**FORM N-11**

**STATE OF HAWAII — DEPARTMENT OF TAXATION**

**Individual Income Tax Return**

**RESIDENT**

**Calendar Year 2017**

**OR**

- AMENDED Return
- NOL Carryback
- IRS Adjustment

**FOR OFFICE USE ONLY**

- Please Write Using a Black Ink Pen.
- 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

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**Your First Name**

**M.I.**

**Your Last Name**

**Suffix**

**Spouse's First Name**

**M.I.**

**Spouse's Last Name**

**Suffix**

**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**

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**IMPORTANT — Complete this Section**

![Image](https://via.placeholder.com/150)

**Enter the first four letters of your last name. Use ALL CAPITAL letters**

**Your Social Security Number**

**Deceased**

**Date of Death**

**Enter the first four letters of your spouse’s last name. Use ALL CAPITAL letters**

**Spouse’s Social Security Number**

**Deceased**

**Date of Death**

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**Dependents:**

- Fill in only ONE oval

<table>
<thead>
<tr>
<th>Dependents</th>
<th>If more than 4 dependents use attachment</th>
<th>2. Dependent's social security number</th>
<th>3. Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First and last name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Age 65 or over</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**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.**

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**FORM N-11**
### CAUTION:
If you can be claimed as a dependent on another person's return, see the Instructions on page 16, 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.

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

- **7** Federal adjusted gross income (AGI) (see page 12 of the Instructions)
- **8** Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions)
- **9** Interest on out-of-state bonds (including municipal bonds)
- **10** Other Hawaii additions to federal AGI (see page 12 of the Instructions)
- **11** Add lines 8 through 10
- **12** Add lines 7 and 11
- **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 $6,410 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
- **20** Line 12 minus line 19
- **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.
- **23** If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212
- **24** Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)
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 22 of the Instructions.
   ○ Yourself ○ Spouse ........................................................................................................25

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

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.) ........................................... **Tax** ≥ 27

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

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

29 **Credit for Low-Income Household Renters** (attach Schedule X) ........................................ 29

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

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

32 **Total refundable tax credits from Schedule CR** (attach Schedule CR) .................................. 32

33 Add lines 28 through 32 .................................................................................................. **Total Refundable Credits** ≥ 33

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

35 **Total nonrefundable tax credits (attach Schedule CR)** .................................................. 35

36 Line 34 minus line 35 ........................................................................................................ **Balance** ≥ 36

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

38 **2017 estimated tax payments** .......................................................................................... 38

39 **Amount of estimated tax applied from 2016 return** .......................................................... 39

40 **Amount paid with extension** ......................................................................................... 40

41 Add lines 37 through 40 .................................................................................................. **Total Payments** ≥ 41

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

43 **Contributions to** (see page 28 of the Instructions):........................................ Yourself Spouse
   43a Hawaii Schools Repairs and Maintenance Fund ....................................................... $2 $2
   43b Hawaii Public Libraries Fund .................................................................................. $2 $2
   43c Domestic and Sexual Violence / Child Abuse and Neglect Funds ......................... $5 $5

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

45 Line 42 minus line 44 ........................................................................................................ 45
Form N-11 (Rev. 2017)  

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Amount of line 45 to be applied to your 2018 ESTIMATED TAX.</td>
</tr>
<tr>
<td>47a</td>
<td>Amount to be REFUNDED TO YOU (line 45 minus line 46) if filing late, see page 29 of Instructions.</td>
</tr>
<tr>
<td>47b</td>
<td>Routing number</td>
</tr>
<tr>
<td>47c</td>
<td>Type: Checking, Savings</td>
</tr>
<tr>
<td>47d</td>
<td>Account number</td>
</tr>
<tr>
<td>48</td>
<td>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”.</td>
</tr>
<tr>
<td>49</td>
<td>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.</td>
</tr>
<tr>
<td>50</td>
<td>AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)</td>
</tr>
<tr>
<td>51</td>
<td>AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Designee's name</th>
<th>Phone no.</th>
<th>Identification number</th>
</tr>
</thead>
</table>

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

HAWAII ELECTION CAMPAIGN FUND
(See page 31 of the Instructions)

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?  

Your signature  Date  Spouse's signature (if filing jointly, BOTH must sign)  Date

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.

Your Occupation  Daytime Phone Number  Your Spouse’s Occupation  Daytime Phone Number

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