care Benefits

Total amount of dependent care benefits you received in 2014: **1,200**

Qualified Expenses: **3,875**

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

Section C: Credit for Child and Dependent Care Expenses

| <i>(a) Qual Persons Name</i> | <i>(b) Relationship</i> | <i>(c) Qual Persons SSN</i> | <i>(d) Qual Expenses</i> |
|------------------------------|-------------------------|-----------------------------|--------------------------|
| Kuma Ogawa-Kane | Son | 400-04-7974 | 875 |
| Don Ogawa-Kane | Son | 400-05-7974 | 800 |
| Kalia Ogawa-Kane | Daughter | 400-06-7974 | 1,000 |



SCENARIO 5 (SSN: 400-00-7905)

Target: Form N-615

If your product does not support Form N-615 please do not submit this test case. Please list Form N-615 as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Elizabeth Yasukochi**

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

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

Foreign Phone Number: **82-2-5878-5235**

Disabled: **No**

Blind: **No**

FORM 1040

Your Name: **Elizabeth Yasukochi**

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

Foreign Address: **1176 W Georgia St** City: **Vancouver** Province: **British Columbia**
Country: **Canada** Postal Code: **VSE 4A2**

Filing Status: **Single**

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

Taxable interest: **6,869**

Ordinary dividends: **582**

Qualified dividends: **582**

Capital Gain or Loss: **-800**

Total Income: **6,651**

Adjusted Gross Income: **6,651**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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

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

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

Foreign Address: **1176 W Georgia St** City: **Vancouver** Province: **British Columbia**
Country: **Canada** Postal Code: **VSE 4A2**

Filing Status: **(1) Single**

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

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

Tax Computation: **Form N-615**



Payment Information: Account Type: **Checking**
Routing Transit #: **321370765**
Bank Account Number: **8003865430**
Payment Amount: **500**
Account Holder Name: **Elizabeth Yasukochi**
Requested Payment Date: **(Today's Date)**
IAT Transaction: **No**

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

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

Campaign Electing Fund: Yourself = **No**
Occupation: Yourself = **Student**

Paid Preparer Information:
Preparer's identification number: **P12345678**
Print Preparer's Name: **Test Preparer**
Federal E. I. No.: **88-3456789**
Firm's name, **Firm Taxes Inc**
Address and ZIP Code: **P O Box 19027, Newbury Park CA 91319-9027**
Phone Number: **801-930-3000**

Sales and Other Dispositions of Capital Assets (Federal Form 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 | 06/15/13 | 08/15/13 | 1,000 | 1,800 |

FORM N-615 (Federal Form 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 (use **Tax Table**): **2,140**
Child' Tax on the amount on line 14 and line 4: use **Tax Table**

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: **99-0174045**



Hawaii
Department of Taxation

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

Recipient's Name: **Elizabeth Yasukochi**

Foreign Address: **1176 W Georgia St** City: **Vancouver** Province: **British Columbia**

Country: **Canada** Postal Code: **VSE 4A2**

Box 1 Interest Income: **6,869**

Federal income tax withheld: **400**

FORM 1099-DIV

PAYER's name, street address, city, state, ZIP code and telephone no.: **Central Pacific Realty Inc**
1314 S King St Ste 714
Honolulu HI 96814-1942

PAYER's Federal identification number: **10-0242089**

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

Recipient's Name: **Elizabeth Yasukochi**

Foreign Address: **1176 W Georgia St** City: **Vancouver** Province: **British Columbia**

Country: **Canada** Postal Code: **VSE 4A2**

Total ordinary dividends: **582**

Qualified dividends: **582**



SCENARIO 6 (SSN: 400-00-7906) 'N-11 MANDATORY TEST'

Target Form: N-11

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked Submission

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** *(Derived from W-2)*

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

Farm Income: **9,086**

Unemployment compensation: **29,542**

Deductible part of self-employment tax: **642**

Adjusted Gross Income: **77,461**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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**

Relationship: **Stepchild**

AGE: **15**

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

Line 6ab Number of ovals filled: **1**

Line 6e Total number of exemptions: **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 2014 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**

Schedule F: **Yes**

Hawaii gross receipts: **222,145**

Main business activity: **Produce**

Main business product: **Corn**

Hawaii Tax I.D. No: **W55116600-02**

Campaign Electing Fund: Yourself = **Yes**

Occupation: Yourself = **Marketing**

Paid Preparer Information:

Check if self-employed: **X**

Preparer's identification number: **123-45-6789**

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: **99-0223375**

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 20354312**
State wages: **28,900**
State income tax: **2,023**

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: **400-00-7906**
Recipient's Name: **Francis R Halliday**
Street address: **P O Box 221**
City State and ZIP code: **Hawaii National Park HI 96718-0209**
Unemployment compensation: **29,542**
Federal income tax withheld: **304**
State and state ID number: **HI 1001564510**

PROFIT OR LOSS FROM BUSINESS (Federal Sch C)

Name of Proprietor: **Francis R Halliday**
SSN: **400-00-7906**
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 (Federal 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**



PROFIT OR LOSS FROM FARMING (Federal Sch. F)

Name of Proprietor: **Francis R Halliday**

SSN: **400-00-7906**

Employer ID Number: **55-116600**

Principal crop or activity: **Corn**

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-342 #1

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

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

Solar Energy System -

Date system was installed and placed in service: **7/31/2014**

Total output capacity: **5** (*note: this system is a photovoltaic system*)

Total cost of qualified solar energy system...: **7,000**

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

Is this solar energy system primarily used to heat water for household use?: **Yes**

Amount from line 3 that is installed and placed in service in HI on a **single-family** res prop...: **7,000**

Irrevocable Election on How to Treat the Tax Credit: **Refundable**

Refundable Tax Credit: **Reduce amount of tax credit by 30%**

FORM N-342 #2 (*for carryover from prior years*)

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

Carryover of unused renewable energy technologies income tax credits from prior years: **500**

FORM N-342A #1 (Associated to N-342 #3)

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

SSN or FEIN: **99-5546111**

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 -

Date system was installed and placed in service: **12/29/2014**

Total output capacity: **0.360** (*note: this system is a photovoltaic system*)

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

Amount of consumer incentive premiums: **0**

Is this solar energy system primarily used to heat water for household use?: **Yes**

Amount from line 3, installed and placed in service in HI on a **multi-family** res prop: **18,000**

Divide total square feet: **.05**

Number of units you own: **20**

FORM N-342 #3 (From N-342A #1)

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

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

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

FORM N-342A #2 (Associated to N-342 #4)

Name (S Corp, Partnership, Estate, or Trust, or Condominium Apartment Assoc.): **Palm Tree Villas**

SSN or FEIN: **99-2146222**

Entity Type: **S Corporation**

Address and zip code: **2974 Kalena St**



Lihue HI 96766-1320

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

Physical Property Address: **2974 Kalena St; Lihue HI 96766-1320**

Wind Powered Energy System –

Date system was installed and placed in service: **05/01/2014**

Total Cost of qualified wind-powered energy system: **21,000**

Amount of consumer incentive premiums: **0**

Amount from line 29 that is installed and placed in service in HI on **single-family** res prop: **21,000**

FORM N-342 #4 (From N-342A #2)

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

Physical Property Address: **2974 Kalena St; Lihue HI 96766-1320**

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

FORM N-342 #5

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

Physical Property Address: **1350 Ala Moana Blvd; Honolulu HI 96814**

Solar Energy System –

Date system was installed and placed in service: **7/31/2014**

Total output capacity: **2** (*note: this system is a photovoltaic system*)

Total cost of qualified solar energy system: **10,000**

Amount of consumer incentive premiums: **2,437**

Is this solar energy system primarily used to heat water for household use?: **No**

Amount from line 3 that is installed and placed in service in HI on **single-family** res prop...: **7,563**

Substitute for a solar water heating system: **No**

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

SCHEDULE CR

Part I Nonrefundable Tax Credits:

Renewable energy tech income tax credit: **3,338**

Part II Refundable Tax Credits:

Renewable energy tech income tax credit: **1,575**



SCENARIO 7 (SSN: 400-00-7907)

Target: Binary Attachments

If binary attachments are not supported by your product, please list binary attachments as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

ATTACHMENT

RestraintInvoice, ArboristAffidavit, DoneeAcknowledgment

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Huang O**

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

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

Foreign Phone Number: **81-1-7412-5896**

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: **808-741-5896**

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**

Foreign Address: **30-18 1 04 Sakuragaoka Cho**

City: **Tokyo** Country: **Japan** Postal Code: **150**

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 | 400-12-7977 | 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: **277,700**
 Business income or (loss): **12,411**
 Rental real estate, royalties: **1,200**
 Total Income: **291,311**
 Deductible part of self-employment: **232**
 Adjusted Gross Income: **291,079**

FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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**
 Foreign Address: **30-18 1 04 Sakuragaoka Cho**
 City: **Tokyo** Country: **Japan** Postal Code: **150**

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

Exemptions: Line 6a: Yourself = **Yes**
 Line 6b: Spouse = **Yes**
 Line 6ab Number of ovals filled: **2**
 Line 6cd 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 | 400-12-7977 | Parent | 12 |

Line 6c Number of your children listed: **2**
 Line 6d Number of other dependents: **2**
 Line 6e Total number of exemptions: **6**

Exceptional Tree Deduction: **1,000**

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

Tax Computation: **Tax Rate Schedule**

Credit for Child Passenger Restraint System: **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.)

Schedule C: **Yes**

Hawaii gross receipts: **16,780**
 Main business activity: **Contracting/Services**



Main business product: **Electrical and Catering**

Hawaii Tax I.D. No: **W12345622-01**

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**

Spouse = **Yes**

Occupation: Yourself = **Electrician**

Spouse = **Chef**

Paid Preparer Information:

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**

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

Name of Proprietor: **Huang O**

SSN: **400-00-7907**

Principal Business: **Electrical Contracting**

Business Name: **Turn the Lights On**

Address: **30-18 1 04 Sakuragaoka Cho**

Tokyo 150 Japan

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**

Principal Business: **Catering**

Business Name: **Fill Me Up Catering**

Address: **30-18 1 04 Sakuragaoka Cho**

Tokyo 150 Japan

NAICS Code: **722300**

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 (Federal Sch E)

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**

FORM W-2

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:

Foreign Address: **30-18 1 04 Sakuragaoka Cho**
City: **Tokyo**, Country: **Japan**, Postal Code: **150**

Wages, tips, etc.: **277,700**
Federal income tax withheld: **110,800**
Social security wages: **113,700**
Social security tax withheld: **7,049**
Medicare wages and tips: **287,900**
Medicare tax withheld: **4,174**
Box 12a: **P 1,000**
Box 12b: **D 10,200**
Retirement Plan: **X**
State and state ID number: **HI 20354438**
State wages: **277,700**
State income tax: **17,570**

WORKSHEET A

State and local income taxes: **Drives from Form W-2 state income tax withholding**
Real Estate Tax paid: **8,283**
Mortgage Interest Expense reported on form 1098: **28,950**
Gifts by cash or check: **1,978**
(Itemized Deductions Worksheet A-4 – Gifts by cash or check greater than \$250 must be substantiated by a written acknowledgement from the organization.)



SCENARIO 8 (SSN: 400-00-7908)

Target: Forms N-158 and Form N-312

Please test the target form(s) in this scenario that your product supports. Please list the N-158 and/or N-312 as a limitation in the intent to participate e-mail if it is not supported.

FORMS INCLUDED

Form N-11, Form N-158, Form N-312, Schedule CR, Worksheet A, Form 1099-G

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Grant O De Campo**

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

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

US Phone Number: **808-587-9000**

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: *(Care of)* **Ocean Waters**
7700 Lower Honoapiilani Hwy D206
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**

Farm income or (loss): **9,086**

Total Income: **11,086**

Deductible part of self-employment: **642**



Add lines 23 through 35: **642**
Adjusted Gross Income: **10,444**

FORM N-11

Hawaii Residency: ~~1/1/2014 – 12/31/2014~~

Your First Name: **Grant M.I.: O** 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**
In care of Name: **Ocean Waters**
Address: **7700 Lower Honoapiilani Hwy D206**
Lahaina HI 96761-8900

Filing Status: **(2) Married Filing Joint**
Exemptions: Line 6a Yourself = **Yes**
Line 6b Spouse = **Yes**
Line 6ab Number of ovals filled: **2**
Line 6e Total number of exemptions: **2**

Tax Computation: **Tax Table**
2014 Estimated Tax Payments: **480** (*All estimated payments were made by 12/31/2014*)
Direct Deposit: IAT Transaction: **No**
Routing Number: **321370765**
Type: **Savings**
Account Number: **8003865430**

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

Occupation: Yourself = **Farmer**
Spouse = **Domestic Engineer**

Paid Preparer Information:
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**



PROFIT OR LOSS FROM FARMING (Sch. F)

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

Principal crop or activity: **Coffee Beans**

Employer ID Number: **35-1234567**

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: **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**

Part II Net Investment Income-

Gross Income from property held for investment...: **390**

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 Tax ID Number: **W22116677-01**

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> |
|-------------------------------------|--|--|
| Hawaii purchases | | |
| Tractor | 6/01/2014 | 142,000 |
| Truck | 6/15/2014 | 46,000 |
| Grain trailer | 6/15/2014 | 60,000 |
| Purchases from out-of-state sellers | | |
| John Deere Combine | 4/15/2014 | 190,000 |

Was 4% Use Tax paid on these purchases?: **Yes**

Total qualifying cost of eligible property.....: **438,000**

Amount of sales or use taxes paid to another state...: **0**

Check boxes A, B, C, D, and E: **No**

WORKSHEET A

Medical and Dental Expenses paid: **2,154**

Real Estate Taxes paid: **1,473**

Mortgage interest and points reported on form 1098: **1,217**

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

Points not reported on form 1098, line 12: **100**

Investment Interest, line 13: **71**

Gifts to charity by cash or check, line 15: **200**

SCHEDULE CR

Part II Capital Goods Excise Tax Credit: **17,520**

FORM 1099-G

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

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



Hawaii
Department of Taxation

Recipient's identification number: **400-00-7908**
Recipient's Name: **Grant O De Campo**
Street address: **7700 Lower Honoapiilani Hwy D206**
City State and ZIP code: **Lahaina HI 96761-8900**
State or local income tax refunds: **2,000**
Tax Year: **2012**
State and state ID number: **HI 1001564510**



SCENARIO 9 (SSN: 400-00-7909)

Target: Form N-210 (annualized method)

If your product does not support the Form N-210 Annualized method please do not submit this scenario. Please list N-210 Annualized as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-11, Form N-210 (annualized), Schedule X, Form W-2, Form1099-INT

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.....: **28,521**

Taxable interest: **12,000**

Social security benefits: **23,000** Taxable amount: **1,800**

Total Income: **42,321**

Adjusted Gross Income: **42,321**



FORM N-11

Hawaii Residency: **1/1/2014 – 12/31/2014**

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** Suffix: **Sr**

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 Number of ovals filled: **4**

Line 6e Total number of exemptions: **4**

Tax Computation: **Tax Table**

Payment Information: Account Type: **Savings**

Routing Transit #: **321370765**

Bank Account Number: **8003865430**

Payment Amount: **50% Amount You Owe and 100% of Estimated Tax
Penalty**

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**

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**

SOCIAL SECURITY BENEFITS RECEIVED

Name: **Erwin Lauhala** SSN: **400-00-7929** Amount: **23,000 (1,800 taxable to Federal only)**

SCHEDULE X

Part I

Refundable Food/Excise Tax Credit:

| <i>Name</i> | <i>Relationship</i> |
|-------------------------|---------------------|
| Ingrid Lauhala | Self |
| Erwin Lauhala Sr | Spouse |



FORM W-2

Employee's social security number: **400-00-7909**
Employer identification number: **99-0227384**
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.: **28,521**
Federal income tax withheld: **2,546**
Social security wages: **28,521**
Social security tax withheld: **72**
Medicare wages and tips: **28,521**
Medicare tax withheld: **370**
Box 12a: **P 1,950**
State and: **HI 20358752**
State wages: **28,521**
State income tax: **219**

FORM 1099-INT

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: **400-00-7909**
Recipient's Name: **Ingrid Lauhala**
Recipient's street address: **29456 Rancho California Rd Apt 343**
Recipient's city, state, and zip code: **Temecula, CA 92591**
Box 1 Interest income: **12,000**
Federal income tax withheld: **700**

FORM N-210 (Annualized method)

Part II-

Enter the tax amount from prior year income tax return: **4,700**

Part III

Line 10 Estimated and other tax payments made: (a) **55**(b) **55**(c) **55**(d) **54**

Part IV-

Line 18 Enter the date the amount on line 16 was paid: **4/20/2015** (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: **10,130** b: **16,884** c: **27,014** d: **40,521**

Line 10: (**note: spouse is disabled, enter the appropriate amount**)

Line 21 Enter ¼ of Part II Line 8: (a) **178** (b) **178** (c) **178** (d) **178**



DOTAX N-15 TEST SCENARIOS

SCENARIO 10 (SSN: 400-00-7941) 'N-15 MANDATORY TEST'

Target Form: N-15

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked Submission

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**

Foreign Address: Care of: **Mele Nenu**

Address line 1: **Newgate Community**

Address line 2: **811 Newgate St**

City: **London**, Country: **United Kingdom** Postal Code: **EC1A 7AJ**

Filing Status: **(1) Single**

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

Line 6ab Number of ovals filled: **1**

Line 6e Total number of exemptions: **1**

Wages, salaries, tips, etc.: (Column A) **86,200**

Interest income.....: (Column A) **105,881**

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

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

First \$6,137 of military reserve or Hawaii national guard duty pay: (Column A) **6,137**

Tax Computation: **Tax Rate Schedule**

Payment Information: Account Type: **Checking**

Routing Transit #: **321370765**

Bank Account Number: **8003865430**



Payment Amount: **100 % of Amount You Owe and Estimated Tax Penalty**

Account Holder Name: **Caldwell Nenu**

IAT Transaction: **No**

Designee: **No**

Campaign Electing Fund: Yourself = **No**

Occupation: Yourself = **Student**

Paid Preparer Information:

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 (*Hawaii Source Income*)

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

Employer identification number: **22-2244661**

Employer's name address and zip code: **United States Air Force Reserves
7755 East 56th Street
Indianapolis IN 46249-1200
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: **Newgate Community
811 Newgate St
London United Kingdom EC1A 7AJ**

Wages, tips, etc.: **83,000**

Federal income tax withheld: **3,455**

Social security wages: **83,000**

Social security tax withheld: **5,146**

Medicare wages and tips: **83,000**

Medicare tax withheld: **1,204**

State and state ID number: **HI 20360054**

State wages: **83,000**

State income tax: **884**

FORM W-2 #2 (*Hawaii Source Income*)

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

Employer identification number: **99-0229931**

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: **Newgate Community
811 Newgate St
London United Kingdom EC1A 7AJ**

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 20361404**
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: **Newgate Community**
811 Newgate St
City, Country and Foreign Postal code: **London United Kingdom EC1A 7AJ**
Interest income: **6,500**
Federal income tax withheld: **700**

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: **Newgate Community**
811 Newgate St
City, Country and Foreign Postal code: **London United Kingdom EC1A 7AJ**
Interest income: **1,000**

FORM 1099-INT #3 *(Taxable for Hawaii income tax purposes)*

PAYER's name, street add., city, state, ZIP code and telephone no.: **Solano FCU**
707 Newport Way
Fairfield, CA 94533

PAYER's Federal identification number: **33-0969266**
Recipient's identification number: **400-00-7941**
Recipient's Name: **Caldwell Nenu**
Street address: **Newgate Community**
811 Newgate St
City, Country and Foreign Postal code: **London United Kingdom EC1A 7AJ**
Interest income: **98,381**
Federal income tax withheld: **1,500**

FORM 1099-MISC *(Taxable for Hawaii income tax purposes)*

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: **20-4619018**

Recipient's identification number: **400-00-7941**

Recipient's Name: **Caldwell Nenu**

Street address: **Newgate Community
811 Newgate St**

City, Country and Foreign Postal Code: **London United Kingdom EC1A 7AJ**

Rents: **28,495**

Federal income tax withheld: **600**

FORM 1099-DIV (*Taxable for Hawaii income tax purposes*)

PAYER's name, street address, city, state, ZIP Code and telephone no.: **Central Pacific Realty Inc
1314 S King St Ste 714
Honolulu HI 96814-1942**

PAYER's Federal identification number: **10-0242089**

Recipient's identification number: **400-00-7941**

Recipient's Name: **Caldwell Nenu**

Street address: **Newgate Community
811 Newgate St**

City, Country and Foreign Postal Code: **London United Kingdom EC1A 7AJ**

Total Ordinary Dividends: **3,000**

Qualified Dividends: **3,000**

Federal income tax withheld: **559**

FORM N-210

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

Part II-

Line 7 Enter the tax amount from prior year income tax return: **2,700**

Part III-

Line 10 Estimated and other tax payments made **889** (1st to 3rd qtr **222**, 4th qtr **223** each quarter paid timely)

Part IV-

Line 18 Enter the date the amount on line 16 was paid...: **12/20/14 (all columns)**

Line 19 Number of months from the payment due date...: (a) **8**, (b) **6**, (c) **3**, (d) **0**

Worksheet NR

State and local income taxes: **Drives from Form W-2 state income tax withholding**

Mortgage interest and points reported on form 1098: **9,800**



SCENARIO 11 (SSN: 400-00-7942) 'N-15 MANDATORY TEST'

Target Form: N-15

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-15, Form W-2, Form W2-G, Form 1099-G, Form 1099-MISC, Form 1099-R, Form 1099-INT, Form 1099-DIV, Form 1099-OID, Form N-210, Worksheet PY

OTHER

Linked 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, 2014 to November 30, 2014

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 Date of Death: **2013**

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

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

Line 6c Dependents:

| <i>Name</i> | <i>Age</i> | <i>SSN</i> | <i>Relationship</i> | <i># MO</i> |
|--------------------|------------|--------------------|---------------------|-------------|
| Lotus Opelu | 16 | 400-00-7982 | Daughter | 12 |

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

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

Wages, salaries, tips, etc.....: (Column A) **65,900**
Interest income.....: (Column A) **6,500-7,000**
Ordinary dividends : (Column A) **3,000**
State income tax refund : (Column A) **2,000**
IRA distributions.....: (Column A) **2,500**
Pensions and annuities.....: (Column A) **4,920**
Unemployment compensation..: (Column A) **4,000**
Other income.....: (Column A) **10,500**



2,000 (derived from W-2G) Nature..... : **Other income**, Source.....: **Gambling**
4,000 (derived from 1099-MISC #1) Source.....: **Prize**
4,500 (derived from 1099-MISC #2) Nature.....: **Awards**

Tax Computation: **Tax Table**

2014 State Estimated Tax Payments on Form N-1: **989**

Payment Information: Account Type: **Savings**

Routing Transit #: **321370765**

Bank Account Number: **8003865430**

Payment Amount: **100 % of Amount You Owe and Estimated Tax Penalty**

Account Holder Name: **Donald Opelu Jr**

IAT Transaction: **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:

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

WORKSHEET PY (Note: All expenses occurred while resident in Hawaii unless specified)

Medical and Dental Expense: **9,800**

State and local income taxes: **Derived from Form W2, 1099-G and 1099-MISC state income tax withholding and estimated tax payment**

Real Estate taxes: (The property is located outside of Hawaii) **283**

Taxes on out-of-state income earned while nonresident...: **283 (Derived from real estate taxes)**

Taxes on HI income OR on income earned while resident in HI...: **2,273**

Home mortgage Interest not reported on Form 1098: (The property is located outside of Hawaii) **8,950**

Home mortgage interest,... paid on property located out-of-state while nonresident: **4,475**

Home mortgage interest,... Paid on property located in HI income OR on property located out-of-state while resident in HI: **4,475**

Gifts by cash or check: **58**

Gifts other than by cash or check: **20**

Unreimbursed employee business expense: **500**

Tax preparation fees: **250**

Other expenses: **350** (Safe deposit box)



Miscellaneous deductions directly associated with activities or properties producing income which is not taxable to Hawaii: **132**

Miscellaneous deductions directly associated with activities or properties producing income which is taxable to Hawaii: **110**

Other deductions not subject to 2% AGI limit: **230** (*Gambling losses*)

Deductions directly associated with activities or....which is not taxable to HI: **105**

Deductions directly associated with activities or....which is taxable to HI: **125**

FORM W-2 (*Allocated to Hawaii during period of residency*)

Employee's social security number: **400-00-7942**
Employer identification number: **10-5291670**
Employer's name address and zip code: **Happy Hut Inc**
2222 Kalakaua Ave Ste 991
Honolulu HI 96815

Employee's name (first, mi, last): **Donald Opelu Jr**
Employee's address and zip code: **P O Box 880500**
Pukalani, HI 96788

Wages, tips, etc.: **65,900**
Federal income tax withheld: **1,150**
Social security wages: **65,900**
Social security tax withheld: **1,092**
Medicare wages and tips: **65,900**
Medicare tax withheld: **377**
State and state ID number: **HI 47143384**
State wages: **65,900**
State income tax: **1,035**

FORM W-2G (*Allocated to Hawaii during period of residency*)

Payer's name, address and zip code: **Jack-Pot Winnings**
810 S Casino Center Blvd
Las Vegas NV 89101
Payer's identification number: **68-0525180**
Winner's name, address and zip code: **Donald Opelu Jr**
P O Box 880500
Pukalani, HI 96788

Gross winnings: **2,000**
Federal Income tax withheld: **500**
Type of wager: **Slots**
Date won: **03-10-2014**
Winner's taxpayer ID No.: **400-00-7942**
State/Payer's state ID No.: **HI 88553111**
State Winnings: **2,000**

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



PAYER's name, street add., city, state, ZIP code and telephone no.:

**Finance of Hawaii
600 Kapiolani Boulevard
Honolulu HI 96814**

PAYER's Federal identification number: **99-5645741**

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**

Original issue discount: **500**

Federal income tax withheld: **5**

FORM 1099-G #1 *(Income is received while Hawaii residency)*

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: **400-00-7942**

Recipient's Name: **Donald Opelu Jr**

Street address: **P O Box 880500**

City State and ZIP code: **Pukalani, HI 96788**

Unemployment compensation: **4,000**

Federal Income tax withheld: **700**

State and state ID number: **HI 1001564510**

State income tax withheld: **40**

State Distribution: **4,000**

FORM 1099-G #2 *(Income is received while Hawaii residency)*

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: **400-00-7942**

Recipient's Name: **Donald Opelu Jr**

Street address: **P O Box 880500**

City State and ZIP code: **Pukalani, HI 96788**

State Income Tax: **2,000**

Tax year: **2012**

Federal Income tax withheld: **30**

State and state ID number: **HI 1001564510**

State income tax withheld: **10**

State Distribution: **2,000**



FORM 1099-R #1 *(Income is received while Hawaii residency)*

Payer's name, street address, city, state and ZIP code:

**Hawaiian Life Insurance
98-9631 Kaahumanu St A
Aiea HI 96701**

Payer's identification number: **20-00031212**
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**
Federal income tax withheld: **115**
Distribution code: **7** IRA/SEP/SIMPLE: **X**
State/Payer's state no: **HI 20159630**
State Distribution: **2,500**

FORM 1099-R #2 *(California Source Income, received on December, 2014)*

Payer's name, street address, city, state 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**
State Distribution: **4,920**

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

PAYER's name, street add, 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: **2,500**
Federal Income tax withheld: **110**



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

PAYER's name, street add, city, state, ZIP code and telephone no.:

**Lava Rock Federal Credit Union
213 Kahinani PI 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 880500**

City State and ZIP code: **Pukalani, HI 96788**

Interest income: **4,000**

Federal Income tax withheld: **110**

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

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: **20-4619018**

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**

Other income: **4,000**

Federal Income tax withheld: **250**

State tax withheld: **101**

State/ Payer's state no.: **HI 20159630**

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

PAYER's name, street address, city, state and ZIP code: **Island Life Insurance
5962 States Street
Springfield MA 01111**

PAYER's Federal identification number: **52-7754541**

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**

Other income: **4,500**

Federal Income tax withheld: **270**

State tax withheld: **98**

State Payer's state no.: **HI/ 521234586**

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

PAYER's name, street address, city, state, ZIP Code and telephone no.: **Central Pacific Realty Inc
1314 S King St Ste 714**



Honolulu HI 96814-1942

PAYER's Federal identification number: **10-0242089**

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**

Total ordinary dividends: **3,000**

Qualified dividends: **3,000**

Federal Income tax withheld: **110**

FORM N-210

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

Part II

Line 7 Enter the tax amount from previous year income tax return: **2,700**

Part III

Line 10 Estimated and other tax payments made **2,273** (1st to 3rd qtr **568**, 4th qtr **569** each quarter paid timely)

Part IV

Line 18 Date the amount on line 16 was paid: (all columns) **4/20/15**

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



SCENARIO 12 (SSN: 400-00-7943) 'N-15 MANDATORY TEST'

Target Form: N-15

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-15, Schedule CR, Form W-2, Form 1099-MISC, Form 1099-R, Schedule K-1 (Form N-35), Schedule K-1 (Form N-20), Worksheet NR

OTHER

Linked Submission

ASSUMPTIONS

- Spouse Itemized 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**

SPOUSE INFORMATION

Spouse Name: **Gloria H Moano-Ulua**

Spouse SSN: **400-00-7963**

Spouse's Date of Birth: **04-15-1971**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **No**

FORM N-15

Nonresident

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**

Hood River OR 97031-1502

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

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



Exemptions: Line 6a: Yourself = **Yes**
Line 6b: Spouse = **Yes** Exemt Spouse MFS Ind = **Yes**
Line 6ab Number of ovals filled: **2**
Line 6c: *(Child claimed as dependent but did not live with taxpayer)*

| Name | Age | SSN | Relationship | # MO |
|---------------------|-----------|--------------------|-----------------|-----------|
| Sharla Moano | 10 | 400-00-7983 | Daughter | 00 |

Line 6c Number of your children listed: **1**
Line 6e Total number of exemptions: **3**

Wages, salaries, tips, etc....: (Column A) **25,900**
Pensions and Annuities.....: (Column A) **2,500**
Other Income.....: (Column A) **4,000**
Nature.....: **Game Show Prize**

Tax Computation – **Tax Table**

Direct Deposit: IAT Transaction: **No**
Routing Number: **321379410**
Account Number: **11001770357**
Type: **Checking**

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:

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 *(Hawaii source income)*

Employee's social security number: **400-00-7943**
Employer identification number: **99-0343470**
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**
Hood River OR 97031-1502

Wages, tips, etc.: **25,900**
Federal income tax withheld: **1,150**
Social security wages: **25,900**
Social security tax withheld: **1,606**



Medicare wages and tips: **25,900**
Medicare tax withheld: **376**
State and state ID number: **HI 20555924**
State wages: **25,900**
State income tax: **950**

1099-MISC *(Taxable for Hawaii income tax purpose)*

PAYER's name, street address, city, state and ZIP code: **Poke Shop Hawaii Inc
1098 Sand Island Pkwy
Honolulu HI 96813-4103**

PAYER's Federal identification number: **99-0345154**
Recipient's identification number: **400-00-7943**
Recipient's Name: **Thomas Ulua**
Street address: **804 10th St**
City State and ZIP code: **Hood River OR 97031-1502**
Other income: **4,000**
Federal income tax withheld: **200**
State tax withheld: **101**
State/Payer's state no.: **HI 20560172**
State Distribution: **4,000**

FORM 1099-R *(Not Taxable for Hawaii income tax purpose)*

Payer's name street address, city, state and ZIP code: **Island Life Insurance
5962 States Street
Springfield MA 01111**

Payer's identification number: **52-7754541**
Recipient's social security number: **400-00-7943**
Recipient's name (first, mi, last): **Thomas Ulua**
Recipient's street address: **804 10th St**
Recipient's city, state, and zip code: **Hood River OR 97031-1502**
Gross distribution: **2,500**
Taxable amount: **2,500**
Federal income tax withheld: **98**
Distribution code: **7** IRA/SEP/SIMPLE: **X**
State/Payer's state no: **OR / 664113332**

WORKSHEET NR

Medical and dental expenses: **3,051**
State and local income taxes: **Derived from Form W-2 and 1099-MISC state income tax withholding**
Real Estate taxes: **897**
Mortgage interest reported on form 1098: **8,450**
Mortgage interest not reported on form 1098: **1,200**
Points not reported on form 1098: **800**



Gift by cash or check: **259**
 Other than by cash or check: **120**
 Unreimbursed employee business expenses: **2,100**
 Other miscellaneous deductions directly associated with activities or properties producing income which is taxable to Hawaii: **1,300**
 Other miscellaneous deductions that cannot be linked to a specific activity or property: **250**
 Other deductions not subject to 2% AGI limit which are directly associated with activities or properties producing income which is taxable to Hawaii: **1,800**
 Other deductions not subject to 2% AGI limit that cannot be linked to a specific activity or property: **1,400**

SCHEDULE K-1 (Form N-20)

Shareholder's identifying number: **400-00-7943**
 Shareholder's Name, address, and postal/ZIP code: **Thomas Ulua
804 10th St
Hood River OR 97031-1502**

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**

F Final K-1 = **Yes**

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

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

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
Hood River OR 97031-1502**

Corporation's federal identifying number (FEIN): **06-1234561**



Hawaii
Department of Taxation

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**

Credit for Hawaii income tax withheld on Form N-288 Column b **97**

SCHEDULE CR

Part II Other Refundable Credit, Pro rata share of taxes withheld...: **251**



SCENARIO 13 (SSN: 400-00-7944) 'N-15 MANDATORY TEST'

Target Form: N-15

In addition to the target form, please test all other form(s) in this scenario that your product supports.

Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked Submission

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, 2014 to October 31, 2014

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**

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

Line 6b: Spouse = **Yes**

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



Line 6c: Dependents

| <i>Name</i> | <i>Age</i> | <i>SSN</i> | <i>Relationship</i> | <i># MO</i> |
|---------------------|------------|--------------------|---------------------|-------------|
| Max Palani | 15 | 400-01-7984 | Son | 12 |
| Mindi Palani | 12 | 400-02-7984 | Daughter | 12 |
| Nina Palani | 10 | 400-03-7984 | Daughter | 12 |
| Ozlow Palani | 8 | 400-04-7984 | Son | 12 |
| Paul Palani | 6 | 400-05-7984 | Son | 12 |
| Quinn Palani | 4 | 400-06-7984 | Daughter | 12 |

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

Line 6e Total number of exemptions: **8**

Wages, salaries, tips etc.....: (Column A) **26,000**

Unemployment compensation (insurance)...: (Column A) **2,400**

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 next year Estimated Tax: **1,000**

Direct Deposit: IAT Transaction: **No**

Routing Number: **321370765**

Type: **Checking**

Account Number: **8003865430**

Campaign Electing Fund: Yourself = **No**

Spouse = **Yes**

Occupation: Yourself = **Law Clerk**

Spouse = **Baker**

Paid Preparer Information:

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, 2014 to October 31, 2014)

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.: **14,500**
Federal income tax withheld: **900**
Social security wages: **14,500**
Social security tax withheld: **1,029**
Medicare wages and tips: **14,500**
Medicare tax withheld: **355**
State and state ID number: **HI 20562692**
State wages: **14,500**
State income tax: **715**

FORM W-2 #2 (Earned in Hawaii from January 1, 2014 to October 31, 2014)

Employee's social security number: **400-00-7964**
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): **Charlie A Palani-Hill**
Employee's address and zip code: **175 Berkeley St
Boston MA 02116-5066**

Wages, tips, etc.: **11,500**
Federal income tax withheld: **550**
Social security wages: **11,500**
Social security tax withheld: **735**
Medicare wages and tips: **11,500**
Medicare tax withheld: **254**
State and state ID number: **HI 100156**
State wages: **11,500**
State income tax: **875**

FORM 1099-G (Received from November 1, 2014 to December 31, 2014)

PAYER's name, street address, city, state and ZIP code:
**Nevada Department of Employment
500 E Third Street
Carson City, NV 89713**

PAYER's Federal identification number: **01-9845632**
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: **2,400**
Federal income tax withheld: **150**
State: **NV**



State Identification Number: **1234567**

WORKSHEET PY

State and local income taxes: **Derived from Form W-2 state income tax withholding**

Real estate tax (Property located in Hawaii): **1,200**

Taxes on HI income OR on income earned while resident in HI...: **2,790**

Mortgage interest and points reported on form 1098 (Property located in Hawaii): **9,865**

SCHEDULE X

Part I

Line 2 Refundable Food/Excise Tax Credit:

| <i>Name</i> | <i>Relationship</i> |
|------------------------------|---------------------|
| Flora K Palani | Self |
| Charlie A Palani-Hill | Spouse |
| Max Palani | Son |
| Mindi Palani | Daughter |
| Nina Palani | Daughter |
| Ozlow Palani | Son |
| Paul Palani | Son |
| Quinn Palani | Daughter |

Part II

Credit for low-income household renters:

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

Rent paid: **4,400**

Occupied: **From 01/2014 to 10/2014**

Owned by: **Sam White**

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

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

Part III

Section A: Care Provider Information

| <i>(a) Care Provider's name</i> <small>**Organization or ***Individual</small> | <i>(b) Address</i> | <i>(c) Identification number</i> | <i>(d) 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 |
| Aunty Mary's** | 75-589 Hanama Pl 104 Kailua Kona HI 96740 | See Attached | W95175312-02 | 1,400 |
| John Smith*** | P O Box 9856 Kamuela HI 96743-9856 | 998-52-9631 | W32165485-01 | 1,600 |



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

Section C: Credit for Child and Dependent Care Expenses

| <i>(a)Qual Persons Name</i> | <i>(b)Relationship</i> | <i>(c)Qual Persons SSN</i> | <i>(d)Qual Expenses</i> |
|-----------------------------|------------------------|----------------------------|-------------------------|
| Mindi Palani | Daughter | 400-02-7984 | 875 |
| Nina Palani | Daughter | 400-03-7984 | 800 |
| Ozlow Palani | Son | 400-04-7984 | 1000 |



SCENARIO 14 (SSN: 400-00-7945)

Target: Form N-615

If your product does not support Form N-615 please do not submit this test case. Please list Form N-615 as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

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, 2014 to June 30, 2014

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

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

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

Address line 1: **67th CSH Unit 26610**

Address line 2: **Box 595**

City: **APO** State: **AE** Zip code: **09244**

Filing Status: **(1) Single**

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

Interest income.....: (Column A) **6,869**

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

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

Tax Computation: **Form N-615**

Payment Information: Account Type: **Savings**

Routing Transit #: **321370765**

Bank Account Number: **8003865430**

Payment Amount: **100 % of Amount You Owe**

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:

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**
Interest Income: **6,869**

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

PAYER's name, street address, city, state, ZIP Code and telephone no.: **Central Pacific Realty Inc
1314 S King St Ste 714
Honolulu HI 96814-1942**

PAYER's Federal identification number: **10-0242089**
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**
Total Ordinary Dividends: **582**
Qualified Dividends: **582**

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

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

| (a) Description | (c) Date acquired | (d) Date Sold | (e) Sales Price | (f) Cost or other basis |
|----------------------|----------------------|------------------|--------------------|----------------------------|
| 100 SHS Money | 06/15/13 | 08/15/13 | 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**



Hawaii
Department of Taxation

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

Parent's tax (use **Tax Table**): **2,140**

Child Tax on the amount on line 4 and line 14: use **Tax Table**



SCENARIO 15 (SSN: 400-00-7946) 'N-15 MANDATORY TEST'

Target: Form N-15

In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported forms as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Linked 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: **Yes**

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: *(Care of)* **Stone Lodge**
232 Wild River Dr
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 Number of ovals filled: **1**

Line 6e Total number of exemptions: **1**

(Note: Mauli Mahimahi is not claimed as a dependent.)

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

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

Rents, royalties, partnership.....: (Column A) **84,400**

Other Income.....: (Column A) **5,000**

Nature: **Gambling**

Source.....: **Winnings**

Tax Computation: **Tax Table**

2014 State Estimated Tax Payments on Form N-1: **400**



Haw Schools Repairs and Maint. Fund: Yourself = **Yes**
Hawaii public Libraries Fund: Yourself = **Yes**
Domestic Violence/Child Abuse and Neglect Funds: Yourself = **Yes**

Direct Deposit: IAT Transaction: No

Routing Number: 321370765

Type: Savings

Account Number: 8003865430

Amount: 391

Campaign Electing Fund: Yourself = **Yes**
Occupation: Yourself = **Writer**
Paid Preparer Information: **N/A (self prepared)**

FORM W-2 (Not taxable for Hawaii income tax purposes)

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

Employer identification number: **99-0349182**

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

Employee's name (first, mi, last): **Hubert A Mahimahi**
Employee's address and zip code: **232 Wild River Dr
Port Hueneme CA 93041**

Wages, tips, etc.: **28,900**
Federal income tax withheld: **0**
Social security wages: **28,900**
Social security tax withheld: **1,792**
Medicare wages and tips: **28,900**
Medicare tax withheld: **419**
Statutory employee: **X**
State and state ID number: **LA 3391**
State wages: **28,900**
State income tax: **2,023**

FORM W-2G (Not taxable for Hawaii income tax purposes)

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**

Gross winnings: **5,000**
Federal Income tax withheld: **500**
Type of wager: **Blackjack**
Date won: **07/11/2014**



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

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

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**

Gross distribution: **3,000**

Taxable amount: **3,000**

Federal Income tax withheld: **150**

State Distribution: **3,000**

Total Distribution: **X**

Distribution Code: **2**

SUPPLEMENTAL INCOME AND LOSS (Sch. E) (Taxable for Hawaii income tax purpose)

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: **84,400**

PROFIT OR LOSS FROM BUSINESS (Not taxable for Hawaii income tax purposes)

Name of Proprietor: **Hubert A Mahimahi**

SSN: **400-00-7946**

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-342 #1

Name: **Hubert A Mahimahi** SSN: **400-00-7946**

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



Solar Energy System –

Date of system installed and placed in service: **7/31/2014**

Total output capacity: **5** (*note: this system is a photovoltaic system*)

Total cost of qualified solar energy system...: **7,000**

Amount of consumer incentive premiums: **0**

Is this solar energy system primarily used to heat water for household use?: **Yes**

Amount from line 3 that is installed and placed in service in HI on a **single-family** res prop...: **7,000**

Irrevocable Election on How to Treat the Tax Credit: **Refundable**

Refundable Tax Credit: **Reduce amount of tax credit by 30%**

FORM N-342 #2

Names(s) as shown on form N-11...: **Hubert A Mahimahi** SSN: **400-00-7946**

Carryover of unused renewable energy technologies income tax credits from prior years: **500**

FORM N-342A #1 (*Associated to N-342 #3*)

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

SSN or FEIN: **99-5546111**

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: **Hubert A Mahimahi**

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

Solar Energy System -

Date of system was installed and placed in service: **12/29/2014**

Total output capacity: **0.360** (*note: this system is a photovoltaic system*)

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

Amount of consumer incentive premiums: **0**

Is this solar energy system primarily used to heat water for household use?: **Yes**

Amount from line 3 that is installed and placed in service in HI on **multi-family** res prop: **18,000**

Divide total square feet: **.05**

Number of units you own: **10**

FORM N-342 #3 (*From N-342A #1*)

Names(s) as shown on form N-11...: **Hubert A Mahimahi** SSN: **400-00-7946**

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

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

FORM N-342A #2 (*Associated to N-342 #4*)

Name (S Corp, Partnership, Estate, or Trust, or Condominium Apartment Assoc.): **Palm Tree Villas**

SSN or FEIN: **99-2146222**

Entity Type: **S Corporation**

Address and zip code: **2974 Kalena St**

Lihue HI 96766-1320

Name of Indv. Or Corp. for whom this statement is being prepared: **Hubert A Mahimahi**

Physical Property Address: **2974 Kalena St; Lihue HI 96766-1320**



Wind Powered Energy System –

Date system was installed and placed in service: **05/01/2014**

Total Cost of qualified wind-powered energy system: **21,000**

Amount of consumer incentive premiums: **0**

Amount from line 29 that is installed and placed in service in HI on **single-family** res prop: **21,000**

FORM N-342 #4 (From N-342A #2)

Name: **Hubert A Mahimahi** SSN: **400-00-7946**

Physical Property Address: **2974 Kalena St; Lihue HI 96766-1320**

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

FORM N-342 #5

Name: **Hubert A Mahimahi** SSN: **400-00-7946**

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

Solar Energy System –

Date system was installed and placed in service: **8/31/2014**

Total Cost of qualified solar energy system **10,000**

Amount of consumer incentive premiums: **2,437**

Is this solar energy system primarily used to heat water for household use?: **No**

Amount from line 3 that is installed and placed in service in HI on **single-family** res prop: **7,563**

Substitute for a solar water heating system: **No**

Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

SCHEDULE CR

Part I Nonrefundable Tax Credits:

Renewable energy tech income tax credit: **3,985**

Part II Refundable Tax Credits:

Renewable energy tech income tax credit: **1,575**



SCENARIO 16 (SSN: 400-00-7947)

Target: Form N-210 (annualized method)

If your product does not support the Form N-210 Annualized method please do not submit this scenario. Please list N-210 Annualized as a limitation in the intent to participate e-mail.

FORMS INCLUDED

Form N-15, Schedule X, Form N-210 (annualized), Form W-2

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 March 1 , 2014 to December 31, 2014

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 Suite106**

Ewa Beach HI 96706-2526

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

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

Line 6b: Spouse = **Yes**

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

Line 6c: Dependent

| <i>Name</i> | <i>Social Security Number</i> | <i>Relationship to You</i> | <i># MO</i> |
|---------------------|-------------------------------|----------------------------|-------------|
| Kora Wahanui | 400-00-7987 | Daughter | 12 |



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

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

Wages, salaries, tips, etc...: (Column A) **20,530**

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 Account Number: **8003865430**

Payment Amount: **50% of Amount You Owe and 100% of Estimated Tax
Penalty**

Account Holder Name: **Ann Wahanui**

IAT Transaction: **No**

Campaign Electing Fund: Yourself = **Yes**

Spouse = **Yes**

Occupation: Yourself = **Musician**

Spouse = **Hula Dancer**

Paid Preparer Information:

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 March 1, 2014 to December 31, 2014)

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.: **17,330**

Federal income tax withheld: **108**

Social security wages: **17,330**

Social security tax withheld: **369**

Medicare wages and tips: **17,330**

Medicare tax withheld: **127**

Retirement Plan: **X**

State and state ID number: **HI 77805376**

State wages: **17,330**



State income tax: **125**

FORM W-2 #2 (Earned in Hawaii from March 1, 2014 to December 31, 2014)

Employee's social security number: **400-00-7967**

Employer identification number: **46-3810231**

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 22609182**

State wages: **3,200**

State income tax: **23**

PROFIT OR LOSS FROM BUSINESS #1 (Earned in Hawaii from March 1, 2014 to December 31, 2014- business is located in Hawaii)

Name of Proprietor: **Isami Wahanui**

SSN: **400-00-7947**

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 outside Hawaii from January 1, 2014 to February 28, 2014-not Hawaii Source Income)

Name of Proprietor: **Ann B Wahanui**



SSN: **400-00-7967**

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) (*Earned in Hawaii from March 1, 2014 to December 31, 2014*)

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*)

Note: the underpayment penalty is calculated using full months, not days as calculated on federal Form 2210.

See section 235-97(f), HRS, at tax.hawaii.gov.

Part II-

Line 7 Enter the tax amount from prior year income tax return: **3,032**

Part III-

Line 10 Estimated and other tax payments made: **148** (1st to 2nd qtr: **0**, 3rd qtr: **74** (Paid by 9/20/14) and 4th qtr: **74**(Paid by 12/20/14))

Part IV

Line 18 Enter the date the amount on line 16 was paid...: I **4/20/15**, (d) **04/20/15**

Line 19 Number of months from the payment due date...: I **7**, (d) **3**

Schedule A

Line 1 Adjusted income for each period: (a) **0**, (b) **0**, (c) **16,829**, (d) **32,197**

Line 4 Itemized deduction for each period: (a) **0**, (b) **0**, (c) **0**, (d) **0**

Line 21 Enter ¼ of Part II Line 8: (a) **148** (b) **149** (c) **149** (d) **149**

SCHEDULE X

Part I

Refundable Food/Excise Tax Credit:

Name

Relationship



Hawaii
Department of Taxation

Isami Wahanui
Ann B Wahanui
Kora Wahanui

Self
Spouse
Daughter



SCENARIO 17 (SSN: 400-00-7948)

Target: Form N-158 and Form N-312

Please test the target form(s) that your product supports. Please list the N-158 and/or N-312 as a limitation in the intent to participate e-mail if it is not supported.

FORMS INCLUDED

Form N-15, Form N-158, Form N-312, Schedule CR, Worksheet NR, Form 1099-G

OTHER

Unlinked Submission

YOUR INFORMATION

Your Name: **Aloha Aina**

Your SSN: **400-00-7948**

Your Date of Birth: **10-30-1940**

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** 65+: **Yes**

Line 6b: Spouse = **Yes**

Line 6ab Number of ovals filled: **3**

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

Business or farm income or (loss).....: (Column A) **9,086**

Rents, royalties, partnerships, estates, trusts, etc.....: (Column A) **10,858**

Unemployment compensation:: (Column A) **2,000**



Deductible part of self-employment tax.....: (Column A) **642**

2014 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: **Savings**
Account Number: **8003865430**

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

Occupation: Yourself = **Farmer**
Spouse = **Domestic Engineer**

Paid Preparer Information:

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 taxable for Hawaii income tax purposes)

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 taxable for Hawaii income tax purposes)

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**

PROFIT OR LOSS FROM FARMING (Sch. F) (Taxable for Hawaii income tax purpose)

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**

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> |
|-------------------------------------|---|--|
| Hawaii purchases | | |
| Tractor | 6/01/2014 | 142,000 |
| Truck | 6/15/2014 | 46,000 |
| Grain trailer | 6/15/2014 | 60,000 |
| Purchases from out-of-state sellers | | |
| John Deere Combine | 4/15/2014 | 190,000 |

Was 4% Use Tax paid on these purchases?: **Yes**

Total qualifying cost of eligible property.....: **438,000**

Amount of sales or use taxes paid to another state....: **0**

Check boxes A, B, C, D, and E: **No**

SCHEDULE CR

Part II Capital Goods Excise Tax Credit: **17,520**

FORM 1099-G (*taxable for Hawaii income tax purposes*)

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: **400-00-7948**

Recipient's Name: **Aloha Aina**

Street address: **8524 Mingo Ct**

City State and ZIP code: **Louisville KY 40220-3477**

Unemployment compensation: **2,000**

Federal income tax withheld: **230**

State and state ID number: **HI 1001564510**

WORKSHEET NR

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

State and local income taxes: **Derived from state estimated tax payments**

Investment Interest: **9,071**

Gifts to charity by cash or check: **249**



SCENARIO 18 (SSN: 400-00-7949)

Target: Binary Attachments

If binary attachments are not supported by your product, please list binary attachments as a limitation in the intent to participate e-mail.

FORMS INCLUDED

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

OTHER

Unlinked Submission

ATTACHMENT

RestraintInvoicetest2, ArboristAffidavittest2, DoneeAcknowledgmenttest2

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**

US Phone Number: **Not Provided**

Disabled: **No**

Blind: **Yes**

FORM N-15

Part-Year resident, From April 1, 2014 To December 31, 2014

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 Number of ovals filled: **2**

Line 6e Total number of exemptions: **2**



Wages, salaries, tips, etc...: (Column A) **99,000**

Interest Income.....: (Column A) **122,000**

Exceptional Tree Deduction: (Column A) **3,000**

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

Tax Computation: **Tax Rate Schedule**

Credit for Child Passenger Restraint System: **25** *(Purchased 5/2014)*

(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.)

Campaign Electing Fund: Yourself = **No**

Occupation: Yourself = **Musician**

IRS SCHEDULE B *(Allocated to Hawaii during period of residency)*

Corporate Bonds: **122,000**

FORM W-2 *(Earned in Hawaii from April 1, 2014 to December 31, 2014)*

Employee's social security number: **400-00-7949**

Employer identification number: **47-0210602**

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.: **99,000**

Federal income tax withheld: **13,572**

Social security wages: **99,000**

Social security tax withheld: **6,318**

Medicare wages and tips: **99,000**

Medicare tax withheld: **1,436**

State and state ID number: **HI 20097860**

State wages: **99,000**

State income tax: **13,500**

WORKSHEET PY

State and local income taxes: **Derived from Form W-2 state income tax withholding**

Gifts to Charity by cash or check: **4,000**

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



FORMS, WORKSHEETS AND SCHEDULES

The latest forms, worksheets and schedules can be found on our website at tax.hawaii.gov/eservices/.

TEST SCENARIO UPDATES

| Document Version Number | Scenario Number | Update |
|-------------------------|--------------------|---|
| V1.0 | | Acceptance and participation -Updated to match with Handbook, Pub EF-5 Testing period -Updated tentative testing period date |
| V1.0 | All Scenarios | -Updated tax years accordingly -Changed employee FEINs -Change state ID numbers |
| V1.0 | Scenarios 6 and 15 | -Added total output capacity on Forms N-342 and N-342A |
| V1.1 | | Testing period -Deleted "tentative" |
| V1.2 | Scenarios 2 and 11 | -Corrected total interest amount and federal AGI to reflect Form 1099-OID income |
| V1.2 | Scenario 18 | -Changed binary attachment names to RestraintInvoicetest2, ArboristAffidavittest2, DoneeAcknowledgmenttest2 |
| V1.3 | Scenarios 1 thru 9 | -Deleted Hawaii Residency on Form N-11: 1/1/2014 – 12/31/2014 |
| V1.3 | Scenario 4 | -Corrected dependent information on Form N-11 and Schedule X |
| V1.3 | Scenario 15 | -Added Direct Deposit for first time filer on Form N-15 |
| V1.4 | Scenario 10 | -Changed Payer's information on first W-2 |