



FORM N-15 (Rev. 2012)

STATE OF HAWAII — DEPARTMENT OF TAXATION Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT

JCB121

Calendar Year 2012

AMENDED Return

NOL Carryback

Tax Year

MM DD YY boxes for tax year

OR thru

MM DD YY boxes for tax year

Fill in the applicable oval(s): Part-Year Resident Nonresident Nonresident Alien or Dual-Status Alien

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Please Print in Black Ink. Enter One Letter Or Number in Each Box. Fill in Ovals Completely. Do NOT Submit a Photocopy!!

Fill in applicable oval, if appropriate

First Time Filer Address or Name Change

ATTACH A COPY OF YOUR 2012 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

Personal information fields: Your First Name, Spouse's First Name, Care Of, Present mailing or home address, City, town or post office, State, Postal/ZIP code, If Foreign address, enter Province and/or State, Country

IMPORTANT — Complete this Section

Enter the first four letters of your last name, Your Social Security Number, Enter the first four letters of your Spouse's last name, Spouse's Social Security Number

(Fill in only ONE oval)

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

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT fill in oval 6a, but be sure to fill in the oval below line 36.

6a Yourself, 6b Spouse, Age 65 or over

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval

Table with 4 columns: Dependents, First and last name, If more than 6 dependents use attachment, 2. Dependent's social security number, 3. Relationship

Enter number of your children listed.. 6c, Enter number of other dependents..... 6d

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



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JCB122

Name(s) as shown on return

If amount is negative (loss), shade the minus (-) in the box. Example: -

Col. A - Total Income

Col. B - Hawaii Income

Table with 32 rows of income/expense items and two columns for amounts. Includes items like Wages, interest, dividends, and deductions.



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

JCB123

Name(s) as shown on return

Lines 33-35: Exceptional trees deduction, Total Adjustments, Adjusted Gross Income

Line 36: Ratio of Hawaii AGI to Total AGI

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 20, and fill in this oval.

Line 37a: Medical and dental expenses

Line 37b: Taxes

Line 37c: Interest expense

Line 37d: Contributions

Line 37e: Casualty and theft losses

Line 37f: Miscellaneous deductions

Line 39a: Filing status box

Line 39b: Prorated Standard Deduction

Line 40: Line 35, Column B minus line 38 or 39b

Line 41a: Exemptions

Line 41b: Prorated Exemption(s)

Line 42: Taxable Income

Line 43: Tax

Line 43a: Net capital gain

Line 44: Refundable Food/Excise Tax Credit

Line 45: Credit for Low-Income Household Renters

Line 46: Credit for Child and Dependent Care Expenses

Line 47: Credit for Child Passenger Restraint System(s)

Line 48: Total refundable tax credits from Schedule CR

Line 49: Total Refundable Credits

Line 50: Line 43 minus line 49

Line 51: Total nonrefundable tax credits

TOTAL ITEMIZED DEDUCTIONS box with instructions for line 38



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JCB124

Name(s) as shown on return

Main tax form grid with lines 52-67 and various input fields for payments and taxes.

DESIGNEE section: If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following.

HAWAII ELECTION CAMPAIGN FUND section: Do you want \$3 to go to the Hawaii Election Campaign Fund?

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

SIGNING section: Your signature, Date, Spouse's signature, Date, Your Occupation, Daytime Phone Number, Your Spouse's Occupation, Daytime Phone Number.

PREPARED section: Preparer's Signature, Date, Check if self-employed, Preparer's identification number, Print Preparer's Name, Federal E.I. No., Firm's name, Address, and ZIP Code, Phone No.