



FORM N-13 (Rev. 2014)

STATE OF HAWAII DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT 2014

JDF141

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME, DO NOT ITEMIZE DEDUCTIONS, AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

AMENDED Return First Time Filer Address or Name Change

Personal information section including first name, last name, social security number, and present mailing address.

HAWAII ELECTION CAMPAIGN FUND section with checkboxes for Yes/No and a note about tax implications.

FILING STATUS section with checkboxes for Single, Married filing joint return, Married filing separate return, Head of household, and Qualifying widow(er).

EXEMPTIONS section including 6a (Yourself/Spouse), 6b (Dependents), and 6e (Total number of exemptions claimed).

INCOME section with a table for rounding to the nearest dollar, including lines for wages, interest, dividends, unemployment, and standard deduction.

Continue on other side

Continue on other side



Name(s) as shown on return

Social Security Number(s)

JDF142

PART I Interest Income		PART II Ordinary Dividends	
If you received more than \$1,500 in interest, list the names of the payers and the amounts of interest on the lines below. See page 12 of the Instructions for what interest to report.		If you received more than \$1,500 in ordinary dividends, list the names of the payers and the amounts of the dividends on the lines below. See page 12 of the Instructions for a definition of ordinary dividends.	
Name of Payer	Amount	Name of Payer	Amount
1		1	
2 Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only)	00	2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only)	00

TAX PAYMENTS AND CREDITS	16 Tax from Tax Table		Tax	16	00	
	17 Refundable Renewable Energy Technologies Income Tax Credit (attach Form N-342) Check type of energy system: <input type="checkbox"/> Solar <input type="checkbox"/> Wind	17		00		
	18 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions <input type="checkbox"/> Federal AGI <input type="checkbox"/>	18		00		
	19 Credit for Low-Income Household Renters (attach Schedule X)	19		00		
	20 Credit for Child and Dependent Care Expenses (attach Schedule X)	20		00		
	21 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....	21		00		
	22 Add lines 17 through 21	Total Refundable Credits		22		00
	23 Line 16 minus line 22. If line 23 is zero or less, see Instructions.			23		00
	24 Carryover of the Nonrefundable Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service Before July 1, 2009) (attach Form N-323)	24		00		
	25 Nonrefundable Renewable Energy Technologies Income Tax Credit (attach Form N-342) Check type of energy system: <input type="checkbox"/> Solar <input type="checkbox"/> Wind	25		00		
26 Add lines 24 and 25	Total Nonrefundable Credits		26		00	
27 Line 23 minus line 26	Balance		27		00	
28 Total Hawaii income tax withheld (attach W-2s) (see page 15 of the Instructions for other attachments) ..	28		00			
29 Amount paid with extension	29		00			
30 Add lines 28 and 29	Total Payments		30		00	

REFUND OR AMOUNT YOU OWE	31 If line 30 is larger than line 27, enter the amount OVERPAID (line 30 minus line 27) (see page 15 of the Instructions)		31		00
	32 Contributions to (See page 15 of the Instructions):..... Yourself Spouse				
	32a Hawaii Schools Repairs and Maintenance Fund	<input type="checkbox"/> \$2	<input type="checkbox"/> \$2		
	32b Hawaii Public Libraries Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$2		
	32c Domestic and Sexual Violence / Child Abuse and Neglect Funds .	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5		
	33 Add the amounts of the checked boxes on lines 32a through 32c and enter the total here	33		00	
	34a Line 31 minus line 33. This is the amount to be REFUNDED TO YOU. If filing late, see page 15 of Instructions	34a		00	
	<input type="checkbox"/> Check here if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 34b, 34c, or 34d.				
	34b Routing number <input type="checkbox"/> 34c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	34d Account number <input type="checkbox"/>				
35 If line 27 is larger than line 30, enter the AMOUNT YOU OWE (line 27 minus line 30). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"	35		00		
36 Estimated tax penalty. (See page 16 of Instructions) Do not include on line 31 or 35. Check box if Form N-210 is attached <input type="checkbox"/>	36		00		

37 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (Attach Sch. AMD) ...	37		00
38 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (Attach Sch. AMD) .	38		00

DESIGNEE: If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 17 of the Instructions.
 Designee's name _____ Phone no. _____ Identification number _____

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.

PLEASE SIGN HERE	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____	
	Paid Preparer's Information	Preparer's Signature and date Print Preparer's Name	Preparer's identification number	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), Address, and ZIP Code	Federal E.I. No. _____	Phone No. _____	