

FORM N-15 (Rev. 2017)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return

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JCI171 AMENDED Return NOL Carryback IF	RS Adjustment		DD YY OF	R MM	DD YY			
Part-Year Resident (Enter period of Hawaii residency above)				→ MSRRA	Composite			
FOR OFFICE USE ONLY				T T T C				
		THIS						
Enter One Letter Or	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			SPACE RESERVED				
ATTACH A COPY OF		CDERAL	♦ IMPORTA	NT — Comple	ete this Section ◆			
Your First Name	Your First Name M.I. Your Last Name			etters letters				
Spouse's First Name	M.I. Spouse's Last Nam	ne Suffix	Your Social Security Number					
Care Of (See Instructions, page 8.)	Care Of (See Instructions, page 8.)			Date of Death	MM DD Y			
	Present mailing or home address (Number and street, including Rural Route)			etters st name. letters				
City, town or post office	City, town or post office State Postal/2							
If Foreign address, enter Province and/or Sta	Country	Deceased C	Date of Death					
3 — Married filing separate re	 Married filing joint return (even if only one had income). Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full 			 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's name. Qualifying widow(er) with dependent child. Enter the year your spouse died 				
CAUTION: If you can be claimed as a 6a Yourself 6b Spouse If you filled ovals 3 and 6b al	Age	65 or over		Enter the nu filled on 6a a	mber of ovals and 6b			
	an 6 dependents attachment	Dependent's social security number	3. Relationship	Enter numbe				
				Enter number other dependent				
6e Total number of ex	emptions claimed. Add	d numbers entered in boxes	s 6a thru 6d above		6e 🏓 🔲			

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Your Social Security Number

JCI172

If amount is negative (loss), shade the minus (-) in the box. Example: Col. A - Total Income Col. B - Hawaii Income Wages, salaries, tips, etc. (attach Form(s) W-2)...... Interest income from the worksheet on page 41 of the Instructions..... Ordinary dividends 10 State income tax refund from the worksheet on page 41 of the Instructions..... Alimony received Business or farm income or (loss)..... 13 Capital gain or (loss) from the worksheet on page 41 of the Instructions..... Supplemental gains or (losses) 14 (attach Schedule D-1) IRA distributions Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)..... Rents, royalties, partnerships, estates, trusts, etc...... 17 18 Unemployment compensation (insurance)..... Other income (state nature and source) 20 Add lines 7 through 19 Total Income Certain business expenses of reservists, performing artists, and fee-basis government officials IRA deduction..... Student loan interest deduction from the worksheet on page 46 of the Instructions..... Health savings account deduction..... 25 Moving expenses (attach Form N-139) 26 Deductible part of self-employment tax..... 27 Self-employed health insurance deduction..... Self-employed SEP, SIMPLE, and qualified plans...... 28 29 Penalty on early withdrawal of savings..... Alimony paid (Enter name and SS No. of recipient) Payments to an individual housing account.. First \$6,410 of military reserve or Hawaii national guard duty pay

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			Your Social Security	Number	Your Spou	se's SSN	
	JO	CI173	Name(s) as shown on return	rn			
33		al trees deduction (attach aff 21 of the Instructions)	<i>'</i>	_,,		<u> </u>	<u></u>
34	Add lines 2	21 through 33 Total A o	ljustments >	_,,	∐.00 34		_,00
35	Line 20 mi	inus line 34 Adjusted Gro	ss Income >				_,00
36	Federal a	djusted gross income (see p	age 21 of the Instructions)	36	<u> </u>	00	
37	Ratio of Hav	waii AGI to Total AGI. Divide line 3	5, Column B, by line 35, Column	A (Compute to 3 decima	al places and round to 2	2 decimal places)37	
	CAUTION	: If you can be claimed as a	a dependent on another per	son's return, see th	e Instructions on pa	age 21, and fill in this	oval.
38	If you do not	itemize deductions, enter zero on	line 39 and go to line 40a. Otherw	ise go to page 22 of the	Instructions and enter	your Hawaii itemized ded	uctions here.
	38a Med	ical and dental expenses	•			•	
	(fron	n Worksheet NR-1 or PY-1).	38a		<u> </u>		
	,	,					
	38b Taxe	es (from Worksheet NR-2 or	PY-2) 38b		<u> </u>		TEMIZED
	38c Inter	rest expense (from Worksheet N	R-3 or PY-3)38c		<u> </u> 00	39 If your Hawa	ove a certain
	38d Conf	tributions (from Worksheet N	R-4 or PY-4) 38d		<u> </u>	able to dedu	ct all of your
	38e Casi	ualty and theft losses					luctions. See the on page 27. Enter
	(fron	n Worksheet NR-5 or PY-5).	38e		<u> </u>		d go to line 41.
		cellaneous deductions					
	(fron	n Worksheet NR-6 or PY-6).	38f		<u> </u>		<u></u>
40a	If you ched	cked filing status box: 1 or 3	enter \$2,200;				
	2 or 5 ente	er \$4,400; 4 enter \$3,212	40a		<u> </u>		
40b	Multiply lin	ne 40a by the ratio on line 37	Prora	ted Standard Ded	uction > 40b		_,00
41	Line 35 C	olumn B minus line 39 or 40	h whichever applies (This I	ine MUST he filled	in) 41	=	11 1 1 1 00
42a	,	44 by the total number of exemption	, , , ,		,		
7 _ u		fill in the applicable oval(s), and se		or your opouse are sime	1, 0001,		
	Yours						
	louis	оп — орошос		<u> </u>	<u> </u>		
42b	Multiply lin	ne 42a by the ratio on line 37		Prorated Exempt	tion(s) > 42b		_,00
43	Taxable Ir	ncome. Line 41 minus line 43	2b (but not less than zero)	Taxable Ir	ncome > 43		
44		oval if from: Tax Table	,			eet on page 44 of the	e Instructions.
		Il in oval if tax from Forms N-2, N-1				, 32 22 22	
	•	5, or N-814 is included.)			Tax > 44		
44a	·	m the Capital Gains Tax Wo					
		pital gain from line 8 of that v		44a			
45		e Food/Excise Tax Credit	7011001			<u> </u>	
-13		rm N-311) DHS, etc. exempt	tions 45				
46		Low-Income Household	10113 43				
70		ttach Schedule X)	/AG				
47	,	Child and Dependent Care	40				

Expenses (attach Schedule X)......47



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r Your Spouse's SS

		- 1		
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	JCI174	Name(s) as shown on return					
52	Total nonrefundable tax	credits (attach Schedule CR)		52			l ()()
-	Total Homorandable tax	crodite (attach corrodate or t)		. 02	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
53	Line 51 minus line 52		Balance	53			1.00
54	Hawaii State Income tax			7.00	,)	
		tructions for other attachments) 54		UU			
55	2017 estimated tax payr	ments on		100			
	Forms N-1	; N-288A 55		 UU		TOTAL	
				100	P	AYMENTS	
56	Amount of estimated tax	applied from 2016 return56		J.UU	58 Add lin	es 54 through 57.	
57	Amount paid with extens	sion 57	L	L.UU	ا,لـــــا ا	,	LUU
59	•	ine 53, enter the amount OVERPAID		E0			
-	, ,	see Instructions)		. 59		-1-1-1	.00
60		page 33 of the Instructions):					
		epairs and Maintenance Fund					
		aries Fund	\$2 \$2				
		Violence / Child Abuse and Neglect Funds					$I \cap I$
61	Add the amounts of the	filled ovals on lines 60a through 60c and enter the	e total here	. 61			LUU
	1: 50 : " 04						
62				. 62	اراحاحاحا		LUU
63	Amount of line 62 to be	* *		7 NN			
	•	TAX		1. UU			
64a		ED TO YOU (line 62 minus line 63) If filing late, se		ons. Fill in th	is oval —	if this refund wi	II
	ultimately be deposited	to a foreign (non-U.S.) bank. Do not complete line	es 64b, 64c, or 64d.				
64b	Routing number	64c Type:	Checking —	Savings			
. 4 -1	A			04-			
64d	Account number	ra 50 minus lina 50). Cand Fayra N 000// with year		. 64a		,	
65	,	ne 53 minus line 58). Send Form N-200V with you		CE			100
~~		order payable to the "Hawaii State Tax Collector"		. 65			.00
66		e page 34 of Instr.) Do not include this amount		7 NN			
	in line 59 or 65. Fill in this ov	val if Form N-210 is attached 66		L. UU			
67	AMENDED DETUDN ONLY	Amount noid (quarroid) on original veture (Coo Instruction	a) (attach Cab. AMD)	67			
67	AMENDED RETURN ONLY	- Amount paid (overpaid) on original return. (See Instruction	s) (allacii Scii. Alvid)	. 07	"		
68	AMENDED RETURN ONLY	- Balance due (refund) with amended return. (See Instructio	ns) (attach Sch. AMD)	. 68			l ()()
Щ		person to discuss this return with the Hawaii Depa	, ,		following This	e ie not a full nowe	ar of
	attorney. See page 35		irinoni or raxation, oc	inpicte the	ollowing. Triii	3 13 Hot a fall powe	51 01
	Designee's name	Phone no). >	Identifica	tion number	>	
HAW	AII ELECTION	Do you want \$3 to go to the Hawaii Election Ca		Yes		No Note: Filling in t	the "Yes"
	IPAIGN FUND age 35 of the Instructions)	If joint return, does your spouse want \$3 to go	· · ·	Yes		No val will not incr	
осс р	DECLARATION — I declare, u	under the penalties set forth in section 231-36, HRS, that this retur	n (including accompanying s	chedules or stat	ements) has beer	n examined by me and,	
	of my knowledge and belief, is Your signature	a true, correct, and complete return, made in good faith, for the ta	xable year stated, pursuant to Spouse's signatur		,	apter 235, HRS. Date	
	Tour signature	Date	Opouse's signatur			Date	
			>				
	Your Occupation	Daytime Phone Number	Your Spouse's Oc	cupation		Daytime Phone	Number
	Paid Preparer's		Date	Check if	Pr	eparer's identificatio	n numbe
	Paid Preparer's Signature			self-emple			
	Information ————————————————————————————————————						
	Print Preparer's Nan	me 🖊		Federal	E.I. No.		
	Firm's name (o			DI- 1	10		
	if self-employed	d)		Phone N	10.		