

**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Key From Image Specifications  
for  
Form N-13 (Rev. 2008)**

**Contact Information**

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**Hawaii Software Vendor Website  
Address:**

[www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm)

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

## FORM N-13 (Rev. 2008)

### General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form N-13. Form N-13 requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form.

The form must be an exact replica of the official version of the form with respect to layout, data dots, shading and content.

Substitute KFI forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

### GENERAL INFORMATION

#### 1. Substitute Form

- Photocopies of the form must not be submitted to the Department for processing. This will distort the 1D barcode.

#### 2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

#### 3. Testing and Approval of the KFI Form

- A review of the form will be done based on processing specifications. It is assumed that there

are no spelling errors, incorrect or missing words, missing lines, etc.

- 1 test sample is required to be submitted for testing of the barcodes and must be an original. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

### KEY FROM IMAGE (KFI) SPECIFICATIONS

#### 1. Layout

- The form must be an exact replica of the official Form N-13 with respect to layout, data dots, shading, and content.

#### 2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label at top middle of the form for each page. Exact placement is not required.
- See Appendix A for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

#### 4. Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:  
Page 1:  
3/4 inch from top edge of form and 1/2 inch from left edge of form

Page 2:

1/2 inch from top edge of form and 1/2 inch from left edge of form

- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A ¼ inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.
- The required barcode is JDT081 for page 1:



JDT081

The required barcode is JDT082 for page 2:



JDT082

The barcode includes the form number code (JD), type of form (T), form year (08), and page number (1) or (2). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

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Appendix A  
HAWAII VENDOR I.D. NUMBER

Company	HI Vendor I.D. No.
2nd Story Software, Inc.	90
Aatrix Software, Inc.	11
AccountantsWorld	18
ACOM Solutions, Inc.	34
ADP Taxware	33
ADP, Inc.	21
Advanced Micro Solutions	29
Advantage Payroll	28
AME Software Products, Inc.	36
ATX II, LLC	10
Business Software, Inc.	22
CBIZ – Century Business Services	26
CCH Incorporated (CA)	16
CCH Incorporated (IL)	17
CCH Incorporated (KS)	15
Ceridian	27
Condominium Rentals Hawaii	32
CORPTax, LLC	25
CS Professional Suite	20
Data Technology Group	24
Destination Resorts Hawaii	39
Drake Software	30
H&R Block	40
H&R Block Digital Tax Solutions	19
IntelliTax	58
Intuit	50
iSystems LLC	38

Company	HI Vendor I.D. No.
Jackson Hewitt Tax Service	55
Liberty Tax Service	54
MasterTax	57
Nelco	56
Oishi Property Management	64
On-Line Taxes, Inc.	68
Pacific Data Services, Inc.	63
Paychex, Inc.	62
Payroll Tax People LLC	61
Petz Enterprises, Inc.	59
PrimePay, Inc.	67
Rhodes Computer Services, Inc.	60
Sage Software	23
STF Services Corporation	70
Tax\$imple, Inc.	74
TaxSation, Inc.	71
Taxware Systems Inc.	73
TaxWorks LLC	75
Thomson Tax & Accounting	65
TriTech Software Development	77
Trust Tax Services of America (TTSOA)	78
Universal Tax Systems, Inc.	79
Vertex Inc. – Sarasota	80
Wal-Mart Stores, Inc., Financial Support Division	85
Wolters Kluwer North America Shared Services (IL)	89
WSN Systems Corporation	37

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3/4 inch from top edge of the form

Placement of Hawaii Vendor ID Number



FORM N-13 (Rev. 2008)

STATE OF HAWAII DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT 2008

JDT081

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

D Return [ ] Check box if filing for the first time or if address or name has changed

Table with columns for PNT and INT

1/2 inch from left edge of the form

Form section for personal information: Your first name and initial, Last name, Your social security number, etc.

HAWAII ELECTION CAMPAIGN FUND section with checkboxes for Yes/No

FILING STATUS section with checkboxes for Single, Married filing joint return, etc.

EXEMPTIONS section including 6a, 6b, 6c, 6d, 6e with various checkboxes and input fields

INCOME section including lines 7-15 for wages, interest, dividends, and taxable income

ROUND TO THE NEAREST DOLLAR

Summary table with columns for line number and amount (e.g., 7, 8, 9, 10, 11, 12, 13, 14, 15)

• 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

ID NO 99

1/2 inch from top edge of the form

Placement of Hawaii Vendor ID Number



JDT082

Form N-13 (Rev. 2008)

Name(s) as shown on return

Security Number(s)

<b>PART I</b> <b>Income</b> If you received interest, list the names of the payers and the amounts below. See page 11 of the Instructions for what interest to report.	<b>PART II</b> <b>Ordinary Dividends</b> 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 11 of the Instructions for a definition of ordinary dividends.
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1/2 inch from left edge of the form

PART I Income		PART II 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 from Tax Table.....	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.....	Total Non-Refundable Credits >		19	00
	20 Line 16 minus line 19 (but not less than zero).....	>		20	00
	21a Total Hawaii income tax withheld (attach W-2s) (see page 13 of the Instructions for other attachments)....	21a●		00	
	21b Amount paid with extension.....	21b●		00	
	21c Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions ● _____ Federal AGI ● _____	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		
21g Credit for \$1 General Income Tax (see page 13 of the Instructions).....	21g●		00		
22 Add lines 21a through 21g.....	Total >		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 pages 13-14 of the Instructions): Yourself Spouse			
	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 of the checked boxes on lines 24a through 24c and enter the total here.....	25		00
26a Line 23 minus line 25. This is the amount to be <b>REFUNDED TO YOU</b> . If filing late, see page 14 of Instructions..... b Routing number ● _____ c Type: ● <input type="checkbox"/> Checking ● <input type="checkbox"/> Savings d Account number ● _____	26a●		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. Make check or money order payable to the "Hawaii State Tax Collector".....	27●		00	
28 Estimated tax penalty. (See page 14 of Instructions) Do not include on line 23 or 27. Check box if Form N-210 is attached >● <input type="checkbox"/>	28●		00	

<b>AMENDED RETURN</b>	29 <b>AMENDED RETURN ONLY</b> – Amount paid (overpaid) on original return. (See Instructions).....	29●		00
	30 <b>AMENDED RETURN ONLY</b> – Balance due (refund) with amended return. (See Instructions).....	30●		00

**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 15 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 > _____ Print Preparer's Name > _____		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. > _____	