Hawaii Test Packages
for
Modernized e-File

Release Date: 11/10/2017 (V1.0)
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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 the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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 the Hawaii MeF program each year, software developers and transmitters must complete and submit the Form EF-7; for more information see the Hawaii Software Developers and Transmitters Handbook for Modernized e-File (Pub EF-5). Otherwise, any submitted test or live returns will be automatically rejected. In addition, software developers must pass Assurance Testing System (ATS) and receive approval by DOTAX. Live returns submitted prior to the completion of ATS will be rejected.

SOFTWARE ACCEPTANCE, TESTING AND APPROVAL
The Hawaii Test Packages for MeF (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 the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

TESTING PERIOD
2017 ATS Testing begins on – To Be Announced (mid-late November)
CONTACT INFORMATION
The contact information provided below is strictly for software developers and transmitter's testing inquiries.

Contact: Electronic Processing Testing Group
E-mail address: tax.efile.test@hawaii.gov

Our contact hours are Monday through Friday, 8:00 a.m. to 4:00 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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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: 9,300
Taxable interest: 6,400
Tax-exempt interest: 98,381
Ordinary dividends: 3,000
Qualified dividends: 3,000
Total Income: 18,700
Adjusted Gross Income: 18,700

FORM N-11
Hawaii Residency: 1/1/2017 – 12/31/2017
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 $6,410 of military reserve or Hawaii national guard duty pay:  6,410
Payments to Individual Housing Account:  1,000
Claimed as a dependent on another person's return:  True
Tax Computation:  Tax Rate Schedule
2017 Estimated Tax Payments:  900 (All estimated payments were made by 12/31/2017)
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:  186
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.: 6,300
Federal income tax withheld: 500
Social security wages: 6,300
Social security tax withheld: 198
Medicare wages and tips: 6,300
Medicare tax withheld: 46
State and state ID number: HI 0754397
State wages: 6,300
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: 6,400

FORM 1099-INT #2
PAYER's name, street address, city, state, ZIP code and telephone no.: California Bank
1000 Pico St
Los Angeles CA 96817
PAYER's Federal identification number: 01-5671234
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 (Municipal bond out of state): 98,381

FORM 1099-DIV
PAYER's name, street address, city, state, ZIP code and telephone no.: Central Pacific Realty Inc
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: 4/20/18 (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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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: 1361 Kouraku
Foreign address line 2: Bunkyo Ku
City: Kashiwa Province: Chiba Country: Japan Postal code: 112
Filing Status: Qualifying Widower, Spouse Date of Death: 2015
Line 6a: Yourself = Yes
Line 6c Dependents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Kamakana</td>
<td>15</td>
<td>400-00-7972</td>
<td>Daughter</td>
<td>12</td>
</tr>
</tbody>
</table>

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: 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: 255,320
Adjusted Gross Income: 255,320

**FORM N-11**

Hawaii Residency: 1/1/2017 – 12/31/2017

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: **2015**

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

Line 6ab Number of ovals filled: 2

Line 6c Dependents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Kamakana</td>
<td>15</td>
<td>400-00-7972</td>
<td>Daughter</td>
<td>12</td>
</tr>
</tbody>
</table>

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 = **Marketing**

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: 117,000
Social security tax withheld: 7,254
Medicare wages and tips: 225,900
Medicare tax withheld: 3,509
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: 03/10/2017
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  
State tax withheld: 101  

**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: 1361 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: 1361 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: 1361 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: 1361 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: 1361 Kouraku Bunkyo Ku
City State and ZIP code: Kashiwa Chiba Japan 112
Other income: 4,000
Federal income tax withheld: 203
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: 1361 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: 1361 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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-11, Worksheet A, Schedule CR, Schedule X, Schedule K-1 (Form N-35), Schedule K-1 (Form N-20), Form N-311, Form W-2, Form W-2G

OTHER
Linked Submission

ASSUMPTION
• Spouse Itemizes Deductions:
  o 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tomiko Hanauma</td>
<td>16</td>
<td>400-00-7973</td>
<td>Daughter</td>
<td>00</td>
</tr>
</tbody>
</table>

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......: 24,000
Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc.: 1,440
Other income: $4,500
  Nature: Other income
  Source: Gambling

Total Income: $29,940
Adjusted Gross Income: $29,940

**FORM N-11**
First Time Filer: Yes
Hawaii Residency: 1/1/2017 – 12/31/2017
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)

<table>
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<tr>
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<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tomiko Hanauma</td>
<td>16</td>
<td>400-00-7973</td>
<td>Daughter</td>
<td>00</td>
</tr>
</tbody>
</table>

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
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.: 24,000
Federal income tax withheld: 900
Social security wages: 24,000
Social security tax withheld: 1,495
Medicare wages and tips: 24,000
Medicare tax withheld: 350
LocalWagesAndTipsAmt: 24,000
State and state ID number: HI 20888
State wages: 24,000
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: 4,500
Federal Income tax withheld: 0
Type of wager: Slots
Date won: 03/10/2017
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)
FORM N-311
Refundable Food/Excise Tax Credit:
Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedrick E Hanauma</td>
<td>Self</td>
</tr>
<tr>
<td>Puamana K Hanauma</td>
<td>Spouse</td>
</tr>
<tr>
<td>Tomiko Hanauma</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

Minor children receiving more than half of their support from public agencies: 0
Spouse's federal AGI: 0

SCHEDULE X
Part I
Credit for low-income household renters:
Address: 414 Une Place
       Haiku HI 96708
Rent paid: 4,400
Occupied: From 2/2017 To 12/2017
Owned by: Sam White
Owner's address: P O Box 1533
               Ewa Beach HI 96706
Hawaii Tax ID Number: GE-551-133-7788-01

Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedrick E Hanauma</td>
<td>Self</td>
</tr>
<tr>
<td>Puamana K Hanauma</td>
<td>Spouse</td>
</tr>
<tr>
<td>Tomiko Hanauma</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

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: 400-00-7903
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:

<table>
<thead>
<tr>
<th></th>
<th>(i) Before change of termination</th>
<th>(ii) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit sharing</td>
<td>50.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Loss sharing</td>
<td>50.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Ownership of capital</td>
<td>50.00%</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

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
I 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 Forms: Schedule X and Form N-311
If your product does not support both Schedule X and Form N-311, please do not submit this test case.
Please list Schedule X and Form N-311 as limitations in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-11, Schedule X, Form N-311, 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 Pl Apt 203
Kailua Kona HI 96740-1720
Filing Status: Married Filing Joint
Line 6a: Yourself = Yes
Line 6b: Spouse = Yes
Line 6c Dependents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ogawa-Kane</td>
<td>16</td>
<td>400-01-7974</td>
<td>Son</td>
<td>12</td>
</tr>
<tr>
<td>Kaila Ogawa-Kane</td>
<td>11</td>
<td>400-06-7974</td>
<td>Daughter</td>
<td>12</td>
</tr>
<tr>
<td>Don Ogawa-Kane</td>
<td>12</td>
<td>400-05-7974</td>
<td>Son</td>
<td>12</td>
</tr>
<tr>
<td>Kuma Ogawa-Kane</td>
<td>10</td>
<td>400-04-7974</td>
<td>Son</td>
<td>12</td>
</tr>
</tbody>
</table>

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: 1/1/2017 – 12/31/2017
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 Pl 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ogawa-Kane</td>
<td>16</td>
<td>400-01-7974</td>
<td>Son</td>
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<tr>
<td>Kaila Ogawa-Kane</td>
<td>11</td>
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<td>Daughter</td>
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<td>12</td>
<td>400-05-7974</td>
<td>Son</td>
<td>12</td>
</tr>
<tr>
<td>Kuma Ogawa-Kane</td>
<td>10</td>
<td>400-04-7974</td>
<td>Son</td>
<td>12</td>
</tr>
</tbody>
</table>

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 2017 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 Pl 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:  889
  Medicare wages and tips:  14,500
  Medicare tax withheld:  210
  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 Pl APT 203
Wages, tips, etc.: 4,526
Federal income tax withheld: 283
Social security wages: 2,499
Social security tax withheld: 281
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 Pl 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

FORM N-311
Refundable Food/Excise Tax Credit
Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald Ogawa-Kane</td>
<td>Self</td>
</tr>
<tr>
<td>Kelli A Kane</td>
<td>Spouse</td>
</tr>
<tr>
<td>Paul Ogawa-Kane</td>
<td>Son</td>
</tr>
<tr>
<td>Kaila Ogawa-Kane</td>
<td>Daughter</td>
</tr>
<tr>
<td>Don Ogawa-Kane</td>
<td>Son</td>
</tr>
<tr>
<td>Kuma Ogawa-Kane</td>
<td>Son</td>
</tr>
</tbody>
</table>

Minor children receiving more than half of their support from public agencies: 0

SCHEDULE X
Part I
Credit for low-income household renters:
Address: 414 Une Place
Haiku HI 96708
Rent paid: 4,400
Occupied: From 2/2017 To 12/2017
Owned by: Sam White
Owner's address: P O Box 1533
Ewa Beach HI 96706
Hawaii Tax ID Number: GE-551-133-7722-01
Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald Ogawa-Kane</td>
<td>Self</td>
</tr>
<tr>
<td>Kelli A Kane</td>
<td>Spouse</td>
</tr>
<tr>
<td>Paul Ogawa-Kane</td>
<td>Son</td>
</tr>
<tr>
<td>Kaila Ogawa-Kane</td>
<td>Daughter</td>
</tr>
<tr>
<td>Don Ogawa-Kane</td>
<td>Son</td>
</tr>
<tr>
<td>Kuma Ogawa-Kane</td>
<td>Son</td>
</tr>
</tbody>
</table>

Part II
Section A: Care Provider Information

<table>
<thead>
<tr>
<th>1. Care Provider's name</th>
<th>(b) Address</th>
<th>I Identification number</th>
<th>(d) Hawaii Tax I.D. No</th>
<th>(e) Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy Child Center**</td>
<td>88-221 Kuakini Hwy C2 PMB 129 Kailua Kona HI 96740</td>
<td>99-6212123</td>
<td>GE-741-852-9631-01</td>
<td>875</td>
</tr>
<tr>
<td>Aunty Mary's**</td>
<td>75-589 Hanama Pl 104 Kailua Kona HI 96740</td>
<td>*See Attached</td>
<td>GE-951-753-1244-02</td>
<td>1,400</td>
</tr>
<tr>
<td>John Smith ***</td>
<td>P O Box 9856 Kamuela HI 96743-9856</td>
<td>998-52-9631</td>
<td>GE-321-654-8555-01</td>
<td>1,600</td>
</tr>
<tr>
<td>Surf Is Up Hawaii **</td>
<td>SEE W-2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 2017: 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

<table>
<thead>
<tr>
<th>(a) Quil Persons Name</th>
<th>(b) Relationship</th>
<th>Iqual Persons SSN</th>
<th>(d) Qual Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuma Ogawa-Kane</td>
<td>Son</td>
<td>400-04-7974</td>
<td>875</td>
</tr>
<tr>
<td>Don Ogawa-Kane</td>
<td>Son</td>
<td>400-05-7974</td>
<td>800</td>
</tr>
<tr>
<td>Kalia Ogawa-Kane</td>
<td>Daughter</td>
<td>400-06-7974</td>
<td>1,000</td>
</tr>
</tbody>
</table>
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 in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-11, Form N-311, 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: 06-25-2003-2004
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: Self
Taxable interest: 6,869
Ordinary dividends: 582
Qualified dividends: 582
Capital Gain or Loss: 2044
Total Income: 9,495
Adjusted Gross Income: 9,495

FORM N-11
Hawaii Residency: 1/1/2017 – 12/31/2017
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: Self
Claimed as a dependent on another person's return: False
Tax Computation: Form N-615
Payment Information: Account Type: Checking
   Routing Transit #: 321370765
   Bank Account Number: 8003865430
   Payment Amount: 100% of Amount You Owe
   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

FORM N-311
Refundable Food/Excise Tax Credit:
Qualified persons:

   Name                   Relationship
   Elizabeth Yasukochi   Self

Minor children receiving more than half of their support from public agencies: 0

Sales and Other Dispositions of Capital Assets (Federal Form 8949)
Part I Short-Term Capital Gains and Losses - Line1

<table>
<thead>
<tr>
<th>Description</th>
<th>Date acquired</th>
<th>Date Sold</th>
<th>Sales Price</th>
<th>Cost or other basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 SHS Money</td>
<td>06/15/17</td>
<td>08/15/17</td>
<td>3,844</td>
<td>1,800</td>
</tr>
</tbody>
</table>

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
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-342A and N-342
If your product does not support Form N-342 and N342A please list Form N-342 and N342A as a
limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017
(Form EF-7).

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: 1/1/2017– 12/31/2017
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 2018 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.: GE-551-166-0032-01

Schedule F: Yes
Hawaii gross receipts: 222,145
Main business activity: Produce
Main business product: Corn
Hawaii Tax I.D. No: GE-551-166-0032-02

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: 1,792
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
For Form N342 #1
On July 31, 2017 Francis R Halliday installs and places into service solar energy equipment including 28 photovoltaic panels, each of which has an output capacity (maximum power) of 0.25 kilowatts on a single-family residential property. Total cost of the qualified solar energy system installed and placed in service in Hawaii is $9,800.

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: 7/31/2017
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…: 9,800
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)
On December 29, 2017, Rubber Slipper Inn installs and places into service solar energy equipment including 30 photovoltaic panels, each of which has an output capacity (maximum power) of 0.01 kilowatts on a multi-family residential property. Total Cost of the qualified solar energy system installed and placed in service in Hawaii is $18,000.

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: 12/29/2017
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 the total square feet of your unit............. : .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:  05/01/2017
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
On July 31, 2017, Francis R Halliday installs and places into service solar energy equipment including 3000 photovoltaic panels, each of which has an output capacity (maximum power) of 0.25 kilowatts on a commercial property. Total cost of the qualified solar energy system installed and placed in service in Hawaii is $10,000.

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:  7/31/2017
Total output capacity:  ______
Total cost of qualified solar energy system:  ______
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 commercial property:  7,563
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 Form: Binary Attachments
If binary attachments are not supported by your product, please list binary attachments as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple O</td>
<td>5</td>
<td>400-01-7977</td>
<td>Daughter</td>
<td>12</td>
</tr>
<tr>
<td>Bonnie O</td>
<td>3</td>
<td>400-02-7977</td>
<td>Daughter</td>
<td>12</td>
</tr>
<tr>
<td>Fung O</td>
<td>80</td>
<td>400-11-7977</td>
<td>Parent</td>
<td>12</td>
</tr>
<tr>
<td>Ma-Li O</td>
<td>79</td>
<td>400-12-7977</td>
<td>Parent</td>
<td>12</td>
</tr>
</tbody>
</table>

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: 1/1/2017 – 12/31/2017
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th># MO</th>
</tr>
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<tr>
<td>Bonnie O</td>
<td>3</td>
<td>400-02-7977</td>
<td>Daughter</td>
<td>12</td>
</tr>
<tr>
<td>Fung O</td>
<td>80</td>
<td>400-11-7977</td>
<td>Parent</td>
<td>12</td>
</tr>
<tr>
<td>Ma-Li O</td>
<td>79</td>
<td>400-12-7977</td>
<td>Parent</td>
<td>12</td>
</tr>
</tbody>
</table>

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: GE-123-456-2277-01

Schedule E: Yes
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: 99-33711110
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 Form: N-158 and N-312
If your product does not support N-158 and/or N-312 please do not submit this test case. Please list N-158 and/or N-312 as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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: 1/1/2017 – 12/31/2017
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
2017 Estimated Tax Payments: 480 (All estimated payments were made by 12/31/2017)
Direct Deposit: IAT Transaction: No
Routing Number: 321370765
Type: Savings
Account Number: 8003865430
Schedule F: Yes
Gross Receipt: 222,145
Main business activity: Farming
Main business product: Coffee beans
Hawaii Tax I.D. No.: GE-221-166-7712-01
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: GE-221-166-7712-01
Part I Computation of Tax Credit
(a) Description of Property
(b) Date property was placed in service
(c) Cost of qualifying property
Hawaii purchases
   Tractor 6/01/2017 142,000
   Truck 6/15/2017 46,000
   Grain trailer 6/15/2017 60,000
Purchases from out-of-state sellers
   John Deere Combine 4/15/2017 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
State and local tax: 480
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: 100
Investment Interest: 71
Gifts to charity by cash or check: 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
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: 2017
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 in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-11, Form N-210 (annualized), Form N-311, Form W-2, Form 1099-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: 1/1/2017 – 12/31/2017
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)
FORM N-311
Refundable Food/Excise Tax Credit:
Qualified persons:
            Name       Relationship
            Ingrid Lauhala       Self
            Erwin Lauhala Sr       Spouse
Minor children receiving more than half of their support from public agencies: 0
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: 1,768
Medicare wages and tips: 28,521
Medicare tax withheld: 414
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: 4/20/2018 (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) (b) (c) (d)
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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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 Nenue
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: Nenue
First four letters of Your last name: NENU
Your SSN: 400-00-7941
Foreign Address: Care of: Mele Nenue
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 $6,410 of military reserve or Hawaii national guard duty pay: (Column A) 6,410
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 Nenue
IAT Transaction: No
Designee: No
Campaign Electing Fund: Yourself = No
Occupation: Yourself = 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

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

Employee’s name (first, mi, last): Caldwell Nenue
Employee’s address and zip code:
  Newgate Community
  811 Newgate St
  London United Kingdom EC1A 7AJ

Wages, tips, etc.: 80,000
Federal income tax withheld: 3,455
Social security wages: 80,000
Social security tax withheld: 5,146
Medicare wages and tips: 80,000
Medicare tax withheld: 1,204
State and state ID number: HI 20360054
State wages: 80,000
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 Nenue
Employee’s address and zip code:
  Newgate Community
  811 Newgate St
  London United Kingdom EC1A 7AJ

Wages, tips, etc.: 6,200
Federal income tax withheld: 500
Social security wages: 6,200
Social security tax withheld: 198
Medicare wages and tips: 6,200
Medicare tax withheld: 46
State and state ID number: HI 20361404
State wages: 6,200
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 Nenue
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 address, 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 Nenue
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 address, 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 Nenue
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 Nenue
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 Nenue
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…: 12/20/17 (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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

**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, 2017 to November 30, 2017
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: 2015
Exemptions: Line 6a: Yourself = Yes 65+ = Yes
Line 6ab Number of ovals filled: 2
Line 6c Dependents:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>SSN</th>
<th>Relationship</th>
<th>÷ MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotus Opelu</td>
<td>16</td>
<td>400-00-7982</td>
<td>Daughter</td>
<td>12</td>
</tr>
</tbody>
</table>

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) 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) Nature: Prize  Source……..: 1099 MISC
4,500 (derived from 1099-MISC #2) Nature: Awards  Source: 1099 MISC

Tax Computation: Tax Table
2017 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 and 1099s 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: 4,086

Medicare wages and tips: 65,900

Medicare tax withheld: 956

State and state ID number: HI 47143384

State wages: 65,900

State income tax: 1,035

FORM W-2G (Income is received during period of Hawaii 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: 03-10-2017

Winner’s taxpayer ID No.: 400-00-7942

State/Payer’s state ID No.: HI 88553111

State Winnings: 2,000
**FORM 1099-OID** (Income is received during period of Hawaii 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 during period of 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: 50
State Distribution: 4,000

**FORM 1099-G #2** (Income is received during period of Hawaii residency)
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
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 Refund: 2,000
Tax year: 2017
Federal Income tax withheld: 30
State and state ID number: HI 1001564510
State Distribution: 2,000
FORM 1099-R #1 (Income is received during period of 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
State income tax withheld: 101

FORM 1099-R #2 (California Source Income, received on December, 2017)

Payer's name, street address, city, state, ZIP code: Employee Retirement Systems
4411 Piikoi St G
Honolulu HI 96822

Payer's identification number: 92-7754541
Recipient's social security number: 400-00-7942
Recipient's name (first, mi, last): Donald Opelu Jr
Recipient's street address: P O Box 880500
Recipient's city, state, and zip code: Pukalani, HI 96788
Gross distribution: 4,920
Taxable amount: 4,920
Federal income tax withheld: 200
Distribution code: 7
State/Payer's state no: CA / 1123445

FORM 1099-INT #1 (Income is received during period of Hawaii 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 (Income is received during period of Hawaii residency)

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

PAYER's Federal identification number: 99-3479513
Recipient's identification number: 400-00-7942
Recipient's Name: Donald Opelu Jr
Street address: P O Box 880500
City State and ZIP code: Pukalani, HI 96788
Interest income: 4,000
Federal Income tax withheld: 110

FORM 1099-MISC #1 (Allocate income during period of Hawaii 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/ Payer's state no.: HI 20159630

FORM 1099-MISC #2 (Allocate income during period of Hawaii 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 (Income is received during period of Hawaii 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) 4/20/18
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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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:
  o 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…….: Other Income Source…….: 1099MISC

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
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
   (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
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 form(s) as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-15, Form W-2, Form 1099-G, Worksheet PY, Schedule X, Form N-311

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, 2017 to October 31, 2017
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

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

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, 2017 to October 31, 2017)
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: 899
Medicare wages and tips: 14,500
Medicare tax withheld: 210
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, 2017 to October 31, 2017)
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, 2017 to December 31, 2017)
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

**FORM N-311**

Refundable Food/Excise Tax Credit:

Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flora K Palani</td>
<td>Self</td>
</tr>
<tr>
<td>Charlie A Palani-Hill</td>
<td>Spouse</td>
</tr>
<tr>
<td>Max Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Mindi Palani</td>
<td>Daughter</td>
</tr>
<tr>
<td>Nina Palani</td>
<td>Daughter</td>
</tr>
<tr>
<td>Ozlow Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Paul Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Quinn Palani</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

Minor children receiving more than half of their support from public agencies: 0

**SCHEDULE X**

*Part I*

Credit for low-income household renters:

- Address: 414 Une Place
  - Haiku HI 96708
- Rent paid: $4,400
- Occupied: From 01/2017 to 10/2017

Owned by: Sam White

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

Hawaii Tax ID Number: GE-551-133-7754-01

Qualified persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flora K Palani</td>
<td>Self</td>
</tr>
<tr>
<td>Charlie A Palani-Hill</td>
<td>Spouse</td>
</tr>
<tr>
<td>Max Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Mindi Palani</td>
<td>Daughter</td>
</tr>
<tr>
<td>Nina Palani</td>
<td>Daughter</td>
</tr>
<tr>
<td>Ozlow Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Paul Palani</td>
<td>Son</td>
</tr>
<tr>
<td>Quinn Palani</td>
<td>Daughter</td>
</tr>
</tbody>
</table>
Part II
Section A: Care Provider Information

<table>
<thead>
<tr>
<th>Care Provider</th>
<th>Address</th>
<th>Identification Number</th>
<th>Hawaii Tax I.D. Num</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy Child Center**</td>
<td>88-221 Kuakini Hwy C2 PMB 129 Kailua Kona HI 96740</td>
<td>99-6212123</td>
<td>GE-741-852-9631-01</td>
<td>875</td>
</tr>
<tr>
<td>Aunty Mary’s**</td>
<td>75-589 Hanama Pl 104 Kailua Kona HI 96740</td>
<td>See Attached</td>
<td>GE-951-753-1299-02</td>
<td>1,400</td>
</tr>
<tr>
<td>John Smith***</td>
<td>P O Box 9856 Kamuela HI 96743-9856</td>
<td>998-529631</td>
<td>GE-321-654-8544-01</td>
<td>1,600</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Qual Persons Name</th>
<th>Relationship</th>
<th>Qual Persons SSN</th>
<th>Qual Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindi Palani</td>
<td>Daughter</td>
<td>400-02-7984</td>
<td>875</td>
</tr>
<tr>
<td>Nina Palani</td>
<td>Daughter</td>
<td>400-03-7984</td>
<td>800</td>
</tr>
<tr>
<td>Ozlow Palani</td>
<td>Son</td>
<td>400-04-7984</td>
<td>1000</td>
</tr>
</tbody>
</table>
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 in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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: 06-25-2004
US Phone Number: Not Provided
Disabled: No
Blind: No

FORM N-15
Part Year Resident – January 1, 2017 to June 30, 2017
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** (Allocate income for period of Hawaii 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** (Allocate income for period of Hawaii 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 - Line1

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Date acquired</td>
<td>Date Sold</td>
<td>Sales Price</td>
<td>Cost or other basis</td>
<td></td>
</tr>
<tr>
<td>100 SHS Money</td>
<td>06/15/17</td>
<td>06/29/2017</td>
<td>1,000</td>
<td>1,400</td>
<td></td>
</tr>
</tbody>
</table>

**FORM N-615** (Fed 8615)
Parent's Name: Shirley Opakapaka
Parent's social security number: 400-11-7975
Parent's filing status: Married filing joint
Enter the number of exemptions claimed on parents return: 4
Parent's taxable income: 40,100
Total if any from Forms N-615 Line 5 of ALL OTHER children… : 1,620
Tax on the amount on line 8…..use Tax Table
Parent's tax (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-342A and N-342
In addition to the target form, please test all other form(s) in this scenario that your product supports. Please list unsupported form(s) as a limitation in the Software Developers Intent to Participate –Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-15, Form N-342, Form N-342A, Form W-2, Form 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) 19,900
Other Income....................: (Column A) 5,000
Nature ..........: Gambling
Source..........: Winnings
Tax Computation: Tax Table
2017 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: 07/11/2017  
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: California Employee Retirement System  
201 Merchant St Ste 1121  
Los Angeles CA 90003

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: 19,900

**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
For Form N342 #1
On June 15, 2017, Hubert A Mahimahi installs and places into service solar energy equipment including 30 photovoltaic panels, each of which has an output capacity (maximum power) of 0.19 kilowatts on a single-family residential property. Total cost of the qualified solar energy system installed and placed in service in Hawaii is $2,100

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: 6/15/2017
Total cost of qualified solar energy system…: 2,100
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…: 2,100
Irrevocable Election on How to Treat the Tax Credit: Refundable
Refundable Tax Credit: Nonreduced tax credit

FORM N-342A #1
On December 29, 2017, Rubber Slipper Inn installs and places into service solar energy equipment including 30 photovoltaic panels, each of which has an output capacity (maximum power) of 0.01 kilowatts on a multi-family residential property. Total cost of the qualified solar energy system installed and placed in service in Hawaii is 18,000.

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: 12/29/2017
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 the total square feet of your unit……………… : .05
Number of units you own: 10

FORM N-342 #2
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 #3)
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: 05/01/2017
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 #3 (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 N342-#4 and N-342#5
On August 30, 2017, Hubert A Mahimahi installs and places into service solar energy equipment including 30 photovoltaic panels, each of which has an output capacity (maximum power) of 0.215 kilowatts on a single-family res prop. Total cost of the qualified solar energy system installed and placed in service in Hawaii is $30,000.

Name: Hubert A Mahimahi SSN: 400-00-7946
Physical Property Address: 97 Kimo Pl; Hilo 96720

FORM N-342 #4
Solar Energy System –
Date system was installed and placed in service: 8/30/2017
Total output capacity: ______
Total Cost of qualified solar energy system: ______
Amount of consumer incentive premiums: 0
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: 23,256
Solar Water Heating Substitute: No
Irrevocable Election on How to Treat the Tax Credit: Nonrefundable

FORM N-342 #5
Solar Energy System –
Date system was installed and placed in service: 8/30/2017
Total output capacity: ______
Total Cost of qualified solar energy system: ______
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: 6,744
Solar Water Heating System Substitute: **No**
Irrevocable Election on How to Treat the Tax Credit: **Nonrefundable**

**SCHEDULE CR**

Part I Nonrefundable Tax Credits:
- Renewable energy tech income tax credit: 49

Part II Refundable Tax Credits:
- Renewable energy tech income tax credit: 735
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 Software Developers Intent to Participate – Tax Year 2017 (Form EF-7).

FORMS INCLUDED
Form N-15, Form N-210 (annualized), Form N-311, 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, 2017 to December 31, 2017
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Relationship to You</th>
<th># MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kora Wahanui</td>
<td>400-00-7987</td>
<td>Daughter</td>
<td>12</td>
</tr>
</tbody>
</table>
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, 2017 to December 31, 2017)
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
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, 2017 to December 31, 2017)
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, 2017 to December 31, 2017- 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, 2017 to February 29, 2017-not
Hawaii Source Income)
Name of Proprietor:  Ann B Wahanui
SSN:  400-00-7967

80
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, 2017 to December 31, 2017)
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 9/20/17) and 4th qtr: 74 (Paid by 12/20/17))

Part IV
Line 18 Enter the date the amount on line 16 was paid....: 04/20/18, (d) 04/20/18
Line 19 Number of months from the payment due date...: 1, (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) (b) (c) (d)

FORM N-311
Refundable Food/Excise Tax Credit:
Qualified persons:
<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isami Wahanui</td>
<td>Self</td>
</tr>
<tr>
<td>Ann B Wahanui</td>
<td>Spouse</td>
</tr>
<tr>
<td>Kora Wahanui</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

Minor children receiving more than half of their support from public agencies: 0
SCENARIO 17 (SSN: 400-00-7948)

Target Form: N-158 and N-312
If your product does not support N-158 and/or N-312 please do not submit this test case. Please list N-158 and/or N-312 as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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: \ldots \ldots \ldots (Column A) 2,000
Deductible part of self-employment tax\ldots\ldots (Column A) 642
2017 Estimated Tax Payments on Form N-1: 480
Haw Schools Repairs and Maint. Fund: Yourself = No
\hspace{1cm} Spouse = No
Hawaii public Libraries Fund: Yourself = No
\hspace{1cm} Spouse = No
Domestic Violence/Child Abuse and Neglect Funds: Yourself = No
\hspace{1cm} Spouse = No
Direct Deposit: IAT Transaction: No
\hspace{1cm} Routing Number: 321370765
\hspace{1cm} Type: Savings
\hspace{1cm} Account Number: 8003865430
Campaign Electing Fund: Yourself = Yes
\hspace{1cm} Spouse = Yes
Occupation: Yourself = Farmer
\hspace{1cm} Spouse = Domestic Engineer
Paid Preparer Information:
\hspace{1cm} Check if self-employed: X
\hspace{1cm} Preparer's identification number: P12345678
\hspace{1cm} Print Preparer's Name: Test Preparer
\hspace{1cm} Federal E. I. No.: 88-3456789
\hspace{1cm} Firm's name (or yours if self-employed): Test Preparer
\hspace{1cm} Address and ZIP Code: P O Box 19027, Newbury Park CA 91319-9027
\hspace{1cm} 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\ldots: 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\ldots: 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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car and truck expense</td>
<td>360</td>
</tr>
<tr>
<td>Chemicals</td>
<td>963</td>
</tr>
<tr>
<td>Custom hire</td>
<td>120</td>
</tr>
<tr>
<td>Depreciation</td>
<td>149,491</td>
</tr>
<tr>
<td>Fertilizers and lime</td>
<td>1,496</td>
</tr>
<tr>
<td>Freight and trucking</td>
<td>3,950</td>
</tr>
<tr>
<td>Gasoline, fuel and oil</td>
<td>4,303</td>
</tr>
<tr>
<td>Insurance (other than health)</td>
<td>1,900</td>
</tr>
<tr>
<td>Interest – Mortgage (paid to banks)</td>
<td>1,200</td>
</tr>
<tr>
<td>Interest – Other</td>
<td>300</td>
</tr>
<tr>
<td>Labor hires (less employ. Credits)</td>
<td>28,200</td>
</tr>
<tr>
<td>Rent or lease Vehicles, machinery, equipment</td>
<td>1,010</td>
</tr>
<tr>
<td>Rent or lease other (land, animals, etc.)</td>
<td>1,200</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>3,044</td>
</tr>
<tr>
<td>Seeds and plants</td>
<td>2,690</td>
</tr>
<tr>
<td>Storage and warehousing</td>
<td>5,854</td>
</tr>
<tr>
<td>Supplies</td>
<td>231</td>
</tr>
<tr>
<td>Taxes</td>
<td>842</td>
</tr>
<tr>
<td>Utilities</td>
<td>1,800</td>
</tr>
<tr>
<td>Other expenses</td>
<td>4,105  <em>(tractor tires)</em></td>
</tr>
</tbody>
</table>

**Part III**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales of livestock, produce, grains, and other: products not reported on line 37a:</td>
<td><strong>226,717</strong></td>
</tr>
<tr>
<td>Cooperative distributions</td>
<td><strong>1,800</strong></td>
</tr>
<tr>
<td>Taxable amount</td>
<td><strong>1,500</strong></td>
</tr>
<tr>
<td>Agricultural program payments</td>
<td><strong>400</strong></td>
</tr>
<tr>
<td>Taxable amount</td>
<td><strong>400</strong></td>
</tr>
<tr>
<td>Crop insurance proceeds</td>
<td><strong>200</strong></td>
</tr>
<tr>
<td>Other custom hire not reported on 42a.:</td>
<td><strong>500</strong></td>
</tr>
<tr>
<td>Other income not reported on line 43a:</td>
<td><strong>325</strong></td>
</tr>
<tr>
<td>Inventory of livestock, produce, grains...</td>
<td><strong>34,308</strong></td>
</tr>
<tr>
<td>Cost of livestock, produce, grains....:</td>
<td><strong>6,790</strong></td>
</tr>
<tr>
<td>Inventory of livestock, produce, grains at end of year:</td>
<td><strong>33,601</strong></td>
</tr>
</tbody>
</table>
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: GE-881-166-2288-01
Part I Computation of Tax Credit
(a)Description of Property                      (b)Date property was                   (c) Cost of
placed in service                qualifying property
Hawaii purchases
   Tractor                                                     6/01/2017                             142,000
   Truck                                                       6/15/2017                               46,000
   Grain trailer                                             6/15/2017                               60,000
Purchases from out-of-state sellers
   John Deere Combine                             4/15/2017                             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 Form: Binary Attachments
If binary attachments are not supported by your product, please list binary attachments as a limitation in the Intent to Participate in the Hawaii MeF Program, Individual Income Tax Year 2017 (Form EF-7).

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, 2017 To December 31, 2017
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 5/2017)

(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, 2017 to December 31, 2017)
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: 6,138
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.

TEST SCENARIO UPDATES

<table>
<thead>
<tr>
<th>Document Version Number</th>
<th>Scenario Number</th>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>N/A</td>
<td>1. General information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Acceptance and participation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Testing period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Contact phone number and hours</td>
</tr>
<tr>
<td>V1.0</td>
<td>All</td>
<td>1. Tax years</td>
</tr>
</tbody>
</table>