

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				