Fill in applicable oval, if appropriate

First Time Filer

Address or Name Change

Ovals 1, 2, 3 and 6a, 6b can only be filled if you are required to file a return for the first time.

(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) (see page 9 of the Instructions)

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

If more than 4 dependents, use attachment

Dependents:

1. First and last name

2. Dependent’s social security number

3. Relationship

Enter number of your children listed...

Enter number of other dependents...

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

ID NO 01

FORM N-11
If amount is negative (loss), shade the minus (-) in the box. Example:

7 Federal adjusted gross income (AGI) (see page 11 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 Total Hawaii additions to federal AGI  
12 Add lines 7 and 11 Additions to 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 $6,564 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 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.

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 Standard Deduction

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) ........................................ 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 2018 estimated tax payments ........................................................................ 38

39 Amount of estimated tax applied from 2017 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 29 of the Instructions): ............................................ Yourself Spouse
43a Hawaii Schools Repairs and Maintenance Fund .......... ☐ $2 ☐ $2
43b Hawaii Public Libraries Fund ....................................................... ☐ $5 ☐ $5
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