



Individual Income Tax Return RESIDENT Calendar Year 2024

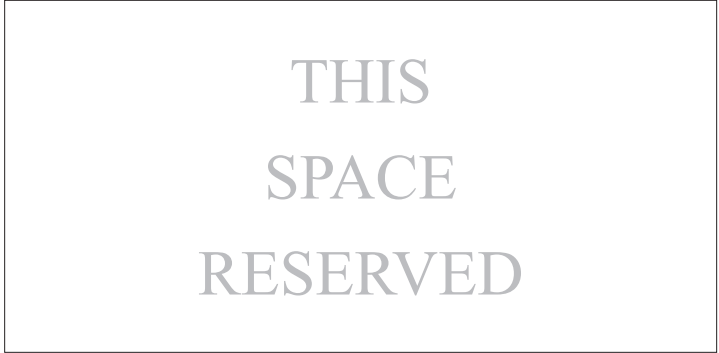


N11\_I 2024A 01 VID01

Fiscal Year Beginning MM DD YY and Ending MM DD YY

- AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY



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

ATTACH COPY 2 OF FORM W-2 HERE

Your First Name, M.I., Your Last Name, Suffix
Spouse's First Name, M.I., Spouse's Last Name, Suffix
Care Of
Present mailing or home address
City, town or post office, State, Postal/ZIP code
If Foreign address, enter Province and/or State, Country

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

ATTACH CHECK OR MONEY ORDER HERE

- 1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying surviving spouse

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.

6a Yourself
6b Spouse
Enter the number of ovals filled on 6a and 6b

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. (blank)

Enter number of your children listed... 6c

Enter number of other dependents.... 6d

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



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

Name(s) as shown on return

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If amount is negative (loss), shade the minus (-) in the box. Example:

ROUND TO THE NEAREST DOLLAR

Main calculation table with rows 7-20 and input boxes for amounts.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, 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 Instructions and enter your itemized deductions here.

Itemized deductions section with rows 21a-21f and input boxes.

TOTAL ITEMIZED DEDUCTIONS box with instructions and input field.

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

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in).





Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

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46 Amount of line 45 to be applied to your 2025 ESTIMATED TAX .00

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 23 of Instructions 47a .00

Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number 47c Type: Checking Savings

47d Account number

48 AMOUNT YOU OWE (line 36 minus line 41) .00

49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 49 .00

50 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 50 .00

51 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 51 .00

52 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 52 .00

53 Did you file a federal Schedule C? Yes No If yes, enter Hawaii gross receipts your main business activity: your main business product: AND your HI Tax I.D. No. for this activity GE .00

54 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 .00

55 Did you file a federal Schedule F? Yes No If yes, enter Hawaii gross receipts your main business activity: your main business product: AND your HI Tax I.D. No. for this activity GE .00

DESIGNEE 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's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. Yes No If joint return, indicate if your spouse designates \$3 to the fund. Yes No Note: Filling in the "Yes" oval will not change your tax or 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

PLEASE SIGN HERE Preparer's Signature Date Check if self-employed PTIN Print Preparer's Name Federal E.I. No. Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.