



FORM N-15 (Rev. 2008)

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

JCI081

Calendar Year 2008

AMENDED Return Tax Year MM DD YY OR MM DD YY thru MM DD YY

Fill in the applicable oval(s): Part-Year Resident Nonresident Nonresident Alien or Dual-Status Alien

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Please Print in Black Ink. Enter One Letter Or Number in Each Box. Fill in Ovals Completely. Do NOT Submit a Photocopy!!

Fill in applicable oval, if appropriate First Time Filer Address or Name Change

ATTACH A COPY OF YOUR 2008 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE

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

Your First Name, Spouse's First Name, Care Of, Present mailing or home address, City, town or post office, State, Postal/ZIP code, If Foreign address, enter Province and/or State, Country

IMPORTANT - Complete this Section Enter the first four letters of your last name, Your Social Security Number, Enter the first four letters of your Spouse's last name, Spouse's Social Security Number

(Fill in only ONE oval) 1 Single 2 Married filing joint return 3 Married filing separate return 4 Head of household 5 Qualifying widow(er) with dependent child

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT fill in oval 6a, but be sure to fill in the oval below line 37. 6a Yourself 6b Spouse

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. (blank). Includes instructions for 6c and 6d.

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



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Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return

Lines 33-36: Military reserve pay, Exceptional trees deduction, Total Adjustments, Adjusted Gross Income

Line 37: Ratio of Hawaii AGI to Total AGI. CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 20, and fill in this oval.

Line 38: If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 20 of the Instructions and enter your Hawaii itemized deductions here.

Lines 38a-38f: Medical and dental expenses, Taxes, Interest expense, Contributions, Casualty and theft losses, Miscellaneous deductions

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input field

Line 40a: If you checked filing status box: 1 or 3 enter \$2,000; 2 or 5 enter \$4,000; 4 enter \$2,920

Line 40b: Multiply line 40a by the ratio on line 37. Prorated Standard Deduction

Line 41: Line 36, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in)

Line 42a: Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s)

Line 42b: Multiply line 42a by the ratio on line 37. Prorated Exemption(s)

Line 43: Taxable Income. Line 41 minus line 42b (but not less than zero)

Line 44: Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 41 of the Instructions.

Line 44a: If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet

Line 45: Total nonrefundable tax credits (attach Schedule CR)

Line 46: Line 44 minus line 45 (but not less than zero). Balance

Line 47: Hawaii State Income tax withheld (attach W-2s)

Line 48: 2008 estimated tax payments on Forms N-1; N-288A

Line 49: Amount of estimated tax applied from 2007 return

Line 50: Amount paid with extension



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Form N-15 (Rev. 2008) WEB

Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

Main form body with lines 51-67, including tax credits, payments, and routing information.

DESIGNEE section: If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following.

HAWAII ELECTION CAMPAIGN FUND section: Do you want \$3 to go to the Hawaii Election Campaign Fund?

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.

SIGNATURE section: Your signature, Date, Spouse's signature, Date, Your Occupation, Daytime Phone Number, Your Spouse's Occupation, Daytime Phone Number.

PREPARED BY section: Preparer's Signature, Date, Check if self-employed, Preparer's identification number, Print Preparer's Name, Federal E.I. No., Firm's name, Address, and ZIP Code, Phone No.