



Individual Income Tax Return RESIDENT Calendar Year 2023



N11\_I 2023A 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

THIS SPACE RESERVED

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: 6c Dependents, 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



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

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

Input box for line 7 with minus sign and .00

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

Input boxes for line 8 with .00

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

Input boxes for line 9 with .00

10 Other Hawaii additions to federal AGI (see page 11 of the Instructions).....10

Input boxes for line 10 with .00

11 Add lines 8 through 10 ..... Total Hawaii additions to federal AGI 11

Input boxes for line 11 with .00

Input box for line 11 with minus sign and .00

12 Add lines 7 and 11 ..... 12

13 Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions).....13

Input boxes for line 13 with .00

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

Input boxes for line 14 with .00

15 First \$7,683 of military reserve or Hawaii national guard duty pay.....15

Input boxes for line 15 with .00

16 Payments to an individual housing account .....16

Input boxes for line 16 with .00

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

Input boxes for line 17 with .00

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

Input boxes for line 18 with .00

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

Input boxes for line 19 with .00

Input box for line 19 with minus sign and .00

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 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

Input boxes for line 21a with .00

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

Input boxes for line 21b with .00

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

Input boxes for line 21c with .00

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

Input boxes for line 21d with .00

21e Casualty and theft losses (from Worksheet A-5) .....21e

Input boxes for line 21e with .00

21f Miscellaneous deductions (from Worksheet A-6) ..... 21f

Input boxes for line 21f with .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.

Input box for line 22 with .00

23 If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212..... Standard Deduction > 23

Input box for line 23 with .00

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

Input box for line 24 with minus sign and .00



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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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 [ ][ ][ ][ ] .00

26 **Taxable Income.** Line 24 minus line 25 (but not less than zero)..... **Taxable Income** ▶ 26 [ ][ ][ ][ ] .00

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-338,  
N-344, N-348, N-405, N-586, N-615, or N-814 is included.) ..... **Tax** ▶ 27 [ ][ ][ ][ ] .00

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

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28 Refundable Food/Excise Tax Credit  
(attach Form N-311) **DHS, etc.** exemptions [ ][ ] ....28 [ ][ ][ ][ ] .00

29 Credit for Low-Income Household  
Renters (attach Schedule X) .....29 [ ][ ][ ][ ] .00

30 Credit for Child and Dependent  
Care Expenses (attach Schedule X) .....30 [ ][ ][ ][ ] .00

31 Credit for Child Passenger Restraint  
System(s) (attach a copy of the invoice) .....31 [ ][ ][ ][ ] .00

32 Total refundable tax credits from  
Schedule CR (attach Schedule CR).....32 [ ][ ][ ][ ] .00

33 Add lines 28 through 32 .....**Total Refundable Credits** ▶ 33 [ ][ ][ ][ ] .00

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions. ....**Adjusted Tax Liability** ▶ 34 [ ][ ][ ][ ] .00

35 Total nonrefundable tax credits (attach Schedule CR) ..... 35 [ ][ ][ ][ ] .00

36 Line 34 minus line 35 ..... **Balance** ▶ 36 [ ][ ][ ][ ] .00

37 Hawaii State Income tax withheld (attach W-2s)  
(see page 22 of the Instructions for other attachments) .....37 [ ][ ][ ][ ] .00

38 2023 estimated tax payments .....38 [ ][ ][ ][ ] .00

39 Amount of estimated tax applied from 2022 return .....39 [ ][ ][ ][ ] .00

40 Amount paid with extension .....40 [ ][ ][ ][ ] .00

41 Add lines 37 through 40 .....**Total Payments** ▶ 41 [ ][ ][ ][ ] .00

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42 If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions) . 42 [ ][ ][ ][ ] .00

43 **Contributions to** (see page 22 of the Instructions):..... **Yourself** **Spouse**

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

43b Hawaii Public Libraries Fund .....  \$5  \$5

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

44 Add the amounts of the filled ovals on lines 43a through 43c and enter the total here..... 44 [ ][ ] .00

45 Line 42 minus line 44..... 45 [ ][ ][ ][ ] .00



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 2024 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: 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: 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 Note: Filling in the "Yes" oval will not change your tax or refund. If joint return, indicate if your spouse designates \$3 to the fund. Yes No

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.