FORM N-15 (Rev. 2024)

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT



• ATTACH COPY 2 OF FORM W-2 HERE •

ATTACH CHECK OR MONEY ORDER HERE

Calendar Year 2024

	M M D	D YY	OR MM		YY			
5_I 2024A 01 VID01 Tax Year Part-Year Resident	Nonre	sident =	thru	Alien or	Dual-Status Alien	─ MSRRA		Compos
(Enter period of Hawaii residency AMENDED Return NOL Carryback IRS Adjustment First Time Filer			Nomesident	Allellol		HIS		ompos
	te Using a Bla tter Or Numbe tely. Do NOT S	r In Each Box.	opy!!		SP	ACE		
ATTACH A COPY INCOM	OF YOUI	_	DERAL		RESE	ERVEI		
Your First Name	M.I.	Your Last Name		Suffix				
					♦ IMPORTAN	IT — Complete	e this Sectio	n 🔷
Spouse's First Name	M.I.	Spouse's Last Name		Suffix	Enter the first four let of your last name. Use ALL CAPITAL le			
Care Of (See Instructions, page 8.)					Your Social Security Number			
					Deceased Date	e of Death		
Present mailing or home address (N	Number and street, i	ncluding Rural Route)			Enter the first four let of your Spouse's last Use ALL CAPITAL le	iters name.	M DD	YY
City, town or post office		State Po	ostal/ZIP code		Spouse's Social Security Number			
If Foreign address, enter Province a	and/or State	Co	ountry		Deceased Date	e of Death	M DD	YY
1 Single 2 Married filing joint 3 Married filing september the first four letter name here.	t return (even if arate return. E	nter spouse's SS	come). N and		Head of household (wi person is a child but no name.	ot your depender	nt, enter the ch	ild's full
CAUTION: If you can be clain 6a Yourself 6b Spouse If you filled ovals 3 an		Age 69	5 or over 5 or over		nts'), DO NOT fill in oval 6	Enter the num filled on 6a an	ber of ovals d 6b	ne 37.
6c Dependents: If 1. First and last name 6d	more than 6 depend use attachment	dents 2	2. Dependent's social security number		3. Relationship	Enter number your children l		
						Enter number other depende		
60 Total numb	er of evernation	s claimed Add r	numbers entered	in hoves	6a thru 6d above		60	П



N15_I 2024A 02 VID01 If amount is negative (loss), shade the minus (-) in the box. Example: Col. A - Total Income Col. B - Hawaii Income Wages, salaries, tips, etc. (attach Form(s) W-2) Interest income from the worksheet on page 38 of the Instructions Ordinary dividends 10 State income tax refund from the worksheet on page 38 of the Instructions..... Alimony received Business or farm income or (loss)..... Capital gain or (loss) from the worksheet on page 38 of the Instructions..... 13 Supplemental gains or (losses) (attach Schedule D-1) IRA distributions Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)..... 17 17 Rents, royalties, partnerships, estates, trusts, etc...... 18 Unemployment compensation (insurance)..... Other income (state nature and source) Add lines 7 through 19 Total Income 20 20 Certain business expenses of reservists, performing artists, and fee-basis government officials 21 22 IRA deduction Student loan interest deduction from the worksheet on page 42 of the Instructions..... Health savings account deduction..... 25 Moving expenses (attach Form N-139)..... 25 26 Deductible part of self-employment tax..... Self-employed health insurance deduction 27 Self-employed SEP, SIMPLE, and qualified plans 28 28 29 29 Penalty on early withdrawal of savings Alimony paid (Enter name and SS No. of recipient) 31 Payments to an individual housing account. 32 First \$8,082 of military reserve or Hawaii

national guard duty pay

orm	N-15 (Rev. 2024)						Page 3 of 4
38 3	·	Your Social S	Security Number	_	Your Spouse's S	SN	
到2	5 5						
ii)Ç				1			
15 120	Name 2024A 03 VID01	(s) as shown o	on return				_
_	Exceptional trees deduction (attach affidavit)						
	(see page 21 of the Instructions)				33		
	,			100			
34	Add lines 21 through 33 Total Adjustm	ents >			34		1.00
35	Line 20 minus line 34 Adjusted Gross Inc	ome >		.00	35		<u> </u>
						□	
36	Federal adjusted gross income (see page 21	of the Instruct	ions)36			」. ∪∪	
37	Ratio of Hawaii AGI to Total AGI. Divide line 35, Colu	mn B by line 35 (Column A (Compute to	3 decimal places an	d round to 2 decima	al places) 37	
٠.	CAUTION: If you can be claimed as a depe	•	, ,				
38	If you do not itemize deductions, enter zero on line 39 a	and go to line 40a.	. Otherwise go to page	22 of the Instruction	s and enter your Ha	awaii itemized deductions	here.
	38a Medical and dental expenses				00		
	(from Worksheet NR-1 or PY-1)	38a	a		UU		
					nn <u> </u>		
	38b Taxes (from Worksheet NR-2 or PY-2)	38b	o		UU	TOTAL ITEMI	
					00	DEDUCTIO	
	38c Interest expense (from Worksheet NR-3 or F	Y-3) 380	C LLLL	┸	00 39	If your Hawaii adjus income is above a c	
	38d Contributions (from Worksheet NR-4 or	DV 4) 396	4		nn I	amount, you may no able to deduct all of	
	38e Casualty and theft losses	1 1-4) 300	'			itemized deductions	. See the
	(from Worksheet NR-5 or PY-5)	386	a		nn I	Instructions on page total here and go to	
	38f Miscellaneous deductions					total nord and go to	
	(from Worksheet NR-6 or PY-6)	38	f		()()		_()()
40							100
40a	If you checked filing status box: 1 or 3 enter \$ 2 or 5 enter \$8,800; 4 enter \$6,424				UU		
40b	Multiply line 40a by the ratio on line 37		Prorated Standar	d Deduction >	40b		UU
44	Line 25. Column P minus line 20 or 40h, which	havar applica	(This line MUST b	o filled in)	44		
41 42a	Line 35, Column B minus line 39 or 40b, whice Multiply \$1,144 by the total number of exemptions claim				41		
u	or disabled, fill in the applicable oval(s), and see the Ins		you and/or your opouso	are billia, acar,			
	Yourself Spouse		a		00		
	.,						
42b	Multiply line 42a by the ratio on line 37		Prorated E	exemption(s)	42b		UU
43	Taxable Income. Line 41 minus line 42b (but		,				∪∪
44	Tax. Fill in oval if from: Tax Table;			•	ax Worksheet oi	n page 41 of the Instr	uctions.
	(Fill in oval if tax from Forms N-2, N-103, N-1						
440	N-405, N-586, N-615, or N-814 is included.)			lax /	44		
44a	the net capital gain from line 8 of that worksh		4	1 a		00	
45			4			100	
	(attach Form N-311) DHS, etc. exemptions	45	5		()()		
46	, , , , , , , , , , , , , , , , , , , ,		•		0 0		
-	Renters (attach Schedule X)	46	6		UU		
47					00		
	Expenses (attach Schedule X)	47	7		UU		
48	Credit for Child Passenger Restraint				00		
	System(s) (attach a copy of the invoice)	48	B		IJIJ		

49 Total refundable tax credits from

Schedule CR (attach Schedule CR).....49



Your Social Security Number	Your Spouse's SS		

N1

ję2	鯔				
5_I 20	24A 04 VID01	Name(s) as shown on return			
52	Total nonrefundabl	e tax credits (attach Schedule CR)		52	.00
53	Line 51 minus line	52	Balance >	53	
54		ne tax withheld (attach W-2s)		•	
•		e Instructions for other attachments) 54	$ \ \ \ \ \ \ \ \ \ $	()	
55		d/or withheld tax payments on Form(s)			
		; N-288A55	$ \ \ \ \ \ \ \ \ \ $	()	
		, 11 20011			TOTAL
56	Amount of estimate	d tax applied from 2023 return 56			PAYMENTS
00	7 tillount of commute	a tax applied from 2020 fotal film	10	58	Add lines 54 through 57.
57	Amount naid with e	extension 57	11		1
59		han line 53, enter the amount OVERPAID			
33	_	53) (see Instructions)		59	
60	,	(see page 30 of the Instructions): Yo		39	
00		bls Repairs and Maintenance Fund			
		: Libraries Fund	_		
64		exual Violence / Child Abuse and Neglect Funds	·	61	
61	Add the amounts o	f the filled ovals on lines 60a through 60c and enter th	ie iolai nere	61	
60	Line EO minus line	61		62	
62		61		62	.00
63	Amount of line 62 t	• •		\cap	
	•	ATED TAX	U LLLL LU	V	54 de la constant de 1811
34a		UNDED TO YOU (line 62 minus line 63) If filing late, s		ns. Fili in this o	val if this refund will
	ultimately be depos	sited to a foreign (non-U.S.) bank. Do not complete lin	nes 64b, 64c, or 64d.		
64b	Routing number	64c Type:	Checking C	Savings	
64d	Account number			64a	
65		VE (line 53 minus line 58)		65	
66		NT Submit payment online at hitax.hawaii.gov or attac			
		ole to "Hawaii State Tax Collector."		66	
67		v. (See page 31 of Instr.) Do not include this amount		Λ	
		this oval if Form N-210 is attached > 67	.V	U 🛌 🗀	
68	AMENDED RETURN (DNLY - Amount paid (overpaid) on original return. (See Instruction	ns) (attach Sch. AMD)	68	
69	AMENDED RETURN (DNLY - Balance due (refund) with amended return. (See Instruction	ons) (attach Sch. AMD)	69	<u></u>
		ther person to discuss this return with the Hawaii Dep	artment of Taxation, con	nplete the follow	ving. This is not a full power of
	, ,	e 32 of the Instructions.			<u> </u>
	Designee's name			Identification r	number
	All ELECTION PAIGN FUND	Indicate if you want \$3 to go to the Hawaii Ele			Note: Filling in the "Yes" oval will
	age 32 of the Instructions)	If joint return, indicate if your spouse designate	· •		not change your tax or refund.
		clare, under the penalties set forth in section 231-36, HRS, that this retu elief, is a true, correct, and complete return, made in good faith, for the t			
	Your signature	Date	Spouse's signature		
	Yann Oannatian	Davidiara Dhana Niverha	- V		Davidinas Dharra Niverkas
	Your Occupation	Daytime Phone Numbe	Your Spouse's Occu		Daytime Phone Number
	Paid Preparer		Date	Check if	PTIN
	Preparer's Signature			self-employed	
	Information ————————————————————————————————————				_
	Preparer	s Name		Federal E.I. N	0.
		me (or yours		Dhara M	
	if self-em	ployed),		Phone No.	