



FORM N-15 (Rev. 2014)

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

JCB141

Calendar Year 2014

AMENDED Return

NOL Carryback

Tax Year

MM DD YY boxes for tax year

OR thru

MM DD YY boxes for tax year

Fill in applicable oval(s): Part-Year Resident (Enter period of Hawaii residency above)

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 2014 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, 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 (even if only one had income).
3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here.

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.

5 Qualifying widow(er) with dependent child. Enter the year your spouse died

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 Age 65 or over
6b Spouse Age 65 or over
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: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. (blank)

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

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

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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. Includes CAUTION note and input boxes.

Lines 38a-38f: Medical and dental expenses, Taxes, Interest expense, Contributions, Casualty and theft losses, Miscellaneous deductions. Includes input boxes for each.

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input box.

Lines 40a-40b: Prorated Standard Deduction. Includes input boxes and instructions.

Lines 41-42b: Line 41 (Line 35, Column B minus line 39 or 40b), Prorated Exemption(s). Includes input boxes and instructions.

Lines 43-48: Taxable Income, Tax, and various tax credits (Food/Excise, Low-Income Household, Child and Dependent Care, Child Passenger Restraint). Includes input boxes and instructions.

Lines 49-51: Total refundable tax credits from Schedule CR, Total Refundable Credits, and final calculation (Line 44 minus line 50). Includes input boxes and 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

52 Total nonrefundable tax credits (attach Schedule CR) 52

52 amount input box

53 Line 51 minus line 52 Balance 53

53 amount input box

54 Hawaii State Income tax withheld (attach W-2s) (see page 32 of the Instructions for other attachments) 54

54 amount input box

55 2014 estimated tax payments on Forms N-1; N-288A 55

55 amount input box

56 Amount of estimated tax applied from 2013 return 56

56 amount input box

57 Amount paid with extension 57

57 amount input box

TOTAL PAYMENTS box with 58 Add lines 54 through 57

59 If line 58 is larger than line 53, enter the amount OVERPAID (line 58 minus line 53) (see Instructions) 59

59 amount input box

60 Contributions to (see page 33 of the Instructions): Yourself Spouse

- 60a Hawaii Schools Repairs and Maintenance Fund
60b Hawaii Public Libraries Fund
60c Domestic and Sexual Violence / Child Abuse and Neglect Funds

61 Add the amounts of the filled ovals on lines 60a through 60c and enter the total here 61

61 amount input box

62 Line 59 minus line 61 62

62 amount input box

63 Amount of line 62 to be applied to your 2015 ESTIMATED TAX 63

63 amount input box

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 33 of Instructions. Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.

64b Routing number 64c Type: Checking Savings

Routing number input boxes

64d Account number 64a

Account number input boxes

64a amount input box

65 AMOUNT YOU OWE (line 53 minus line 58). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector" 65

65 amount input box

66 Estimated tax penalty. (See page 33 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 66

66 amount input box

67 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 67

67 amount input box

68 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 68

68 amount input box

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 34 of the Instructions.

Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND

Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No
If joint return, does your spouse want \$3 to go to the fund? Yes No

Note: Filling in the "Yes" oval will not increase your tax or reduce your refund.

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
Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number

Paid Preparer's Information Preparer's Signature Date Check if self-employed Preparer's identification number
Print Preparer's Name Federal E.I. No.
Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.