



N11_I 2025A 01 VID01

STATE OF HAWAII — DEPARTMENT OF TAXATION

**Individual Income Tax Return
RESIDENT
Calendar Year 2025**

DO NOT WRITE IN THIS AREA

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!!

THIS
SPACE
RESERVED

Your First Name M.I. Your Last Name Suffix

Spouse's First Name M.I. Spouse's Last Name Suffix

Care Of (See Instructions, page 7.)

Present mailing or home address (Number and street, including Rural Route)

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

MM DD YY

Your Social
Security Number

MM DD YY

Deceased Date of Death

MM DD YY

Enter the first four letters
of your Spouse's last name.
Use ALL CAPITAL letters

MM DD YY

Spouse's Social
Security Number

MM DD YY

Deceased Date of Death

MM DD YY

(Fill in only ONE oval)

- 1 Single
- 2 Married filing joint return (even if only one had income).
- 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. _____

- 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. > _____
- 5 Qualifying surviving spouse (see page 8 of the Instructions)

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 Age 65 or over } Enter the number of ovals filled on 6a and 6b

6b Spouse Age 65 or over }

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

• ATTACH CHECK OR MONEY ORDER HERE •

6c Dependents: and 1. First and last name	If more than 6 dependents use attachment	2. Dependent's social security number	3. Relationship
6d			

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..... 6e



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Your Social Security Number

Your Spouse's SSN

Name(s) as shown on return _____

If amount 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)	7	-	_____	_____	_____	.00
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8	_____	_____	_____	.00	
9	Interest on out-of-state bonds (including municipal bonds).....	9	_____	_____	_____	.00	
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10	_____	_____	_____	.00	
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11	_____	_____	_____	.00	
12	Add lines 7 and 11	12	-	_____	_____	_____	.00
13	Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions).....	13	_____	_____	_____	.00	
14	Social security benefits taxed on federal return	14	_____	_____	_____	.00	
15	First \$8,636 of military reserve or Hawaii national guard duty pay.....	15	_____	_____	_____	.00	
16	Payments to an individual housing account	16	_____	_____	_____	.00	
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions).....	17	_____	_____	_____	.00	
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	18	_____	_____	_____	.00	
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19	_____	_____	_____	.00	
20	Line 12 minus line 19 Hawaii AGI	20	-	_____	_____	_____	.00

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.

21a	Medical and dental expenses (from Worksheet A-1)	21a	_____	_____	_____	.00
21b	Taxes (from Worksheet A-2).....	21b	_____	_____	_____	.00
21c	Interest expense (from Worksheet A-3).....	21c	_____	_____	_____	.00
21d	Contributions (from Worksheet A-4)	21d	_____	_____	_____	.00
21e	Casualty and theft losses (from Worksheet A-5)	21e	_____	_____	_____	.00
21f	Miscellaneous deductions (from Worksheet A-6)	21f	_____	_____	_____	.00

TOTAL ITEMIZED DEDUCTIONS

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24.

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) 24



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Your Social Security Number

Three groups of four empty rectangles each, used for drawing bar models.

Your Spouse's SSN

Three groups of five empty rectangles each, used for drawing tally marks.

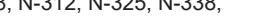
Name(s) as shown on return _____

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 25

26 **Taxable Income.** Line 24 minus line 25 (but not less than zero) **Taxable Income ➤ 26**

27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax 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 ➤ 27**

27a If tax is from the Capital Gains Tax Worksheet, enter
the net capital gain from line 14 of that worksheet **27a**  .00

_____ .00

10 10 10 00

100

□ □ □ □ □ □ □ □ □ □ 00

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): **43**

	Yourself	Spouse
43a Hawaii Schools Repairs and Maintenance Fund	<input type="checkbox"/> \$2	<input type="checkbox"/> \$2
43b Hawaii Public Libraries Fund	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5

44 Add the amounts of the filled ovals on lines 43a through 43c and enter the total here **44**

45 Line 42 minus line 44 **45**

111.00

_____ .00

