FORM N-11 (Rev. 2024)		lividua	II — DEPARTMENT C I Income Tax RESIDENT	DO NOT WRITE IN THIS AREA										
N11_I 2024A 01 V	^{/ID01} Fiscal Year Beginning		endar Year 2024 OR D Y Y and Ending) YY									
	DED Return Carryback djustment Time Filer	OR OFFICE USE (DNLY	_	THIS SPACE									
Fill	Please Write U Enter One Letter In Ovals Completely.	Or Number I	In Each Box.			RVED								
Your First I	Name	<u>M.I.</u>	Your Last Name	Suffix	1									
Spouse's F	First Name	M.I	Spouse's Last Name	Suffix	♦ IMPORTANT Enter the first four letter of your last name. Use ALL CAPITAL let		Section ♦							
Care Of (S	ee Instructions, page 7.)				Your Social Security Number									
	ailing or home address (Numb or post office	er and street, inc	Cluding Rural Route) State Postal/ZIP co	de	Deceased Date Enter the first four lette of your Spouse's last r Use ALL CAPITAL let Spouse's Social Security Number	name.								
If Foreign a	address, enter Province and/c	r State	Country		Deceased 🔵 Date	of Death M M	DD YY							
1 () 2 () 3 ()	Married filing separat	urn (even if c e return. En	only ONE oval) only one had income). ter spouse's SSN and bove. Enter spouse's ful	4 — I 5 —	Head of household (with person is a child but not name.	your dependent, ent	er the child's full							
6a 🦳 6b 💭	Yourself Spouse		Age 65 or Age 65 or	over	ents'), DO NOT fill in oval 6a,	Enter the number o filled on 6a and 6b .	f ovals							
6c Depend and 1. First a		e than 6 depende use attachment	ents 2. Depende security r		3. Relationship]								
6d						Enter number of your children listed.	6c 🖡							
						Enter number of other dependents	6d							
	6e Total number o	fexemptions	claimed. Add numbers	entered in boxes	6a thru 6d above]								

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∎å	Your Social Security Number Your S	Spouse's SSN
部		
N11 20	Name(s) as shown on return	
_	mount is negative (loss), shade the minus (-) in the box. Example:	
		ROUND TO THE NEAREST DOLLAR
7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	
8	Difference in state/federal wages due to COLA, ERS,	
9	etc. (see page 11 of the Instructions)	
5	(including municipal bonds)	
10	Other Hawaii additions to federal AGI	
	(see page 11 of the Instructions)10	
11	Add lines 8 through 10 Total Hawaii additions to federal AGI 11	
10		
12	Add lines 7 and 11	
13	Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions) 13	
14	Social security benefits taxed on federal return14	
15	First \$8,082 of military reserve or Hawaii national	
	guard duty pay15	
40		
16 17	Payments to an individual housing account 16	
17	(see page 14 of the Instructions) 17	
18	Other Hawaii subtractions from federal AGI	
	(see page 14 of the Instructions)	
19	Add lines 13 through 18	
	Total Hawaii subtractions from federal AGI 19	
20	Line 12 minus line 19	$\square .00$
20		
CAUT	ION: If you can be claimed as a dependent on another person's return, see the Instructions on page 1	5, 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 Instruction	s
	and enter your itemized deductions here.	
21a	Medical and dental expenses	
	(from Worksheet A-1)	
21b	Taxes (from Worksheet A-2)	TOTAL ITEMIZED
		DEDUCTIONS 22 Add lines 21a through 21f.
21c	Interest expense (from Worksheet A-3)21c	If your Hawaii adjusted gross income is above a certain
		amount, you may not be
21d	Contributions (from Worksheet A-4) 21d	able to deduct all of your itemized deductions. See the
~		Instructions on page 19. Enter total here and go to line 24.
21e	Casualty and theft losses (from Worksheet A-5)21e	
21f	Miscellaneous deductions (from Worksheet A-6) 21f	
23	If you checked filing status box: 1 or 3 enter \$4,400;	
	2 or 5 enter \$8,800; 4 enter \$6,424 Standard Deduction > 23	
	24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)	
1		

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1 1172	Your Social Security Number Your	Spouse's SSN
Ж¢		
E1.%*	Name(s) as shown on return	
_	24A 03 VID01	
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 2	
26	Taxable Income. Line 24 minus line 25 (but not less than zero) Taxable Income > 24	
20	Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax	
21	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-325, N-338,	
	N-344, N-348, N-405, N-586, N-615, or N-814 is included.) Tax ▶ 2'	, , , , , , , , , , , , , , , , , , , ,
27a	If tax is from the Capital Gains Tax Worksheet, enter	
210	the net capital gain from line 14 of that worksheet	
28	Refundable Food/Excise Tax Credit	
	(attach Form N-311) DHS, etc. exemptions28	
29	Credit for Low-Income Household	
	Renters (attach Schedule X)29	
30	Credit for Child and Dependent	
	Care Expenses (attach Schedule X)	
31	Credit for Child Passenger Restraint	
	System(s) (attach a copy of the invoice)	
32	Total refundable tax credits from	
	Schedule CR (attach Schedule CR)	
33	Add lines 28 through 32 Total Refundable Credits > 33	3
24	Line 27 minute line 22. If line 24 is zero at least one Instructions Adjusted Tay Liebility > 2	
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)	5 00
36	Line 34 minus line 35	ь □ .00
37	Hawaii State Income tax withheld (attach W-2s)	
	(see page 22 of the Instructions for other attachments)	
38	2024 estimated tax payments	
39	Amount of estimated tax applied from 2023 return	
40	Amount paid with extension	
41	Add lines 37 through 40 Total Payments > 4	
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):	
40	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	4 00
_		
1	45 Line 42 minus line 44	5 5
1		

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回八 ※ 回初				[rity Numbe			Your Spo	ouse's	SSN					
N11_I 20	024A 04 VID01						eturn										
46 Amount of line 45 to be applied to your																	
										UU							
47a		be REFUNDE		`		,	•			47	[00
	see page	23 of Instruction	1S							. 4/a	l						JUU
	— Fill	in this oval if this	refund wil	l ultimately	be depo	osited to	a foreign ((non-l	U.S.) bank. Do	not com	olete lii	nes 47t	o, 47c,	or 47	d.		
47b	Routing n	umber				47c Ty	/ре: 🔵	Ch	ecking 🛛 📿	Saving	3						
47d	Account r										[00
48		YOU OWE (line		,						. 48	l						.UU
49		T AMOUNT Sub								. 49							00
50	-	der payable to "I d tax penalty (30101					. 49	l						JUU
00	50 Estimated tax penalty. (See page 23 of Instructions.) Do not include on line 42 or 48. Fill in																
		f Form N-210 is				50				UÜ							
											_						00
51	AMENDED	RETURN ONLY -	Amount paid	(overpaid) on	ו original r	eturn. (See	e Instruction	s) (atta	ach Sch. AMD)	51							.UU
																	ΛΛ
52	AMENDED	RETURN ONLY -	Balance due	(refund) with	amended	return. (S	ee Instructio	ns) (at	tach Sch. AMD)	52							<u>.UU</u>
53	Did vou file	e a federal Sche	dule C?	Yes		C	lf ve	s. en	ter Hawaii gross	s receipt	s						_00
	-	business activity					,	,	5								
	your main	business produc	ct:		,	AND yo	ur HI Tax I	.D. N	o. for this activit	y GE							
											[00
54	-	e a federal Sche			<u> </u>		lf yes, ente	er Ha r	waii gross rents	receive	d						JU
	for any rer	ntal activity?		Yes					la fan Alaia a stirti	CE					\square		
						AND yo	our HI Tax	I.D. P	lo. for this activi	ty GL						Ц	
55	Did vou file	e a federal Sche	dule F?	Yes)	lf ve	s. en	ter Hawaii gross	s receipt	s						00
	•	business activity						-,									
	your main	business produc	ct:		,	AND yo	ur HI Tax I	.D. N	o. for this activit	y GE							
		ating another pe			eturn wit	h the Ha	waii Depa	rtmer	nt of Taxation, co	omplete t	he foll	owing.	This is	not a	full p	ower	r of
		See page 25 of		JUONS.			Phone no			Idant	fication	n numb	or				
HAV		e's name 🕨	Indicate if	vou want \$	k3 to do				ampaign Fund.		Yes			a in t		o" ov	val will
CAN	IPAIGN FU	IND		urn, indicate							Yes				tax or		
(000 p	DECLARA	FION — I declare, und	der the penaltie	es set forth in s	section 231	-36, HRS, t	hat this return	n (inclue	ding accompanying s							and, to	the best
		ledge and belief, is a signature	true, correct, a	ina complete re	eturn, made Date	•	lith, for the tax		ear stated, pursuant t Spouse's signatur					Date	185.		
	Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime										ne Phr	ne N	lumber				
					Duy									Duyin			
		Dreperer's							Date	Oha			PTIN				
		Preparer's Date Date							Check if self-employed								
	Paid	Print	Print														
	Preparer's Information	Preparer's Name								Fed	Federal E.I. No.						
		Firm's name (or y if self-employed)								Phone No.							
		Address, and ZIF															
1																	