



Individual Income Tax Return

RESIDENT Calendar Year 2011 OR



AMENDED Return

NOL Carryback

Fiscal Year Beginning

and Ending

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

First Time Filer

Address or Name Change

THIS SPACE RESERVED

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

Form with fields for Name, Spouse's Name, Care Of, Address, City, State, ZIP, and Foreign Address.

IMPORTANT — Complete this Section

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

Your Social Security Number

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

Spouse's Social Security Number

(Place an X in only ONE box)

- 1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

- 6a Yourself
6b Spouse
6c Enter the number of your dependent children
6d Enter the number of other dependents
6e Total number of exemptions claimed



Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

7 Federal adjusted gross income (AGI) (see page 11 of the Instructions) 7 _____

8 Difference in state/federal wages due to COLA, ERS,
etc. (see page 11 of the Instructions) 8 _____

9 Interest on out-of-state bonds
(including municipal bonds)..... 9 _____

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 _____

12 Add lines 7 and 11 12 _____

13 Pensions taxed federally but not taxed by Hawaii..... 13 _____

14 Social security benefits taxed on federal return..... 14 _____

15 First \$5,881 of military reserve or Hawaii national
guard duty pay..... 15 _____

16 Payments to an individual housing account 16 _____

17 Exceptional trees deduction (attach affidavit)
(see page 14 of the Instructions)..... 17 _____

18 Other Hawaii subtractions from federal AGI
(see page 14 of the Instructions)..... 18 _____

19 Add lines 13 through 18
..... **Total Hawaii subtractions from federal AGI** 19 _____

20 Line 12 minus line 19 **Hawaii AGI** ► 20 _____

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here.

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 _____

21b Taxes (from Worksheet A-2) 21b _____

21c Interest expense (from Worksheet A-3) 21c _____

21d Contributions (from Worksheet A-4) 21d _____

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 \$2,000;
2 or 5 enter \$4,000; 4 enter \$2,920 **Standard Deduction** ► 23 _____

TOTAL ITEMIZED DEDUCTIONS

22 Add lines 21a through 21f. If your 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 21. Enter total here and go to line 24.

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



Name(s) as shown on return

25 If line 20 is \$89,981 or less, multiply \$1,040 by the total number of exemptions claimed on line 6e. Otherwise, see page 21 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 21 of the Instructions.

Yourself Spouse 25

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

27 Tax. Place an X if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 37 of the Instructions.

(Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-318, N-338, N-344, 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

28 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions 28

29 Credit for Low-Income Household Renters (attach Schedule X) 29

30 Credit for Child and Dependent Care Expenses (attach Schedule X) 30

31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)..... 31

32 Total refundable tax credits from Schedule CR (attach Schedule CR)..... 32

33 Add lines 28 through 32 Total Refundable Credits > 33

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions..... 34

35 Total nonrefundable tax credits (attach Schedule CR) 35

36 Line 34 minus line 35 Balance > 36

37 Hawaii State Income tax withheld (attach W-2s) (see page 26 of the Instructions for other attachments) 37

38 2011 estimated tax payments..... 38

39 Amount of estimated tax applied from 2010 return 39

40 Amount paid with extension..... 40

41 Add lines 37 through 40 Total Payments > 41

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 27 of the Instructions):..... Yourself Spouse

43a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

43b Hawaii Public Libraries Fund \$2 \$2

43c Domestic Violence / Child Abuse and Neglect Funds..... \$5 \$5

44 Add the amounts of the Xs on lines 43a through 43c and enter the total here 44

45 Line 42 minus line 44..... 45



X

Name(s) as shown on return

46 Amount of line 45 to be **applied** to your
2012 ESTIMATED TAX **46** _____

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late,
 see page 27 of Instructions **47a** _____

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

b Routing number _____ c Type: Checking Savings

d Account number _____

48 **AMOUNT YOU OWE** (line 36 minus line 41). Send Form N-200V with your payment.
 Make check or money order payable to the "Hawaii State Tax Collector"..... **48** _____

49 **Estimated tax penalty.** (See page 28 of
 Instructions.) Do not include on line 42 or 48. Place an X in
 this box if Form N-210 is attached > **49** _____

50 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **50** _____

51 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **51** _____

52 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 **W** _____

53 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 **W** _____

54 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 **W** _____

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 29 of the Instructions.

Designee's name > _____ Phone no. > _____ Identification number > _____

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No
 If joint return, does your spouse want \$3 to go to the fund? Yes No

Note: Placing an X in the "Yes" box will not increase your tax or reduce your 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

| | | | | |
|-----------------------------|--|--------------------|---|----------------------------------|
| Paid Preparer's Information | Preparer's Signature > | Date | Check if Self Employed > <input type="checkbox"/> | Preparer's identification number |
| | Print Preparer's Name > | Federal E.I. No. > | | |
| | Firm's name (or yours if self-employed), Address, and ZIP Code > | Phone No. > | | |