



Simplified Individual Income Tax Return RESIDENT Calendar Year 2024



N11SF_I 2024A 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 2024. 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, 2025.

Form fields for personal information: 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

Form fields for identification: Enter the first four letters of your last name, Your Social Security Number, Deceased, Date of Death, Enter the first four letters of your Spouse's last name, Spouse's Social Security Number, Deceased, Date of Death.

Filing Status

(Fill in only ONE oval) Single (S) Married filing joint return (MFJ)

Exemptions

6a Yourself 6b Spouse

Table with 3 columns: Line number, Description, Amount. Rows 7 and 20.

28 Refundable Food/Excise Tax Credit, enter the appropriate amount Refundable Food/Excise Tax Credit 28

Table with 3 columns: Line number, Description, Amount. Rows 43a, 43b, 43c.

44 Add the amounts of the filled ovals 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, 2025 47a

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



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return _____

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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 Form N-11 Instructions.			
	Designee's name		Phone no.	Identification number
PLEASE SIGN HERE	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