



Individual Income Tax Return

RESIDENT

Calendar Year 2021

OR

N11_I 2021A 01 VID01

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 •

Your First Name	M.I.	Your Last Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Care Of (See Instructions, page 7.)			
<input style="width: 95%;" type="text"/>			
Present mailing or home address (Number and street, including Rural Route)			
<input style="width: 95%;" type="text"/>			
City, town or post office	State	Postal/ZIP code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
If Foreign address, enter Province and/or State		Country	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

◆ IMPORTANT — Complete this Section ◆

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

Your Social Security Number

Deceased Date of Death

M M D D Y Y

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

Spouse's Social Security Number

Deceased Date of Death

M M D D Y Y

• ATTACH CHECK OR MONEY ORDER HERE •

- (Fill in only ONE oval)
- | | |
|--|---|
| <p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing joint return (even if only one had income).</p> <p>3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. _____</p> | <p>4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. ➤ _____</p> <p>5 <input type="checkbox"/> Qualifying widow(er) (see page 8 of the Instructions)</p> <p style="text-align: right;">Enter the year your spouse died <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> |
|--|---|

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 8 and if your spouse meets the qualifications, fill in this oval

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	
and 6d	1. First and last name			Enter number of your children listed... 6c <input style="width: 20px; height: 20px;" type="text"/>
				Enter number of other dependents..... 6d <input style="width: 20px; height: 20px;" type="text"/>

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



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

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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, deductions, and Hawaii-specific adjustments.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and fill in this oval.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

Itemized Deductions section (lines 21a-21f) with input boxes for each category.

TOTAL ITEMIZED DEDUCTIONS box with instructions and a shaded input field.

Standard Deduction section (lines 23 and 24) with instructions and input boxes.



Your Social Security Number Your Spouse's SSN

--	--	--	--	--	--	--	--	--	--

Name(s) as shown on return _____

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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 20 of the Instructions.
 Yourself Spouse **25** [][][][] .00

26 Taxable Income. Line 24 minus line 25 (but not less than zero)..... **Taxable Income** ▶ **26** [][][][] .00

27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 33 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** [][][][] .00

27a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.....**27a** [][][][] .00

28 Refundable Food/Excise Tax Credit (attach Form N-311) **DHS, etc.** exemptions [][]**28** [][][][] .00

29 Credit for Low-Income Household Renters (attach Schedule X)**29** [][][][] .00

30 Credit for Child and Dependent Care Expenses (attach Schedule X)**30** [][][][] .00

31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)**31** [][][][] .00

32 Total refundable tax credits from Schedule CR (attach Schedule CR).....**32** [][][][] .00

33 Add lines 28 through 32**Total Refundable Credits** ▶ **33** [][][][] .00

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.**Adjusted Tax Liability** ▶ **34** - [][][][] .00

35 Total nonrefundable tax credits (attach Schedule CR) **35** [][][][] .00

36 Line 34 minus line 35 **Balance** ▶ **36** - [][][][] .00

37 Hawaii State Income tax withheld (attach W-2s) (see page 25 of the Instructions for other attachments)**37** [][][][] .00

38 2021 estimated tax payments**38** [][][][] .00

39 Amount of estimated tax applied from 2020 return**39** [][][][] .00

40 Amount paid with extension**40** [][][][] .00

41 Add lines 37 through 40**Total Payments** ▶ **41** [][][][] .00

42 If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions) . **42** [][][][] .00

	Yourself	Spouse	
43a Hawaii Schools Repairs and Maintenance Fund	<input type="radio"/> \$2	<input type="radio"/> \$2	
43b Hawaii Public Libraries Fund	<input type="radio"/> \$5	<input type="radio"/> \$5	
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	<input type="radio"/> \$5	<input type="radio"/> \$5	
44 Add the amounts of the filled ovals on lines 43a through 43c and enter the total here.....			[][] .00

45 Line 42 minus line 44..... **45** [][][][] .00



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

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46 Amount of line 45 to be applied to your 2022 ESTIMATED TAX .00

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 23 of Instructions .00

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) .00

49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." .00

50 Estimated tax penalty. (See page 23 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached .00

51 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) .00

52 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) .00

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

54 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

55 Did you file a federal Schedule F? Yes No If yes, enter Hawaii gross receipts your main business activity: your main business product: 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 25 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 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

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.