



FORM N-15 (Rev. 2013)

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

Calendar Year 2013

JCB131

MM DD YY OR MM DD YY Tax Year

AMENDED Return NOL Carryback

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 2013 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE

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

Your First Name M.I. Your Last Name Spouse's First Name M.I. Spouse's Last 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. Use ALL CAPITAL letters Your Social Security Number Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters 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 37. 6a Yourself 6b Spouse Enter the number of ovals filled on 6a and 6b 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

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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

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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Name(s) as shown on return

Lines 33-36: Exceptional trees deduction, Total Adjustments, Adjusted Gross Income, Federal adjusted gross income

Line 37: 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 21, and fill in this oval.

Line 38: If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the Instructions and enter your Hawaii itemized deductions here.

Lines 38a-38f: Medical and dental expenses, Taxes, Interest expense, Contributions, Casualty and theft losses, Miscellaneous deductions

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input field

Line 40a: If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212

Line 40b: Multiply line 40a by the ratio on line 37. Prorated Standard Deduction

Line 41: Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)

Line 42a: If line 35, Column B is \$89,981 or less, multiply \$1,144 by the total number of exemptions claimed on line 6e. Otherwise, see page 27 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s)

Line 42b: Multiply line 42a by the ratio on line 37. Prorated Exemption(s)

Line 43: Taxable Income. Line 41 minus line 42b (but not less than zero)

Line 44: Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 45 of the Instructions.

Line 44a: If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet

Lines 45-49: Refundable Food/Excise Tax Credit, Credit for Low-Income Household Renters, Credit for Child and Dependent Care Expenses, Credit for Child Passenger Restraint System(s), Total refundable tax credits from Schedule CR

Line 50: Add lines 45 through 49. Total Refundable Credits

Line 51: Line 44 minus line 50. If line 51 is zero or less, see Instructions.



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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Name(s) as shown on return

Main tax form grid with lines 52-68 and associated input fields

TOTAL PAYMENTS box with line 58 and amount input

DESIGNEE section: If designating another person to discuss this return...

HAWAII ELECTION CAMPAIGN FUND section with Yes/No options

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS...

PLEASE SIGN HERE section with signature and occupation lines

Preparer's Information section with signature, name, and contact details