



FORM

N-11SF
(2023)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Simplified Individual Income Tax Return
RESIDENT
Calendar Year 2023


DO NOT WRITE IN THIS AREA



N11SF_F 2023A 01 VID01

**ATTACH A COPY OF YOUR VALID
GOVERNMENT-ISSUED ID****Do NOT Submit a Photocopy of
the Return or Signatures!!**

Your First Name

M.I. Your Last Name

Suffix

Spouse's First Name

M.I. Spouse's Last Name

Suffix

Care Of (See Form N-11 Instructions, page 7)

◆ IMPORTANT — Complete this Section ◆Enter the first four letters
of your last name.
Use **ALL CAPITAL** lettersYour Social
Security Number

Present mailing or home address (Number and street, including Rural Route)

Deceased Date of Death

City, town or post office

State

Postal/ZIP code

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

If Foreign address, enter Province and/or State

Country

Deceased Date of Death

Filing Status

(Place an X in only ONE box)

Single (S)

Married filing joint return (MFJ)

Exemptions**6a**

Yourself

6b

Spouse

7 Federal adjusted gross income. Must be zero.....	7	0.00
20 Hawaii adjusted gross income. Must be zero	20	0.00

28 Refundable Food/Excise Tax Credit,enter the appropriate amount **Refundable Food/Excise Tax Credit ➤ 28****43 Contributions to (see page 22 of Form N-11 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 Xs on lines 43a through 43c and enter the total here..... 44**47a Amount to be REFUNDED TO YOU (line 28 minus 44)****IMPORTANT:** Deadline to claim this credit is December 31, 2024..... **47a****➤ YOU AND YOUR SPOUSE (IF FILING A JOINT RETURN) MUST SIGN THIS RETURN ON PAGE 2, OR YOUR REFUND MAY BE DELAYED.**



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Your Social Security Number

Your Spouse's SSN

Name(s) as shown on return

PLEASE
SIGN HERE

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 Form N-11 Instructions.

Designee's name ➤

Phone no. ➤

Identification number ➤

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