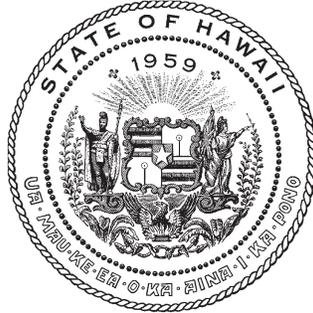


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Key From Image Specifications
for
Schedule X (Rev. 2015)**

Contact Information

Hawaii Department of Taxation
Technical Section
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Address:**

tax.hawaii.gov/vendor/

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

SCHEDULE X (Rev. 2015)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Schedule X. Schedule X requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form.

The form must be an exact replica of the official version of the form with respect to layout, data dots, shading and content.

Substitute KFI forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- Photocopies of the form must not be submitted to the Department for processing. This will distort the 1D barcode.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Variable Data

- All variable data fields must utilize 10 pt Courier font, and all variable text data must be in uppercase letters. Text labels must not touch variable data.

4. Testing and Approval of the KFI Form

- A review of the form will be done based on processing specifications. It is assumed that there are no spelling errors, incorrect or missing words, missing lines, etc.
- 1 test sample is required to be submitted for testing of the barcodes and must be an original. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Schedule X (Rev. 2015) cannot be filed until 2016.

KEY FROM IMAGE (KFI) SPECIFICATIONS

1. Layout

- The form must be an exact replica of the official Schedule X with respect to layout, data dots, shading, and content.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label:
Page 1, white space to the right and below the form year;
Page 2, top middle of the form. Exact placement is not required. For suggested positions, see the attached exhibit.
- See our Hawaii software vendor website for the Hawaii Vendor I.D. Number Listing. If your company is not listed, please contact the Forms Coordinator.

3. Barcode

- A 1D barcode is specific to the form. The property of the 1D symbology barcode uses 3 of 9 (Code 39).

- Placement of the barcode is as follows:

Page 1:

1-3/16 inch from top edge of form and 1/2 inch from left edge of form

Page 2:

1-5/16 inch from top edge of form and 1/2 inch from left edge of form

- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A ¼ inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.

- The required barcode is YCT151 for page 1:



YCT151

The required barcode is YCT152 for page 2:



YCT152

The barcode includes the form number code (YC), type of form (T), form year (15), and page number (1) or (2). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

SCHEDULE X
(FORM N-11/N-13/N-15)
(REV. 2015)

1-3/16 inches
from top edge
of the form

STATE OF HAWAII — DEPARTMENT OF TAXATION

TAX CREDITS FOR HAWAII RESIDENTS

2015

Both pages of Schedule X must be attached

to Form **Placement for Hawaii Vendor ID Number** ID NO 12



YCT151

1/2 inch from
the left edge
of the form

Caution: Before completing Schedule X, please read the Instructions on pages 32 - 36 of the Form N-11 booklet, pages 18 - 22 of the Form N-13 booklet, or pages 36 - 40 of the Form N-15 booklet.

own on Form N-11, N-13, or N-15

Your social security number

PART I: REFUNDABLE FOOD/EXCISE TAX CREDIT

- Is your **federal** adjusted gross income less than \$50,000? (See the Instructions) If "Yes", go to line 2. If "No", **STOP**. You **CANNOT** claim this credit. However, you may claim the credit for a minor child receiving support from the Department of Human Services, etc. In this situation, only complete lines 3, 9, and 10.
- List **YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS** that meet all of the following: a) Resident of Hawaii, b) Present in Hawaii for more than 9 months in 2015, c) Not in prison, youth correctional facility, or jail for entire taxable year, **AND** d) Cannot be claimed as a dependent by another taxpayer. **DO NOT** list minor children receiving more than half of their support from public agencies even though you may claim them as a dependent. List these minor children on line 3.

2	Name	Relationship	Name	Relationship
		Spouse		

Enter the number of qualified persons listed above..... 2

- List **MINOR CHILDREN RECEIVING MORE THAN HALF OF THEIR SUPPORT FROM PUBLIC AGENCIES**, such as the Department of Human Services, who meet all the following requirements and are **NOT** listed above on line 2: a) Resident of Hawaii, b) Present in Hawaii for more than 9 months in 2015, c) Not in prison, youth correctional facility, or jail for entire taxable year, d) More than half of support from public agency, **AND** e) Cannot be claimed as a dependent by another taxpayer.

Caution: DO NOT list any children already listed on line 2 above.						
3	Name	Social Security Number	Relationship	Name	Social Security Number	Relationship

Enter the number of minor children receiving more than half of their support from public agencies. Also enter this number in the space provided on Form N-11, line 28; Form N-13, line 18; or Form N-15, line 45 3

4	Enter the amount of your federal adjusted gross income (See the Instructions)	
5	If you are married filing a separate return, enter your spouse's federal adjusted gross income	
6	Add lines 4 and 5. Enter the total here and in the space provided on Form N-13, line 18.	
7	Enter on line 7 the amount of the tax credit that applies to the amount on line 6. (See the Instructions on page 33 of the Form N-11 booklet, page 19 of the Form N-13 booklet, or page 37 of the Form N-15 booklet)	
8	Multiply line 2 by the amount of the tax credit on line 7. Enter the total here.....	
9	Multiply line 3 by \$85. Enter the total here	
10	Add lines 8 and 9. Enter the result here and on Form N-11, line 28; Form N-13, line 18; or Form N-15, line 45. This is your refundable food/excise tax credit. (Whole dollars only)	00

PART II: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS

- Is your adjusted gross income (Form N-11, line 20; Form N-13, line 11; or Form N-15, line 35, Column A) less than \$30,000? If "No", **STOP**. You cannot claim this credit. If "Yes", go to Question 2.
- Are you a resident who was present in Hawaii more than nine months of the taxable year? If "No", **STOP**. You cannot claim this credit. If "Yes", go to Question 3.
- Can you be claimed as a dependent by another taxpayer? If "Yes", **STOP**. You cannot claim this credit. If "No", proceed to line 4.
- Enter required information for each rental unit that was fully subject to real property tax. **DO NOT** list rental units that were wholly or partially exempt from real property tax. If you occupied more than one qualified unit, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only **YOUR SHARE** of the rent.

Address (give Apt. No., if any) _____
 Occupied From _____, 2015, To _____, 2015. Total rent paid for this period. \$ _____
 month month

Owned by (or agent for owner) _____ name _____ address _____ W _____
 (Hawaii Tax I.D. Number)

5	Add up YOUR SHARE of rent paid during the taxable year for all the units you have listed.....	
6	Enter the amount of your exclusions (e.g. utilities, parking stalls, ground rent, rental subsidies such as public assistance)	
7	Line 5 minus line 6. If this amount is \$1,000, or less, STOP . You cannot claim this credit.....	
8	Enter the number of qualified exemptions from the Qualified Exemptions worksheet in the Instructions.....	
9	Multiply the number of exemptions on line 8 by \$50 and enter the result here and on Form N-11, line 29; Form N-13, line 19; or Form N-15, line 46. This is your low-income household renter's credit. (Whole dollars only).....	00

1-5/16 inches from top edge of the form

Name(s) as shown on Form

Your social security number

PART III - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Section A: Care Provider Information

Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column, or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.



1/2 inch from the left edge of the form

Table with 5 columns: (a) Provider's name, (b) Address, (c) Identification number, (d) Hawaii Tax I.D. Number, (e) Amount paid. Includes 'W' fields for each row.

Section B: Dependent Care Benefits — (If you did not receive benefits, skip to line 16)

Table for Section B with rows 2-15. Includes instructions for entering dependent care benefits, qualified expenses, and taxable benefits.

Section C: Credit for Child and Dependent Care Expenses — (If you are married, you must file a joint return to claim the tax credit.)

Table for Section C with rows 16-23. Includes instructions for calculating the credit based on qualified expenses and earned income.