



N11_T 2022A 01 VID90

Individual Income Tax Return

RESIDENT
Calendar Year 2022
OR

DO NOT WRITE IN THIS AREA

Fiscal Year
Beginning

and
Ending

AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY



Do NOT Submit a Photocopy!!

• ATTACH COPY 2 OF FORM W-2 HERE •

Your First Name M.I. Your Last Name Suffix

A A

Spouse's First Name M.I. Spouse's Last Name Suffix

B A

Care Of (See Instructions, page 7.)

Present mailing or home address (Number and street, including Rural Route)

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.

Use **ALL CAPITAL** letters

A

Your Social
Security Number

490 - 54 - 9999

Deceased Date of Death

Enter the first four letters
of your Spouse's last name.

Use **ALL CAPITAL** letters

A

Spouse's Social
Security Number

490 - 54 - 8888

Deceased Date of Death

• ATTACH CHECK OR MONEY ORDER HERE •

(Place an X in only ONE box)

- 1 Single
2 ☒ Married filing joint return (even if only one had income).
3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. _____

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. ► _____

5 Qualifying widow(er) (see page 8 of the Instructions)

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

6a ☒ Yourself ☒ Age 65 or over } Enter the number of Xs
6b ☒ Spouse ☐ Age 65 or over } on 6a and 6b 3

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship
1. First and last name			
6d C A		490-54-7777	SON
D A		490-54-5555	DAUGHTER
D A		490-54-3333	DAUGHTER

Enter number of
your children listed 6c 3

Enter number of
other dependents 6d 0

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



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Your Social Security Number

490 - 54 - 9999

Your Spouse's SSN

490 - 54 - 8888

Name(s) as shown on return

A
A AND B

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	7	400000
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8	
9	Interest on out-of-state bonds (including municipal bonds)	9	
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions)	10	
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11	0
12	Add lines 7 and 11	12	400000
13	Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions)	13	
14	Social security benefits taxed on federal return	14	
15	First \$7,345 of military reserve or Hawaii national guard duty pay	15	
16	Payments to an individual housing account	16	
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions)	17	
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions)	18	
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19	0
20	Line 12 minus line 19 Hawaii AGI	20	400000

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

21a Medical and dental expenses
(from Worksheet A-1) 21a

21b Taxes (from Worksheet A-2) 21b

21c Interest expense (from Worksheet A-3) 21c 40000

21d Contributions (from Worksheet A-4) 21d

21e Casualty and theft losses (from Worksheet A-5) 21e

21f Miscellaneous deductions (from Worksheet A-6) 21f

**TOTAL ITEMIZED
DEDUCTIONS**

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 19. Enter total here and go to line 24.

33004

23 If you checked filing status box: 1 or 3 enter \$2,200;
2 or 5 enter \$4,400; 4 enter \$3,212 **Standard Deduction** 23

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) 24 366996



Name(s) as shown on return A
A AND B

- | | | | | |
|------------|--|-----------|-----------------|---------------|
| 42 | If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions) | · · · | 42 | 0 |
| 43 | Contributions to (see page 22 of the Instructions): | · · · · · | Yourself | Spouse |
| 43a | Hawaii Schools Repairs and Maintenance Fund | · · · · · | \$2 | \$2 |
| 43b | Hawaii Public Libraries Fund | · · · · · | \$5 | \$5 |
| 43c | Domestic and Sexual Violence / Child Abuse and Neglect Funds | · · · · · | \$5 | \$5 |
| 44 | Add the amounts of the Xs on lines 43a through 43c and enter the total here | · · · · · | 44 | 0 |
| 45 | Line 42 minus line 44 | · · · · · | 45 | 0 |



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Your Social Security Number

490 - 54 - 9999

Your Spouse's SSN

490 - 54 - 8888

Name(s) as shown on return ^A A AND B

46 Amount of line 45 to be applied to your

2023 ESTIMATED TAX 46

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late,

see page 23 of Instructions 47a

0

Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number

47c Type:

Checking

Savings

47d Account number

48 AMOUNT YOU OWE (line 36 minus line 41) 48

28770

49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 49

29691

50 Estimated tax penalty. (See page 23 of

Instructions.) Do not include on line 42 or 48. Place an X in

this box if Form N-210 is attached ▶ ☒ 50

921

51 AMENDED RETURN ONLY-- Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) . . . 51

52 AMENDED RETURN ONLY-- Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) . . . 52

53 Did you file a federal Schedule C?

Yes ☒ No

If yes, enter Hawaii gross receipts

your main business activity: _____

your main business product: _____ AND your HI Tax I.D. No. for this activity GE

54 Did you file a federal Schedule E for any rental activity?

Yes ☒ No

If yes, enter Hawaii gross rents received

AND your HI Tax I.D. No. for this activity GE

55 Did you file a federal Schedule F?

Yes ☒ No

If yes, enter Hawaii gross receipts

your main business activity: _____

your main business product: _____ AND your HI Tax I.D. No. for this activity GE

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 25 of the Instructions.

Designee's name ▶

Phone no. ▶

Identification number ▶

HAWAII ELECTION CAMPAIGN FUND
(See page 25 of the Instructions)

Indicate if you want \$3 to go to the Hawaii Election Campaign Fund.

Yes

If joint return, Indicate if your spouse designates \$3 to go to the fund.

Yes

Note: Placing an X in the "Yes" box will not increase your tax or refund.**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.

Your signature

Date

Spouse's signature (if filing jointly, BOTH must sign)

Date

Your Occupation

Daytime Phone Number

Your Spouse's Occupation

Daytime Phone Number

PLEASE SIGN HERE

Paid Preparer's Information

Preparer's Signature ▶

Date

Check if self-employed ▶ ☐

PTIN

Print Preparer's Name ▶

Federal E.I. No. ▶

Firm's name (or yours if self-employed), Address, and ZIP Code ▶

Phone No. ▶