



STATE OF HAWAII — DEPARTMENT OF TAXATION Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT Calendar Year 2017

JCI171

- AMENDED Return, NOL Carryback, IRS Adjustment

Tax Year MM DD YY OR MM DD YY thru

- Part-Year Resident, Nonresident, Nonresident Alien or Dual-Status Alien, MSRRA, Composite

FOR OFFICE USE ONLY

THIS SPACE RESERVED

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

ATTACH A COPY OF YOUR 2017 FEDERAL INCOME TAX RETURN

IMPORTANT — Complete this Section

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

Form with fields for Name, M.I., Spouse's 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

Form with fields for last name letters, Social Security Number, Date of Death for individual and spouse

(Fill in only ONE oval)

- 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

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, Age 65 or over

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: Dependents, 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

JCI172

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

JCI173

Name(s) as shown on return

Main form body with lines 33-51, including fields for deductions, adjustments, and income.

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



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JCI174

Name(s) as shown on return

52 Total nonrefundable tax credits (attach Schedule CR) 52

53 Line 51 minus line 52 Balance 53

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

55 2017 estimated tax payments on Forms N-1; N-288A 55

56 Amount of estimated tax applied from 2016 return 56

57 Amount paid with extension 57

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

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

60a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

60b Hawaii Public Libraries Fund \$2 \$2

60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

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

62 Line 59 minus line 61 62

63 Amount of line 62 to be applied to your 2018 ESTIMATED TAX 63

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 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

64d Account number 64a

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

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

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

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

Input boxes for lines 52-53

TOTAL PAYMENTS 58 Add lines 54 through 57.

Input boxes for line 59

Input boxes for lines 61-62

Input boxes for lines 64a-65

Input boxes for lines 67-68

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?

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.