

PART-YEAR RESIDENTS MUST USE FORM N-15.
RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 2005

or fiscal year beginning _____, 2005 and ending _____, 2006

Check box if filing for the first time or if address has changed

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USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		↑ IMPORTANT ↑ You must enter your SSN(s).
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Your occupation / Spouse's occupation

HAWAII ELECTION CAMPAIGN FUND	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

FILING STATUS	1 <input type="checkbox"/> Single (Check only ONE box)	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ● _____).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. ●	

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 36.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter number of boxes checked on 6a and 6b → <input type="text"/>			
6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over				
If you checked box 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, check here <input type="checkbox"/>					
Dependents:					
6c	1. First and last name	If more than 3 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed → <input type="text"/>
and					Enter number of other dependents → <input type="text"/>
6d					Add numbers entered in boxes above → <input type="text"/>
6e	Total number of exemptions claimed.....				

INCOME	7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7•		00
	8	Interest income from the worksheet on page 30 of the Instructions.....	8•		00
	9	Ordinary dividends.....	9•		00
	10	State income tax refund from the worksheet on page 30 of the Instructions	10•		00
	11	Alimony received: Enter name and address of payer.....	11		00
	12a	Gross receipts from business or farm.....	12a		00
	12b	Net income or (loss) from business or farm	12b•		00
	13	Capital gain or (loss) from worksheet on page 30 of Instructions	13•		00
	14a	Total IRA distributions	14a		00
			14b		00
	15a	Total pensions and annuities	15a		00
			15b		00
	16a	Gross rents received.....	16a		00
	16b	Net rental income or (loss).....	16b•		00
	17	Unemployment compensation (insurance)	17•		00
	18	Other income (state nature and source)	18•		00
	19	Add amounts in far right column for lines 7 through 18	19•		00

ADJUSTMENTS TO INCOME	20	Educator expenses	20		00	
	21	Certain business expenses of reservists, performing artists, and fee-basis government officials	21		00	
	22	IRA deduction	22		00	
	23	Student loan interest deduction from worksheet on page 31 of the Instructions	23		00	
	24	Health savings account deduction.....	24		00	
	25	Moving expenses	25		00	
	26	One-half of self-employment tax	26		00	
	27	Self-employed health insurance deduction	27		00	
	28	Self-employed SEP, SIMPLE, and qualified plans	28		00	
	29	Penalty on early withdrawal of savings.....	29		00	
	30	Alimony paid _____ Enter name and social security number of recipient	30		00	
	31	Payments to an individual housing account	31•		00	
	32	First \$2,594 of military reserve or Hawaii national guard duty pay.....	32•		00	
	33	Exceptional trees deduction (attach affidavit) (see page 38 of the Instructions)	33•		00	
	34	Add lines 20 through 33.....	Total Adjustments		34•	00
AGI	35	Line 19 minus line 34.....	Adjusted Gross Income		35•	00

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE • ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	36	Amount from line 35. (adjusted gross income).....	36		00	
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see the Instructions on page 39.					
	37	If you do not itemize your deductions, go to line 38 below. Otherwise go to page 39 of the Instructions and enter your itemized deductions here.				
	37a	Medical and dental expenses (from Worksheet A-1)	37a		00	
	37b	Taxes (from Worksheet A-2)	37b		00	
	37c	Interest expense (from Worksheet A-3)	37c		00	
	37d	Contributions (from Worksheet A-4).....	37d		00	
	37e	Casualty and theft losses (from Worksheet A-5).....	37e		00	
	37f	Miscellaneous deductions (from Worksheet A-6).....	37f		00	
	38	Enter the larger of your: Itemized Deductions — If line 36 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 30 of the Instructions. If not, add lines 37a through 37f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950	38			00
39	Line 36 minus line 38. (This line MUST be filled in)	39			00	
40	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse, and see page 39 of the Instructions.	40			00	
41	Taxable Income. Line 39 minus line 40 (but not less than zero)	41			00	
42	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 29 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet <input type="checkbox"/> <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814)	42			00	

TAX PAYMENTS AND CREDITS	43	Total nonrefundable tax credits (attach Schedule CR).....	43		00
	44	Line 42 minus line 43 (but not less than zero)	44		00
	45	Hawaii State Income tax withheld and tax withheld on IHA distribution.....	45		00
	46	2005 estimated tax payments	46		00
	47	Amount of estimated tax applied from 2004 return.	47		00
	48	Amount paid with extension(s)	48		00
	49	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions	49		00
	50	Credit for Low-Income Household Renters (attach Schedule X).....	50		00
	51	Credit for Child and Dependent Care Expenses (attach Schedule X)	51		00
	52	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	52		00
53	Total refundable tax credits from Schedule CR (attach Schedule CR).....	53		00	
54	Add lines 45 through 53.....	54		00	

REFUND OR AMOUNT YOU OWE	55	If line 54 is larger than line 44, enter the amount OVERPAID (line 54 minus line 44)	55		00
	56	Amount of line 55 to be applied to your 2006 ESTIMATED TAX	56		00
	57	Line 55 minus line 56	57		00
	58	Contributions to (See Instructions):			
	58a	Hawaii Schools Repairs and Maintenance Fund.....	• <input type="checkbox"/> \$2	Spouse • <input type="checkbox"/> \$2	
	58b	Hawaii Public Libraries Fund.....	• <input type="checkbox"/> \$2	• <input type="checkbox"/> \$2	
	58c	Domestic Violence / Child Abuse and Neglect Funds.....	• <input type="checkbox"/> \$5	• <input type="checkbox"/> \$5	
	59	Add lines 58a through 58c	59		00
	60	Amount to be REFUNDED TO YOU (line 57 minus line 59). If filing late, see page 43 of Instructions.....	60		00
	61	AMOUNT YOU OWE (line 44 minus line 54). Send Form N-200V with your payment.....	61		00
62	Estimated tax penalty. (See page 43 of Instructions.) Do not include this amount in line 55 or 61. Check box if Form N-210 is attached <input type="checkbox"/>	62		00	

63 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only.....

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 44 of the Instructions.

Designee's name ▶ Phone no. ▶ Identification number ▶

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