



FORM
N-11
(Rev. 2012)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return



RESIDENT

Calendar Year **2012**

OR

JBT121

☒ **AMENDED Return**

Fiscal Year Beginning 12 - 12 - 12 **and Ending** 12 - 12 - 12

☒ **NOL Carryback**

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 •

Your First Name TAXPAYER'S FIRSTXXX	M.I. X	Your Last Name LAST NAMEXXXXXXXXXX
Spouse's First Name SPOUSE'S FIRSTXXXXX	M.I. X	Spouse's Last Name SPOUSE'S LASTXXXXX
Care Of (See Instructions, page 7.) C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXXX		
Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX		
City, town or post office. CITY, TOWN, POSTOFFICE	State XX	Postal/ZIP code ZIP CODE
If Foreign address, enter Province and/or State FOREIGN PROVIXXXXXXXXXXX		Country COUNTRYXXXXXX

♦ IMPORTANT — Complete this Section ♦

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

Your Social Security Number **123 - 12 - 1234**

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

Spouse's Social Security Number **123 - 12 - 1234**

(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. **MFS SPOUSE'S NAMEXXXXXXXXX**
- 4 ☒ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. **QUALIFYING PERSONXXXXX**
- 5 ☒ Qualifying widow(er) with dependent child. Enter the year your spouse died **1234**

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..... } Enter the number of Xs on 6a and 6b **1**
- 6b ☒ Spouse..... ☒ Age 65 or over..... }
- 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 ☒
- 6c Enter the number of your dependent children (see page 9 of the Instructions) **6c** **12**
- 6d Enter the number of other dependents (see page 9 of the Instructions)..... **6d** **12**
- 6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... **6e** **12**

ID NO 12

FORM N-11



JBT122

Form N-11 (Rev. 2012)

Your Social Security Number

Your Spouse's SSN

Page 2 of 4

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURNXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	7	X	123456789
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8		123456789
9	Interest on out-of-state bonds (including municipal bonds)	9		123456789
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions)	10		123456789
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11		123456789
12	Add lines 7 and 11	12	X	123456789
13	Pensions taxed federally but not taxed by Hawaii	13		123456789
14	Social security benefits taxed on federal return	14		123456789
15	First \$5,975 of military reserve or Hawaii national guard duty pay	15		123456789
16	Payments to an individual housing account	16		123456789
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions)	17		123456789
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions)	18		123456789
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19		123456789
20	Line 12 minus line 19 Hawaii AGI ➤	20	X	123456789

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and place an X here. **X**

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 16 of the Instructions and enter your itemized deductions here.

21a	Medical and dental expenses (from Worksheet A-1)	21a		123456789
21b	Taxes (from Worksheet A-2)	21b		123456789
21c	Interest expense (from Worksheet A-3)	21c		123456789
21d	Contributions (from Worksheet A-4)	21d		123456789
21e	Casualty and theft losses (from Worksheet A-5)	21e		123456789
21f	Miscellaneous deductions (from Worksheet A-6)	21f		123456789

**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 20. Enter total here and go to line 24.

123456789

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	123456789
24	Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)		24	X 123456789

ID NO 12



Your Social Security Number

Your Spouse's SSN

JBT123

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURNXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- 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

123456789

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

123456789

- 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

123456789

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

123456789

- 28 Refundable Food/Excise Tax Credit (attach Schedule X) **DHS, etc.** exemptions 12 28

123456789

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

123456789

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

123456789

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

123456789

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

123456789

- 33 Add lines 28 through 32 **Total Refundable Credits** ▶ 33

123456789

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

☒

123456789

- 35 Total nonrefundable tax credits (attach Schedule CR) 35

123456789

- 36 Line 34 minus line 35 **Balance** ▶ 36

☒

123456789

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

123456789

- 38 2012 estimated tax payments 38

123456789

- 39 Amount of estimated tax applied from 2011 return 39

123456789

- 40 Amount paid with extension 40

123456789

- 41 Add lines 37 through 40 **Total Payments** ▶ 41

123456789

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

123456789

- 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 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

12

- 45 Line 42 minus line 44 45

123456789



Your Social Security Number

Your Spouse's SSN

JBT124

123 - 12 - 1234

123 - 12 - 1234

Name(s) as shown on return

NAME(S) AS SHOWN ON RETURNXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 Amount of line 45 to be applied to your

2013 ESTIMATED TAX 46 123456789

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late,

see page 27 of Instructions 47a 123456789

☒ 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 123456789 c Type: ☒ Checking ☒ Savings

d Account number 12345678901234567

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 123456789

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 12345678950 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... 50 ☒ 12345678951 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... 51 ☒ 12345678952 Did you file a federal Schedule C? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789
your main business activity: SCHEDULE C BUSIN
your main business product: SCHEDULE C PRODU, AND your HI Tax I.D. No. for this activity W 12345678 - 1253 Did you file a federal Schedule E If yes, enter Hawaii gross rents received 123456789
for any rental activity? ☒ Yes ☒ No
AND your HI Tax I.D. No. for this activity W 12345678 - 1254 Did you file a federal Schedule F? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789
your main business activity: SCHEDULE F BUSIN
your main business product: SCHEDULE F PRODU, AND your HI Tax I.D. No. for this activity W 12345678 - 12

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 > DESIGNEE'S NAMEXXXXX Phone no. > (123) 456-7891 Identification number > 12-3456789

HAWAII ELECTION
CAMPAIGN FUNDDo 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

12/12/12

12/12/12

Your Occupation

Daytime Phone Number

Your Spouse's Occupation

Daytime Phone Number

TAXPAYER OCCUPATIONXX (123) 123-4567

SPOUSE OCCUPATIONXX (123) 123-4567

Preparer's
Signature >

Date

12/12/12

Check if
self-employed ☒Preparer's identification number
123456789Paid
Preparer's
InformationPrint
Preparer's Name >

PRINT PREPARER'S NAME HEREXXXXXX

Federal E.I. No. > 12-1234567

Firm's name (or yours
if self-employed),
Address, and ZIP Code >FIRMS NAME OR PREPARER'S NAME
ADDRESS AND ZIP CODEXXXXXXXXXX

Phone No. > (123) 123-4567

ID NO 12