

RESIDENT

Calendar Year 2023



(2023)间于

FORM

N-11SF

N11SF_I 2023A 01 VID01

ATTACH A COPY OF YOUR VALID **GOVERNMENT-ISSUED ID**

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

- For Use By Taxpayers:
 Only claiming the Refundable Food/Excise Tax Credit.
 Filing Status of Single or Married Filing Joint.
- With No Dependents.
- With \$0 in Federal and Hawaii Adjusted Gross Income.
- Cannot Be Claimed as a Dependent On Another Taxpayer's Return.
- Physically present and alive in Hawaii for more than 9 months in 2023.
- Not in prison or jail for entire taxable year.
- Not claiming itemized deductions.
- For more information on filling out this form, see Instructions.
- **IMPORTANT:** Deadline to claim this credit is December 31, 2024.

| Your First Name | M.I. Yo | ur Last Name | | Suffix | | |
|---|--|---------------|-----------------|--------------------------------------|---|-----------------------|
| | | | | | | mplete this Section ♦ |
| Spouse's First Name | M.I. Sp | ouse's Last N | ame | Suffix | Enter the first four letters of your last name. Use ALL CAPITAL letters | |
| Care Of (See Form N-11 Instructions, page | 7) | | | | Your Social Security Number | |
| | | | | | Deceased Date of Death | |
| Present mailing or home address (Number | Present mailing or home address (Number and street, including Rural Route) | | | | | |
| | , | | , | | Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters | |
| City, town or post office | | State | Postal/ZIP code | | Spouse's Social Security Number | |
| If Foreign address, enter Province and/or S | state | | Country | | Deceased C Date of Death | |
| Filing Status (Fill in only ONE oval) | <u> </u> | le (S) | | | Married filing joint | return (MFJ) |
| Exemptions 6a | You | rself | | | 6b 🔵 Spouse | |
| 7 Federal adjusted gross inco | ome. Must be | zero | | | | 0.00 |
| 20 Hawaii adjusted gross inco | me. Must be | zero | | | 20 | 0.00 |
| 28 Refundable Food/Excise | | | | | | |
| enter the appropriate amou | nt | | Refundable F | ood/Excise | Tax Credit 🕨 28 | |
| 43 Contributions to (see pag 43a Hawaii Schools Repa 43b Hawaii Public Libraria 43c Domestic and Sexual Viol | airs and Main as Fund | tenance F | und | Yourself \$2 \$5 \$5 \$5 | Spouse \$2 \$5 \$5 \$5 | |
| 44 Add the amounts of the fille 47a Amount to be REFUNDE | | | 0 | r the total he | are 44 | .00 |
| IMPORTANT: Deadline to c | , | | , | | 47a | |

> YOU AND YOUR SPOUSE (IF FILING A JOINT RETURN) MUST SIGN THIS RETURN ON PAGE 2, OR YOUR REFUND MAY BE DELAYED.

Form N-11SF (2023)

| | Your Social Security Number | Your Spouse's SSN | |
|------------------------|-----------------------------|-------------------|--|
| | | | |
| N11SF_I 2023A 02 VID01 | Name(s) as shown on return | | |

| | If designating another person to dis attorney. See page 25 of Form N-11 | lesignating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of orney. See page 25 of Form N-11 Instructions. | | | | | | |
|--------------|---|--|---|---|--|--|--|--|
| | Designee's name > | Phone no. | Identification numb | er | | | | |
| | DECLARATION — I declare, under the penaltie of my knowledge and belief, is a true, correct, a | es set forth in section 231-36, HRS, that this return nd complete return, made in good faith, for the tax | (including accompanying schedules or statements) has able year stated, pursuant to the Hawaii Income Tax Law | peen examined by me and, to the best , Chapter 235, HRS. | | | | |
| | Your signature | Date | Spouse's signature (if filing jointly, BOTH must signature) | gn) Date | | | | |
| LEAS N HE | | | > | | | | | |
| | Your Occupation | Daytime Phone Number | Your Spouse's Occupation | Daytime Phone Number | | | | |
| | | | | | | | | |