



FORM N-15 (Rev. 2016)

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

Calendar Year 2016

- JCB161
 AMENDED Return
 NOL Carryback
 IRS Adjustment

Tax Year MM DD YY OR MM DD YY thru

- 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 2016 FEDERAL INCOME TAX RETURN

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

Form with 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
6b Spouse
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, 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

JCB162

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 various deductions.



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

JCB163

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.

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

Line 41: Line 35, Column B minus line 39 or 40b, whichever applies

Line 42a: Multiply \$1,144 by the total number of exemptions claimed on line 6e

Line 42b: Multiply line 42a by the ratio on line 37

Line 43: Taxable Income

Line 44: Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet

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

Line 45: Refundable Food/Excise Tax Credit

Line 46: Credit for Low-Income Household Renters

Line 47: Credit for Child and Dependent Care Expenses

Line 48: Credit for Child Passenger Restraint System(s)

Line 49: Total refundable tax credits from Schedule CR

Line 50: Add lines 45 through 49

Line 51: Line 44 minus line 50



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JCB164

Name(s) as shown on return

52 Total nonrefundable tax credits (attach Schedule CR) 52

52 amount input boxes

53 Line 51 minus line 52 Balance > 53

53 amount input boxes

54 Hawaii State Income tax withheld (attach W-2s) (see page 33 of the Instructions for other attachments).... 54

54 amount input boxes

55 2016 estimated tax payments on Forms N-1 ; N-288A .. 55

55 amount input boxes

56 Amount of estimated tax applied from 2015 return..... 56

56 amount input boxes

57 Amount paid with extension..... 57

57 amount input boxes

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 boxes

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 boxes

62 Line 59 minus line 61 62

62 amount input boxes

63 Amount of line 62 to be applied to your 2017 ESTIMATED TAX..... 63

63 amount input boxes

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 34 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 boxes

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 boxes

66 Estimated tax penalty. (See page 34 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 boxes

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

67 amount input boxes

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

68 amount input boxes

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 35 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? If joint return, does your spouse want \$3 to go to the fund?

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.