FORM N-11
(Rev. 2021)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return
 RESIDENT

Calendar Year 2021

Please Write Using a Black Ink Pen,
Enter One Letter Or Number In Each Box.
Fill In Ovals Completely. Do NOT Submit a Photocopy!!

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

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

Spouse’s Social Security Number

Deceased Date of Death

Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child’s full name

Qualifying widow(er) (see page 8 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.

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

Enter the number of dependents listed

Enter number of other dependents

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

ATTACH COPY 2 OF FORM W-2 HERE •

ATTACH CHECK OR MONEY ORDER HERE •

• FOR OFFICE USE ONLY

N111C0S1

ID NO 01

FORM N-11 (REV. 2021)
### Round to the Nearest Dollar

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Federal adjusted gross income (AGI)</td>
<td>$7,000</td>
</tr>
<tr>
<td>8</td>
<td>Difference in state/federal wages due to COLA, ERS, etc.</td>
<td>$8,000</td>
</tr>
<tr>
<td>9</td>
<td>Interest on out-of-state bonds (including municipal bonds)</td>
<td>$9,000</td>
</tr>
<tr>
<td>10</td>
<td>Other Hawaii additions to federal AGI</td>
<td>$10,000</td>
</tr>
<tr>
<td>11</td>
<td>Add lines 8 through 10</td>
<td>$7,000</td>
</tr>
<tr>
<td>12</td>
<td>Add lines 7 and 11</td>
<td>$7,000</td>
</tr>
<tr>
<td>13</td>
<td>Pensions taxed federally but not taxed by Hawaii</td>
<td>$13,000</td>
</tr>
<tr>
<td>14</td>
<td>Social security benefits taxed on federal return</td>
<td>$14,000</td>
</tr>
<tr>
<td>15</td>
<td>First $7,152 of military reserve or Hawaii national guard duty pay</td>
<td>$15,000</td>
</tr>
<tr>
<td>16</td>
<td>Payments to an individual housing account</td>
<td>$16,000</td>
</tr>
<tr>
<td>17</td>
<td>Exceptional trees deduction (attach affidavit)</td>
<td>$17,000</td>
</tr>
<tr>
<td>18</td>
<td>Other Hawaii subtractions from federal AGI</td>
<td>$18,000</td>
</tr>
<tr>
<td>19</td>
<td>Add lines 13 through 18</td>
<td>$13,000</td>
</tr>
<tr>
<td>20</td>
<td>Line 12 minus line 19</td>
<td>$12,000</td>
</tr>
<tr>
<td>21a</td>
<td>Medical and dental expenses (from Worksheet A-1)</td>
<td>$21a,000</td>
</tr>
<tr>
<td>21b</td>
<td>Taxes (from Worksheet A-2)</td>
<td>$21b,000</td>
</tr>
<tr>
<td>21c</td>
<td>Interest expense (from Worksheet A-3)</td>
<td>$21c,000</td>
</tr>
<tr>
<td>21d</td>
<td>Contributions (from Worksheet A-4)</td>
<td>$21d,000</td>
</tr>
<tr>
<td>21e</td>
<td>Casualty and theft losses (from Worksheet A-5)</td>
<td>$21e,000</td>
</tr>
<tr>
<td>21f</td>
<td>Miscellaneous deductions (from Worksheet A-6)</td>
<td>$21f,000</td>
</tr>
<tr>
<td>22</td>
<td>Add lines 21a through 21f</td>
<td>$22,000</td>
</tr>
<tr>
<td>23</td>
<td>If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212</td>
<td>$23,000</td>
</tr>
<tr>
<td>24</td>
<td>Line 20 minus line 22 or 23, whichever applies</td>
<td>$24,000</td>
</tr>
</tbody>
</table>
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

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 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

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

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

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

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

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

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

33 Add lines 28 through 32 ........................................................................................................ 33

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions. .......... Adjusted Tax Liability ➤ 34

35 Total nonrefundable tax credits (attach Schedule CR) ......................................................... 35

36 Line 34 minus line 35 ........................................................................................................ 36

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

38 2021 estimated tax payments ....................................................................................... 38

39 Amount of estimated tax applied from 2020 return ....................................................... 39

40 Amount paid with extension .......................................................................................... 40

41 Add lines 37 through 40 .................................................................................................... 41

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

43 Contributions to (see page 22 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

45 Line 42 minus line 44 ........................................................................................................ 45
Amount of line 45 to be applied to your 2022 ESTIMATED TAX ......................................................

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

Routing number

Account number

AMOUNT YOU OWE (line 36 minus line 41). .................................................................

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

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 □ ..........................

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

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

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

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

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

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

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

Preparer’s Information

Preparer’s Signature Date

Check if self-employed □ Preparer’s identification number

Preparer’s Name

Federal E.I. No.

Firm’s name (or yours if self-employed), Address, and ZIP Code

Phone No.