



Individual Income Tax Return
RESIDENT
Calendar Year 2023
OR

Fiscal Year Beginning and Ending

AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Do NOT Submit a Photocopy!!

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

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

(Place an X in only ONE box)
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 place an X on line 6a, but be sure to place an X above line 21.

6a Yourself Age 65 or over
6b Spouse Age 65 or over
Enter the number of Xs on 6a and 6b

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

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.....6e

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE



Your Social Security Number

Your Spouse's SSN

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
(see page 13 of the Instructions).....13
- 14 Social security benefits taxed on federal return14
- 15 First \$7,683 of military reserve or Hawaii national
guard duty pay.....15
- 16 Payments to an individual housing account16
- 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

- 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 \$2,200;
2 or 5 enter \$4,400; 4 enter \$3,212..... **Standard Deduction** ► 23

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.

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



Your Social Security Number

Your Spouse's SSN

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, place an X in the applicable box(es),
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. Place an X if from Tax Table; Tax Rate Schedule; or Capital Gains Tax
Worksheet on page 33 of the Instructions.
(Place an X 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
- 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 Form N-311) **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.**Adjusted Tax Liability** ▶ 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 22 of the Instructions for other attachments)**37**
- 38 2023 estimated tax payments**38**
- 39 Amount of estimated tax applied from 2022 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 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 Xs on lines 43a through 43c and enter the total here 44
- 45 Line 42 minus line 44..... 45



Your Social Security Number

Your Spouse's SSN

Name(s) as shown on return

- 46 Amount of line 45 to be **applied** to your **2024 ESTIMATED TAX** **46**
- 47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late, see page 23 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 47b, 47c, or 47d.

- 47b Routing number **47c Type:** Checking Savings
- 47d Account number
- 48 **AMOUNT YOU OWE** (line 36 minus line 41) **48**
- 49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." **49**
- 50 **Estimated tax penalty.** (See page 23 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached > **50**
- 51 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **51**
- 52 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **52**

- 53 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 **GE**
- 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**
- 55 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 **GE**

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 (See page 25 of the Instructions)	Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. Yes	Note: Placing an X in the "Yes" box will not change your tax or refund.
	If joint return, indicate if your spouse designates \$3 to the fund. Yes	

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 >	PTIN
	Print Preparer's Name >	Federal E.I. No. >		
	Firm's name (or yours if self-employed), Address, and ZIP Code >	Phone No. >		