



Individual Income Tax Return RESIDENT



JBB091

Calendar Year 2009

OR

AMENDED Return

NOL Carryback

Fiscal Year Beginning

MM DD YY boxes for Fiscal Year Beginning

and Ending

MM DD YY boxes for and Ending

FOR OFFICE USE ONLY

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

THIS SPACE RESERVED

ATTACH COPY 2 OF FORM W-2 HERE

Personal information table with fields for Name, M.I., Address, City, State, ZIP, and Foreign Address

IMPORTANT — Complete this Section

Important section with input boxes for last name letters, Social Security Number, and 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 above line 21.

6a-6e: Number of dependents and exemptions section with input boxes

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



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:

ROUND TO THE NEAREST DOLLAR

Main calculation section with lines 7-20 and associated input boxes and minus signs.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and fill in this oval.

Deduction section with lines 21-23, including itemized deduction instructions and input boxes.



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Form N-11 (Rev. 2009)

Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

Name(s) as shown on return \_\_\_\_\_

24 If line 20 is \$89,981 or less, multiply \$1,040 by the total number of exemptions claimed on line 6e. Otherwise, see page 21 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s), and see page 21 of the Instructions.

Yourself  Spouse ..... 24

Input boxes for line 24

25 Taxable Income. Line 23 minus line 24 (but not less than zero) ..... Taxable Income > 25

Input boxes for line 25

26 Tax. Fill in oval if from  Tax Table;  Tax Rate Schedule; or  Capital Gains Tax Worksheet on page 37 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 > 26

Input boxes for line 26

27 If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet ..... 27

Input boxes for line 27

28 Total nonrefundable tax credits (attach Schedule CR) ..... 28

Input boxes for line 28

29 Line 26 minus line 28 (but not less than zero) ..... Balance > 29

Input boxes for line 29

30 Hawaii State Income tax withheld (attach W-2s) (see page 25 of the Instructions for other attachments) ..... 30

Input boxes for line 30

31 2009 estimated tax payments ..... 31

Input boxes for line 31

32 Amount of estimated tax applied from 2008 return ..... 32

Input boxes for line 32

33 Amount paid with extension ..... 33

Input boxes for line 33

34 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions  ..... 34

Input boxes for line 34

35 Credit for Low-Income Household Renters (attach Schedule X) ..... 35

Input boxes for line 35

36 Credit for Child and Dependent Care Expenses (attach Schedule X) ..... 36

Input boxes for line 36

37 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) ..... 37

Input boxes for line 37

38 Credit for \$1 General Income Tax (see page 26 of the Instructions) ..... 38

Input boxes for line 38

39 Total refundable tax credits from Schedule CR (attach Schedule CR) ..... 39

Input boxes for line 39

40 Add lines 30 through 39 ..... Total Payments and Credits > 40

Input boxes for line 40

41 If line 40 is larger than line 29, enter the amount OVERPAID (line 40 minus line 29) ..... 41

Input boxes for line 41

42 Contributions to (see page 28 of the Instructions): ..... Yourself Spouse

42a Hawaii Schools Repairs and Maintenance Fund .....  \$2  \$2

42b Hawaii Public Libraries Fund .....  \$2  \$2

42c Domestic Violence / Child Abuse and Neglect Funds .....  \$5  \$5

43 Add the amounts of the filled ovals on lines 42a through 42c and enter the total here ..... 43

Input boxes for line 43

44 Line 41 minus line 43 ..... 44

Input boxes for line 44

45 Amount of line 44 to be applied to your 2010 ESTIMATED TAX ..... 45

Input boxes for line 45



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Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

46a Amount to be REFUNDED TO YOU (line 44 minus line 45) If filing late, see page 31 of Instructions 46a

Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 46 b, c, or d.

b Routing number c Type: Checking Savings

d Account number

47 AMOUNT YOU OWE (line 29 minus line 40). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector" 47

48 Estimated tax penalty. (See page 28 of Instructions.) Do not include on line 41 or 47. Fill in this oval if Form N-210 is attached 48

49 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 49

50 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 50

51 Did you file a federal Schedule C? Yes No If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity W

52 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 W

53 Did you file a federal Schedule F? Yes No If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity W

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 30 of the Instructions.

Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND

Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No If joint return, does your spouse want \$3 to go to the fund? Yes No

Note: Filling in the "Yes" oval will not increase your tax or reduce your 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 Preparer's Signature Date Check if self-employed Preparer's identification number 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.

REMINDERS:

- File your return on or before April 20, 2010. You must enter your social security number(s). Don't forget to sign your return. Be sure required attachments are attached. Make check or money order payable to the "Hawaii State Tax Collector" or visit our website at www.ehawaii.gov/efile and register to pay your taxes via the Internet.