FORM N-11
STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT
Calendar Year 2016
OR
Fiscal Year Beginning MM DD YY and Ending MM DD YY

FOR OFFICE USE ONLY

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

Your First Name M.I. Your Last Name
Spouse's First Name M.I. Spouse's Last Name
Care Of (See Instructions, page 7.)
Present mailing or home address (Number and street, including Rural Route)
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.

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

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

OTHER INCOME

If more than 4 dependents 2. Dependent's social security number

 Enter number of your children listed... 6c

 Enter number of other dependents... 6d

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

JBB161
If amount is negative (loss), shade the minus (-) in the box. Example:

- Federal adjusted gross income (AGI) (see page 12 of the Instructions)
- Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions)
- Interest on out-of-state bonds (including municipal bonds)
- Other Hawaii additions to federal AGI (see page 12 of the Instructions)

11 Add lines 8 through 10 ……….. **Total Hawaii additions to federal AGI**

12 Add lines 7 and 11 …….. **Total Hawaii additions from federal AGI**

13 Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions)

14 Social security benefits taxed on federal return

15 First $6,279 of military reserve or Hawaii national guard duty pay

16 Payments to an individual housing account

17 Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions)

18 Other Hawaii subtractions from federal AGI (see page 15 of the Instructions)

19 Add lines 13 through 18 ……….. **Total Hawaii subtractions from federal AGI**

20 Line 12 minus line 19 …………………………………………………………….. Hawaii AGI

**CAUTION:** If you can be claimed as a dependent on another person’s return, see the Instructions on page 17, and fill in this oval.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.

21a Medical and dental expenses (from Worksheet A-1)

21b Taxes (from Worksheet A-2)

21c Interest expense (from Worksheet A-3)

21d Contributions (from Worksheet A-4)

21e Casualty and theft losses (from Worksheet A-5)

21f Miscellaneous deductions (from Worksheet A-6)

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.

**TOTAL ITEMIZED DEDUCTIONS**

23 If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212 ………………………………………………………… **Standard Deduction**

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)

**ROUND TO THE NEAREST DOLLAR**
### Form N-11 (Rev. 2016)

**Your Social Security Number**          **Your Spouse’s SSN**

<table>
<thead>
<tr>
<th>Name(s) as shown on return</th>
<th></th>
</tr>
</thead>
</table>

#### 25
Multiply $1,144 by the total number of exemptions claimed on line 6e.
- If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s), and see page 23 of the Instructions.

#### 26
**Taxable Income.** Line 24 minus line 25 (but not less than zero)...

#### 27
Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 39 of the Instructions.
- Fill in oval if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.)...

#### 27a
If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet...

#### 28
Refundable Food/Excise Tax Credit
(attach Form N-311) DHS, etc. exemptions

#### 29
Credit for Low-Income Household

#### 30
Credit for Child and Dependent
Care Expenses (attach Schedule X)

#### 31
Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)

#### 32
Total refundable tax credits from Schedule CR (attach Schedule CR)

#### 33
Add lines 28 through 32... Total Refundable Credits...

#### 34
Line 27 minus line 33. If line 34 is zero or less, see Instructions...

#### 35
Total nonrefundable tax credits (attach Schedule CR)

#### 36
Line 34 minus line 35... Balance...

#### 37
Hawaii State Income tax withheld (attach W-2s)
(see page 28 of the Instructions for other attachments)

#### 38
2016 estimated tax payments...

#### 39
Amount of estimated tax applied from 2015 return...

#### 40
Amount paid with extension...

#### 41
Add lines 37 through 40... Total Payments...

#### 42
If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions).

#### 43
Contributions to (see page 29 of the Instructions): Yourself Spouse
- Hawaii Schools Repairs and Maintenance Fund...
- Hawaii Public Libraries Fund...
- Domestic and Sexual Violence / Child Abuse and Neglect Funds...

#### 44
Add the amounts of the filled ovals on lines 43a through 43c and enter the total here...

#### 45
Line 42 minus line 44...
Your Social Security Number          Your Spouse’s SSN

Name(s) as shown on return ________________________________

46 Amount of line 45 to be applied to your 2017 ESTIMATED TAX ____________________________ 46

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 of Instructions ____________________________ 47a

☐ Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number ____________________________ 47c Type: ☐ Checking ☐ Savings

47d Account number ____________________________

48 AMOUNT YOU OWE (line 36 minus line 41). Send Form N-200V with your payment. Make check or money order payable to the “Hawaii State Tax Collector” ____________________________ 48

49 Estimated tax penalty. (See page 30 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached ____________________________ 49

50 AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) ________ 50

51 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) ________ 51

52 Did you file a federal Schedule C? ☐ Yes ☐ No If yes, enter Hawaii gross receipts ____________________________

your main business activity: ____________________________

your main business product: ____________________________

AND your HI Tax I.D. No. for this activity GE ____________________________

53 Did you file a federal Schedule E for any rental activity? ☐ Yes ☐ No If yes, enter Hawaii gross rents received ____________________________

AND your HI Tax I.D. No. for this activity GE ____________________________

54 Did you file a federal Schedule F? ☐ Yes ☐ No If yes, enter Hawaii gross receipts ____________________________

your main business activity: ____________________________

your main business product: ____________________________

AND your HI Tax I.D. No. for this activity GE ____________________________

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 31 of the Instructions.

DESIGNEE

Designee’s name ____________________________ Phone no. ____________________________ Identification number ____________________________

HAWAII ELECTION CAMPAIGN FUND

(See page 31 of the Instructions) Do you want $3 to go to the Hawaii Election Campaign Fund? ☐ Yes ☐ No Note: Filling in the “Yes” oval will not increase your tax or reduce your refund.

If joint return, does your spouse want $3 to go to the fund? ☐ Yes ☐ No

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 true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

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. ____________________________

FORM N-11