



FORM N-15 (Rev. 2012)

STATE OF HAWAII — DEPARTMENT OF TAXATION Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT Calendar Year 2012

JCT121

OR

X AMENDED Return X NOL Carryback Tax Year 12 - 12 - 12 thru 12 - 12 - 12

Place an X in the applicable box(es): X Part-Year Resident X Nonresident X Nonresident Alien or Dual-Status Alien

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Do NOT Submit a Photocopy!!

Place an X in the applicable box, if appropriate X First Time Filer X Address or Name Change

ATTACH A COPY OF YOUR 2012 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE

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

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

IMPORTANT — Complete this Section

Form for Social Security Numbers and Spouse's Name with fields for XXXX and 123-45-6789.

Form for Filing Status with options: Single, Married joint, Married separate, Head of household, Qualifying widow(er).

CAUTION: If you can be claimed as a dependent... 6a X Yourself X Age 65 or over 6b X Spouse X Age 65 or over

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. Enter number of your children listed/other dependents.

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above. 6e 12



JCT122

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA

SPOUSE'S FIRST NAME MI LAST NA

ID NO 12

Col. A - Total Income

Col. B - Hawaii Income

7	Wages, salaries, tips, etc. (attach Form(s) W-2).....		123456789	7		123456789
8	Interest income from the worksheet on page 39 of the Instructions.....		123456789	8		123456789
9	Ordinary dividends		123456789	9		123456789
10	State income tax refund from the worksheet on page 39 of the Instructions.....		123456789	10		123456789
11	Alimony received		123456789	11		123456789
12	Business or farm income or (loss).....	X	123456789	12	X	123456789
13	Capital gain or (loss) from the worksheet on page 39 of the Instructions.....	X	123456789	13	X	123456789
14	Supplemental gains or (losses) (attach Schedule D-1)	X	123456789	14	X	123456789
15	IRA distributions		123456789	15		123456789
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40).....		123456789	16		123456789
17	Rents, royalties, partnerships, estates, trusts, etc.....	X	123456789	17	X	123456789
18	Unemployment compensation (insurance).....		123456789	18		123456789
19	Other income (state nature and source) OTHER INCOMEXXXXXXXXXX.....	X	123456789	19	X	123456789
20	Add lines 7 through 19 Total Income ▶	X	123456789	20	X	123456789
21	Certain business expenses of reservists, performing artists, and fee-basis government officials		123456789	21		123456789
22	IRA deduction.....		123456789	22		123456789
23	Student loan interest deduction from the worksheet on page 43 of the Instructions.....		123456789	23		123456789
24	Health savings account deduction.....		123456789	24		123456789
25	Moving expenses (attach Form N-139)		123456789	25		123456789
26	Deductible part of self-employment tax		123456789	26		123456789
27	Self-employed health insurance deduction.....		123456789	27		123456789
28	Self-employed SEP, SIMPLE, and qualified plans.....		123456789	28		123456789
29	Penalty on early withdrawal of savings.....		123456789	29		123456789
30	Alimony paid (Enter name and SS No. of recipient) SPOUSE NAMEXX 123-45-6789.....		123456789	30		123456789
31	Payments to an individual housing account..		123456789	31		123456789
32	First \$5,975 of military reserve or Hawaii national guard duty pay		123456789	32		123456789



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

JCT123

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA
SPOUSE'S FIRST NAME MI LAST NA

- 33 Exceptional trees deduction (attach affidavit)
34 Add lines 21 through 33Total Adjustments
35 Line 20 minus line 34Adjusted Gross Income

36 Ratio of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Column A (Compute to 3 decimal places and round to 2 decimal places).. 36 1.00

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 20, and place an X here. X

37 If you do not itemize deductions, enter zero on line 38 and go to line 39a. Otherwise go to page 20 of the Instructions and enter your Hawaii itemized deductions here.

37a Medical and dental expenses (from Worksheet NR-1 or PY-1) 37a 123456789 (See Instr. on p. 25) Enter Federal AGI 123456

37b Taxes (from Worksheet NR-2 or PY-2) 37b 123456789

37c Interest expense (from Worksheet NR-3 or PY-3) 37c 123456789

37d Contributions (from Worksheet NR-4 or PY-4) 37d 123456789

37e Casualty and theft losses (from Worksheet NR-5 or PY-5) 37e 123456789

37f Miscellaneous deductions (from Worksheet NR-6 or PY-6) 37f 123456789

39a If you checked filing status box: 1 or 3 enter \$2,000; 2 or 5 enter \$4,000; 4 enter \$2,920 39a 123456789

39b Multiply line 39a by the ratio on line 36 Prorated Standard Deduction 39b 123456789

40 Line 35, Column B minus line 38 or 39b, whichever applies. (This line MUST be filled in) 40 X 123456789

41a If line 35, Column B is \$89,981 or less, multiply \$1,040 by the total number of exemptions claimed on line 6e. Otherwise, see page 26 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es) X Yourself X Spouse, and see the Instructions 41a 123456789

41b Multiply line 41a by the ratio on line 36 Prorated Exemption(s) 41b 123456789

42 Taxable Income. Line 40 minus line 41b (but not less than zero) Taxable Income 42 123456789

43 Tax. Place an X if from: X Tax Table; X Tax Rate Schedule; or X Capital Gains Tax Worksheet on page 42 of the Instructions. (X 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 43 123456789

If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet 43a 123456789

44 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions 12 44 123456789 (See Instr. on p. 35) Enter Federal AGI 123456

45 Credit for Low-Income Household Renters (attach Schedule X) 45 123456789

46 Credit for Child and Dependent Care Expenses (attach Schedule X) 46 123456789

47 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) 47 123456789

48 Total refundable tax credits from Schedule CR (attach Schedule CR) 48 123456789

49 Add lines 44 through 48 Total Refundable Credits 49 123456789

50 Line 43 minus line 49. If line 50 is zero or less, see Instructions 50 X 123456789

51 Total nonrefundable tax credits (attach Schedule CR) 51 123456789

TOTAL ITEMIZED DEDUCTIONS
38 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 25. Enter total here and go to line 40. 123456789

ID NO 12



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

JCT124

Name(s) as shown on return

TAXPAYER'S 1ST NAME MI LAST NA

SPOUSE'S FIRST NAME MI LAST NA

52	Line 50 minus line 51	Balance	▶	52	X	123456789
53	Hawaii State Income tax withheld (attach W-2s) (see page 31 of the Instructions for other attachments)...	53				123456789
54	2012 estimated tax payments on Forms N-1 <u>1234567</u> ; N-288A <u>1234567</u> ..	54				123456789
55	Amount of estimated tax applied from 2011 return.....	55				123456789
56	Amount paid with extension.....	56				123456789
57	Add lines 53 through 56	Total Payments	▶	57		123456789
58	If line 57 is larger than line 52, enter the amount OVERPAID (line 57 minus line 52) (see Instructions)..	58				123456789
59	Contributions to (see page 31 of the Instructions):.....	Yourself		Spouse		
59a	Hawaii Schools Repairs and Maintenance Fund	X \$2		X \$2		
59b	Hawaii Public Libraries Fund	X \$2		X \$2		ID NO 12
59c	Domestic and Sexual Violence / Child Abuse and Neglect Funds	X \$5		X \$5		
60	Add the amounts of the Xs on lines 59a through 59c and enter the total here	60				12
61	Line 58 minus line 60	61				123456789
62	Amount of line 61 to be applied to your 2013 ESTIMATED TAX	62				123456789
63a	Amount to be REFUNDED TO YOU (line 61 minus line 62) If filing late, see page 32 of Instructions. Place an X here				X	if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 63 b, c, or d.
b	Routing number <u>123456789</u>	c Type:	X	Checking	X	Savings
d	Account number <u>12345678901234567</u>	63a				123456789
64	AMOUNT YOU OWE (line 52 minus line 57). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"	64				123456789
65	Estimated tax penalty. (See page 32 of Instr.) Do not include this amount in line 58 or 64. Place an X in this box if Form N-210 is attached ▶	X 65				123456789
66	AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD).....	66			X	123456789
67	AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD).....	67			X	123456789

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 33 of the Instructions.

Designee's name ▶ DESIGNEE'S NAMEXXXX Phone no. ▶ (123) 123-4567 Identification number ▶ 12-3456789

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.

PLEASE SIGN HERE	Your signature	Date	Spouse's signature (if filing jointly, BOTH must sign)	Date
	<u>TAXPAYER</u>	<u>12/12/12</u>	<u>SPOUSE</u>	<u>12/12/12</u>
	Your Occupation	Daytime Phone Number	Your Spouse's Occupation	Daytime Phone Number
	<u>OCCUPATIONXX</u>	<u>(123) 123-4567</u>	<u>OCCUPATIONXX</u>	<u>(123) 123-4567</u>

Paid Preparer's Information	Preparer's Signature ▶	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identification number
	<u>TAXPAYER</u>	<u>12/12/12</u>		<u>123456789</u>

Print Preparer's Name ▶ PRINT PREPARER'S NAME HEREXXXXXX Federal E.I. No. ▶ 12-3456789

Firm's name (or yours if self-employed), Address, and ZIP Code ▶ FIRM'S NAME OR PREPARER'S NAME ADDRESS AND ZIP CODEXXXXXXXXXX Phone No. ▶ (123) 123-4567