



Individual Income Tax Return



RESIDENT

Calendar Year 2017

OR

JBI171

- AMENDED Return
NOL Carryback
IRS Adjustment

Fiscal Year Beginning

MM DD YY boxes for Fiscal Year Beginning

and Ending

MM DD YY boxes for and Ending

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

IMPORTANT — Complete this Section

Personal information table: 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

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

Four boxes for last name letters

Your Social Security Number

SSN boxes

Deceased Date of Death

MM DD YY boxes for Date of Death

Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters

Four boxes for spouse's last name letters

Spouse's Social Security Number

Spouse's SSN boxes

Deceased Date of Death

MM DD YY boxes for spouse's Date of Death

(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 above line 21.

- 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, First and last name, If more than 4 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..... 6e

ATTACH COPY 2 OF FORM W-2 HERE

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



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JB1172

Name(s) as shown on return

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

ROUND TO THE NEAREST DOLLAR

Main calculation table with lines 7-20 and input boxes

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.

Itemized deduction lines 21a-21f with input boxes

TOTAL ITEMIZED DEDUCTIONS box with instructions and input box

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)



JB1173

Form N-11 (Rev. 2017)

Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

Name(s) as shown on return

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.

Input boxes and radio buttons for line 25

Input boxes for line 25

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

Input boxes for line 26

27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 39 of the Instructions.

Input boxes and radio buttons for line 27

Input boxes for line 27

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

Input boxes for line 27a

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

Input boxes for line 28

Input boxes for line 28

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

Input boxes for line 29

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

Input boxes for line 30

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

Input boxes for line 31

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

Input boxes for line 32

33 Add lines 28 through 32 Total Refundable Credits

Input boxes for line 33

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

-

Input boxes for line 34

35 Total nonrefundable tax credits (attach Schedule CR)

Input boxes for line 35

36 Line 34 minus line 35 Balance

-

Input boxes for line 36

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

Input boxes for line 37

38 2017 estimated tax payments

Input boxes for line 38

39 Amount of estimated tax applied from 2016 return

Input boxes for line 39

40 Amount paid with extension

Input boxes for line 40

41 Add lines 37 through 40 Total Payments

Input boxes for line 41

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

Input boxes for line 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

Input boxes for line 44

45 Line 42 minus line 44

Input boxes for line 45



JB1174

Form N-11 (Rev. 2017)

Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

46 Amount of line 45 to be applied to your 2018 ESTIMATED TAX 46

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 of Instructions 47a

Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number 47c Type: Checking Savings

47d Account number

48 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" 48

49 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 49

50 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 50

51 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 51

52 Did you file a federal Schedule C? Yes No If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity GE

53 Did you file a federal Schedule E for any rental activity? Yes No If yes, enter Hawaii gross rents received AND your HI Tax I.D. No. for this activity GE

54 Did you file a federal Schedule F? Yes No If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity GE

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 31 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? Yes No Note: Filling in the "Yes" oval will not increase your tax or reduce your refund. If joint return, does your spouse want \$3 to go to the fund? Yes No

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 signature Date Spouse's signature (if filing jointly, BOTH must sign) Date Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number

PLEASE SIGN HERE Preparer's Signature Date Check if self-employed Preparer's identification number Paid Preparer's Information Print Preparer's Name Federal E.I. No. Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.