

Individual Income Tax Return
RESIDENT



Calendar Year 2019

OR



Fiscal Year Beginning and Ending

- AMENDED Return
- NOL Carryback
- IRS Adjustment
- First Time Filer

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!!

• ATTACH COPY 2 OF FORM W-2 HERE •

◆ IMPORTANT — Complete this Section ◆

Your First Name	M.I.	Your Last Name	Suffix
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
Care Of (See Instructions, page 7.)			
Present mailing or home address (Number and street, including Rural Route)			
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

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

(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 year your spouse died

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 Age 65 or over..... } Enter the number of ovals filled on 6a and 6b..... ▶

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

6c and 6d	Dependents:	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c ▶	<input type="text"/>
	1. First and last name	If more than 4 dependents use attachment		Enter number of other dependents..... 6d ▶	<input type="text"/>

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

• ATTACH CHECK OR MONEY ORDER HERE •



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

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

ROUND TO THE NEAREST DOLLAR

Main calculation section with lines 7-20, including AGI, Hawaii additions, and subtractions.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, 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 deductions section with lines 21a-21f and input boxes.

TOTAL ITEMIZED DEDUCTIONS box with instructions and input field.

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)



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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.

○ Yourself ○ Spouse 25

25 Amount input boxes

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

27 Amount input boxes

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

27a Amount input boxes

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

28 Exemption input boxes

28 Amount input boxes

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

29 Amount input boxes

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

30 Amount input boxes

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

31 Amount input boxes

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

32 Amount input boxes

33 Add lines 28 through 32 Total Refundable Credits ▶ 33

33 Amount input boxes

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



34 Amount input boxes

35 Total nonrefundable tax credits (attach Schedule CR) 35

35 Amount input boxes

36 Line 34 minus line 35 Balance ▶ 36



36 Amount input boxes

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

37 Amount input boxes

38 2019 estimated tax payments..... 38

38 Amount input boxes

39 Amount of estimated tax applied from 2018 return 39

39 Amount input boxes

40 Amount paid with extension..... 40

40 Amount input boxes

41 Add lines 37 through 40 Total Payments ▶ 41

41 Amount input boxes

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

42 Amount input boxes

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

44 Amount input boxes

45 Line 42 minus line 44..... 45

45 Amount input boxes



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

Lines 46-52: Amount of line 45 to be applied to your 2020 ESTIMATED TAX, Amount to be REFUNDED TO YOU, Routing number, Account number, AMOUNT YOU OWE, PAYMENT AMOUNT, Estimated tax penalty, AMENDED RETURN ONLY - Amount paid, AMENDED RETURN ONLY - Balance due.

Lines 53-55: Did you file a federal Schedule C? Did you file a federal Schedule E for any rental activity? Did you file a federal Schedule F? Includes fields for Hawaii gross receipts and HI Tax I.D. No.

DESIGNEE section: If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. Includes fields for Designee's name, Phone no., and Identification number.

HAWAII ELECTION CAMPAIGN FUND section: Do you want \$3 to go to the Hawaii Election Campaign Fund? Includes Yes/No options and a note about the "Yes" oval.

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.

Signature lines: 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 section: 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.