



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

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

Col. A - Total Income

Col. B - Hawaii Income

Table with 32 rows of income categories and corresponding input boxes for Total Income and Hawaii Income.



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Lines 33-36: Exceptional trees deduction, Total Adjustments, Adjusted Gross Income, Federal adjusted gross income

37 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places) ...37

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 21, and fill in this oval.

38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 21 of the Instructions and enter your Hawaii itemized deductions here.

Lines 38a-38f: Medical and dental expenses, Taxes, Interest expense, Contributions, Casualty and theft losses, Miscellaneous deductions

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input field

40a If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212

40b Multiply line 40a by the ratio on line 37 Prorated Standard Deduction

41 Line 35, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)

42a 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 the Instructions.

42b Multiply line 42a by the ratio on line 37 Prorated Exemption(s)

43 Taxable Income. Line 41 minus line 42b (but not less than zero) Taxable Income

44 Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 44 of the Instructions.

44a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet

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

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

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

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

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

50 Add lines 45 through 49 Total Refundable Credits

51 Line 44 minus line 50. If line 51 is zero or less, see Instructions.



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52 Total nonrefundable tax credits (attach Schedule CR) 52

53 Line 51 minus line 52 Balance 53

54 Hawaii State Income tax withheld (attach W-2s) (see page 33 of the Instructions for other attachments) 54

55 2019 estimated tax payments on Forms N-200V; N-288A 55

56 Amount of estimated tax applied from 2018 return 56

57 Amount paid with extension 57

59 If line 58 is larger than line 53, enter the amount OVERPAID (line 58 minus line 53) (see Instructions) 59

60 Contributions to (see page 33 of the Instructions): Yourself Spouse

60a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

60b Hawaii Public Libraries Fund \$5 \$5

60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

61 Add the amounts of the filled ovals on lines 60a through 60c and enter the total here 61

62 Line 59 minus line 61 62

63 Amount of line 62 to be applied to your 2020 ESTIMATED TAX 63

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 34 of Instructions. Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.

64b Routing number 64c Type: Checking Savings

64d Account number 64a

65 AMOUNT YOU OWE (line 53 minus line 58) 65

66 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 66

67 Estimated tax penalty. (See page 35 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 67

68 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 68

69 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 69

TOTAL PAYMENTS

58 Add lines 54 through 57.

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 35 of the Instructions.

Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND

(See page 36 of the Instructions)

Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No

If joint return, does your spouse want \$3 to go to the fund? Yes No

Note: Filling in the "Yes" oval will not increase your tax or reduce your refund.

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

PLEASE SIGN HERE Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number

Paid Preparer's Information 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.