



FORM WEB STATE OF HAWAII N-13 DEPARTMENT OF TAXATION (Rev. 2008)

Individual Income Tax Return RESIDENT 2008

JDI081

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

AMENDED Return Check box if filing for the first time or if address or name 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) City, town or post office, State and Postal/ZIP code. If you have a foreign address, see instructions. Your occupation / Spouse's occupation

HAWAII ELECTION CAMPAIGN FUND Do you want \$3 to go to the Hawaii Election Campaign Fund? If joint return, does your spouse want \$3 to go to the fund? Yes No Note: Checking "Yes" will not increase your tax or reduce your refund.

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

EXEMPTIONS 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. 6a Yourself Age 65 or over 6b Spouse Age 65 or over 6c Dependents: 1. First and last name 2. Dependent's social security number 3. Relationship 6d 6e Total number of exemptions claimed

INCOME 7 Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 11 of Instructions) 8 Interest income (complete Part I on page 2 if over \$1,500) 9 Ordinary dividends (complete Part II on page 2 if over \$1,500) 10 Unemployment compensation (insurance) 11 Add lines 7, 8, 9 and 10 Adjusted Gross Income Caution: If you can be claimed as a dependent on another person's return, see page 11 of the Instructions and check here. If you are married filing separately and your spouse itemizes deductions, see page 8 of the Instructions. 12 Standard deduction. 1 or 3, enter \$2,000 2 or 5, enter \$4,000 4, enter \$2,920 Standard Deduction 13 Line 11 minus line 12. (This line MUST be filled in) 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) Yourself Spouse, and see page 11 of Instructions. 15 Line 13 minus line 14. Enter the result (but not less than zero). Taxable Income

ROUND TO THE NEAREST DOLLAR Table with columns for line numbers (7-15) and amounts (00).

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

Continue on other side

Continue on other side



JDI082

Name(s) as shown on return

Social Security Number(s)

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.

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.

Table with 4 columns: Name of Payer, Amount, Name of Payer, Amount. Includes rows for individual entries and totals for interest income and ordinary dividends.

TAX PAYMENTS AND CREDITS

Table for tax payments and credits with columns for description, amount, and total. Includes rows for tax from table, carryover, renewable energy credits, and various tax credits.

REFUND OR AMOUNT YOU OWE

Table for refund or amount you owe with columns for description, amount, and total. Includes rows for overpaid amount, contributions to various funds, and amount owed.

AMENDED RETURN

Table for amended return with columns for description, amount, and total. Includes rows for amount paid and balance due.

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.

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 section containing signature lines for preparer and spouse, and fields for preparer's signature, name, firm information, and identification number.