



N11\_T 2024A 01 VID30

Individual Income Tax Return

RESIDENT

Calendar Year 2024

OR

Fiscal Year  
Beginning

and  
Ending

AMENDED Return  
NOL Carryback  
IRS Adjustment  
First Time Filer

FOR OFFICE USE ONLY



Do NOT Submit a Photocopy!!

Your First Name

M.I.

Your Last Name

Suffix

A

A

Spouse's First Name

M.I.

Spouse's Last Name

Suffix

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

Spouse's Social  
Security Number

Deceased

Date of Death

(Place an X in only ONE box)

1 X

Single

4

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

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.

5

Qualifying surviving spouse (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 X

Yourselves . . . . .

Age 65 or over . . . . .

6b

Spouse . . . . .

Age 65 or over . . . . .

Enter the number of Xs  
on 6a and 6b

1

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  
and  
6d

Dependents:

1. First and last name

If more than 4 dependents  
use attachment

2. Dependent's social  
security number

3. Relationship

Enter number of  
your children listed

6c

0

Enter number of  
other dependents

6d

0

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

6e

1



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Name(s) as shown on return A, A

## ROUND TO THE NEAREST DOLLAR

7 Federal adjusted gross income (AGI) (see page 11 of the Instructions) . . . . . 7 99999

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 99999

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 \$8,082 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 99999

**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

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

23 If you checked filing status box: 1 or 3 enter \$4,400;  
2 or 5 enter \$8,800; 4 enter \$6,424 . . . . . Standard Deduction ► 23

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

**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.

4400

95599



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Your Social Security Number

Your Spouse's SSN

490 - 54 - 9999

Name(s) as shown on return A, A

**25** Multiply \$1,144 by the total number of exemptions claimed on line 6e.

If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 20 of the Instructions.

Yourself Spouse . . . . . **25** 1144**26 Taxable Income.** Line 24 minus line 25 (but not less than zero) . . . . . **Taxable Income ▶ 26**

94455

**27** Tax. Place an X if from **X** Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 33 of the Instructions.( Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-325, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) . . . . . **Tax ▶ 27**

7048

**27a** If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet . . . **27a****28** Refundable Food/Excise Tax Credit (attach Form N-311) **DHS, etc.** exemptions 0 . . **28****29** Credit for Low-Income Household Renters (attach Schedule X) . . . . . **29****30** Credit for Child and Dependent Care Expenses (attach Schedule X) . . . . . **30****31** Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) . . . . . **31****32** Total refundable tax credits from Schedule CR (attach Schedule CR) . . . . . **32****33** Add lines 28 through 32 . . . . . **Total Refundable Credits ▶ 33** 0**34** Line 27 minus line 33. If line 34 is zero or less, see Instructions . . . **Adjusted Tax Liability ▶ 34** 7048**35** Total nonrefundable tax credits (attach Schedule CR) . . . . . **35** 0**36** Line 34 minus line 35 . . . . . **Balance ▶ 36** 7048**37** Hawaii State Income tax withheld (attach W-2s) (see page 22 of the Instructions for other attachments) . . . . . **37****38** 2024 estimated tax payments . . . . . **38****39** Amount of estimated tax applied from 2023 return . . . **39****40** Amount paid with extension . . . . . **40****41** Add lines 37 through 40 . . . . . **Total Payments ▶ 41** 0**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

Name(s) as shown on return

A, A

46

Amount of line 45 to be applied to your

2025 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

7048

49

PAYMENT AMOUNT

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

49

7274

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

X

50

226

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

X

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

X

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

X

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 the fund

Yes

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

PLEASE SIGN HERE

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

Preparer's Signature

Date

Check if self-employed

PTIN

Paid Preparer's Information

Print Preparer's Name

Federal E.I. No.

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

Phone No.