



FORM N-15 (Rev. 2009)

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

JCB091

Calendar Year 2009

AMENDED Return

NOL Carryback

Tax Year

MM DD YY boxes for tax year

OR thru

MM DD YY boxes for tax year

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 2009 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE

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

Personal information fields: Your First Name, M.I., Your Last Name, Spouse's First Name, M.I., Spouse's Last 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

Important section fields: 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, Age 65 or over

If you filled ovals 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, fill in this oval

Table with 4 columns: Dependents, First and last name, If more than 6 dependents use attachment, 2. Dependent's social security number, 3. Relationship

Enter number of your children listed.. 6c, Enter number of other dependents..... 6d

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



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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Name(s) as shown on return

If amount is negative (loss), shade the minus (-) in the box. Example: -

Col. A - Total Income

Col. B - Hawaii Income

Table with 32 rows of income/expense items and two columns for amounts. Includes items like Wages, interest, dividends, and total income.



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

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Name(s) as shown on return

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

37 Ratio of Hawaii AGI to Total AGI. Divide line 36, Column B, by line 36, Column A (Compute to 3 decimal places and round to 2 decimal places).. 37

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.

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

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

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

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

42a If line 36, 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, fill in the applicable oval(s)
Yourself Spouse, and see the Instructions..... 42a

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

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

44 Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 43 of the Instructions.
Fill in oval if tax from Forms N-2, N-103, N-152, N-168, N-312, N-318, N-338, N-405, N-586, N-615, or N-814 is included.) Tax 44
If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet..... 44a

45 Total nonrefundable tax credits (attach Schedule CR) 45

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

47 Hawaii State Income tax withheld (attach W-2s) (see page 29 of the Instructions for other attachments)... 47

48 2009 estimated tax payments on Forms N-1 ; N-288A 48

49 Amount of estimated tax applied from 2008 return ...49

50 Amount paid with extension..... 50



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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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.

SIGNING 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.