

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return 2005**  
**RESIDENT**

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

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

			PNT	INT
--	--	--	-----	-----

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)		<b>↑ IMPORTANT ↑</b> <b>You must enter your SSN(s).</b>
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Your occupation / Spouse's occupation

<b>HAWAII ELECTION CAMPAIGN FUND</b>	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 <b>(Check only ONE box)</b>	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. ▶ <input type="checkbox"/>
	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 11.

EXEMPTIONS	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 8 and if your spouse meets the qualifications, check here <input type="checkbox"/>		
	6c <b>Dependents:</b>	} Enter number of your children listed 6c ▶ <input type="text"/>	
	and 1. First and last name		} Enter number of other dependents 6d ▶ <input type="text"/>
	6d		
6e Total number of exemptions claimed .....		Add numbers entered in boxes above 6e ▶ <input type="text"/>	

INCOME	7 Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 10 of Instructions) .....	7●		00
	8 Interest income (complete Part I on page 2 if over \$1,500) .....	8●		00
	9 Ordinary dividends (complete Part II on page 2 if over \$1,500) .....	9●		00
	10 Unemployment compensation (insurance) .....	10●		00
	11 Add lines 7, 8, 9 and 10 ..... <b>Adjusted Gross Income</b> ▶	11●		00
	<b>Caution:</b> ● If you can be claimed as a dependent on another person's return, see page 10 of the Instructions and check here ..... ● <input type="checkbox"/>			
	● If you are married filing separately and your spouse itemizes deductions, see page 7 of the Instructions.			
	12 <b>Standard deduction.</b>	} Enter number of boxes checked on 6a and 6b ▶ <input type="text"/>		
	If you checked filing status box: {	} Enter number of your children listed 6c ▶ <input type="text"/>		
	1, enter \$1,500	} Enter number of other dependents 6d ▶ <input type="text"/>		
	2 or 5, enter \$1,900	} Add numbers entered in boxes above 6e ▶ <input type="text"/>		
	3, enter \$950			
	4, enter \$1,650 ..... <b>Standard Deduction</b> ▶	12●		00
	13 Line 11 minus line 12. (This line <b>MUST</b> be filled in) .....	13●		00
	14 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 10 of Instructions .....	14●		00
15 Line 13 minus line 14. Enter the result (but not less than zero). ..... <b>Taxable Income</b> ▶	15●		00	

ROUND TO THE NEAREST DOLLAR

Continue on other side

Continue on other side

**CAUTION:** You may NOT file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

**NOTE:** You may be required to file Form N-11, N-12, or N-15 for other reasons. See page 5 of Instructions.

**PART I Interest Income**

If you received more than \$1,500 in interest, list the names of the payers and the amounts of interest on the lines below. See page 10 of the Instructions for what interest to report.

**PART II Ordinary Dividends**

If you received more than \$1,500 in ordinary dividends, list the names of the payers and the amounts of the dividends on the lines below. See page 10 of the Instructions for a definition of ordinary dividends.

Name of Payer		Amount	Name of Payer		Amount
1			1		
2	<b>Total interest income.</b> Enter here and on Form N-13, line 8 (Whole dollars only).....		2	<b>Total ordinary dividends.</b> Enter here and on Form N-13, line 9 (Whole dollars only).....	
		00			00

<b>TAX PAYMENTS AND CREDITS</b>	16 Tax. Check if from <input type="checkbox"/> Tax Table; or <input type="checkbox"/> Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000.....	Tax >	16●		00
	17 Carryover of the Energy Conservation Tax Credit (attach Form N-157).....	17●			00
	18 Renewable Energy Technologies Income Tax Credit (attach Form N-334) Check type of energy system: ● <input type="checkbox"/> Solar Thermal ● <input type="checkbox"/> Wind Powered ● <input type="checkbox"/> Photovoltaic.....	18●			00
	19 Add lines 17 and 18 .....	<b>Total Non-Refundable Credits &gt;</b>		19	00
	20 Line 16 minus line 19 (but not less than zero) .....	>		20	00
	21a Total Hawaii income tax withheld .....	21a●			00
	21b Amount paid with extension(s) .....	21b●			00
	21c Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions ● .....	21c●			00
	21d Credit for Low-Income Household Renters (attach Schedule X).....	21d●			00
	21e Credit for Child and Dependent Care Expenses (attach Schedule X) .....	21e●			00
21f Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) .....	21f●			00	
22 Add lines 21a through 21f .....	<b>Total &gt;</b>		22●		00

<b>REFUND OR AMOUNT YOU OWE</b>	23 If line 22 is larger than line 20, enter the amount <b>OVERPAID</b> (line 22 minus line 20) .....	23●			00
	24 <b>Contributions to</b> (See Instructions):				
	24a Hawaii Schools Repairs and Maintenance Fund.....	● <input type="checkbox"/> \$2	● <input type="checkbox"/> \$2		
	24b Hawaii Public Libraries Fund.....	● <input type="checkbox"/> \$2	● <input type="checkbox"/> \$2		
	24c Domestic Violence / Child Abuse and Neglect Funds.....	● <input type="checkbox"/> \$5	● <input type="checkbox"/> \$5		
	25 Add the amounts relating to the checked boxes on lines 24a through 24c and enter here.....	25			00
	26 Line 23 minus line 25. This is the amount to be <b>REFUNDED TO YOU</b> . If filing late, see page 12 of Instructions.....	26●			00
	27 If line 20 is larger than line 22, enter the <b>AMOUNT YOU OWE</b> (line 20 minus line 22). Send Form N-200V with your payment. ....	27●			00
28 Estimated tax penalty. (see page 12 of Instructions) Do not include on line 23 or 27. Check box if Form N-210 is attached >● <input type="checkbox"/> .....	28●			00	

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

**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 12 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.

<b>PLEASE SIGN HERE</b>	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"/>
		Firm's name (or yours if self-employed), Address, and ZIP Code > _____	Federal E.I. No. > _____	Phone No. > _____

**REMINDERS:**

- You must enter your social security number(s). Your social security number(s) is no longer printed on your preprinted address label.
- Check your arithmetic.
- Don't forget to sign your return. If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s or HW-2s, Schedule X, Form N-200V, check or money order, etc.)
- File early using the preaddressed envelope if you received one.