SCHEDULE X

STATE OF HAWAII—DEPARTMENT OF TAXATION

FORM N-11/N-13/N-15 (Rev. 2011)

TAX CREDITS FOR HAWAII RESIDENTS

Caution: Please read the Instructions for Schedule X in your tax return instruction booklet carefully before completing this schedule.

Attach to Form N-11, N-13, or N-15

2011

Name(s) as shown on Form N-11, N-13, or N-15

Your social security number

	RT I: REFUNDABLE FOOD/EXCISE TAX CREDIT Is your federal adjusted gross income less than \$50,000						
	If "No", STOP. You cannot claim this credit. However, you	may claim the credit for a min	or child receiving support f	rom the Departi	ment of H	uman	
	Services, etc. In this situation, only complete lines 3, 9, a	nd 10. If "Yes", go to line 2.					
2	List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDE	ENTS if all the requirements in	the box below are met. Do	not list minor c	hildren re	ceiving	
	more than half of their support from public agencies ever					_	
Ε,	Listed Person Must Most All Requirements Name				Name		
2	2 Listed Person Must Meet All Requirements	- Hamo					
1	a) Resident of Hawaii c) Not in prison, youth correctional facility, or jail for entire taxable						
Ι,	than 9 months during year						
	2011 d) Cannot be claimed as a dependent by another taxpayer						
	Enter the number of qualified persons listed above				2		
3	List all MINOR CHILDREN RECEIVING MORE THAN H. Services, who meet all the requirements in the box below		OM PUBLIC AGENCIES, s	uch as the Dep	artment c	f Human	
	Listed Person Must Meet All Requirements Caution: Do not list any children already listed on line 2 above.						
	·	Name	er Relat	Relationship to You			
	a) Resident of Hawaii d) More than half of support from public agency						
	9 months during 2011 e) Not listed on any other						
	c) Not in prison, youth Hawaii tax return						
	correctional facility, or jail for entire taxable year						
	Enter the number of children listed above. Also enter this	number in the enace provide	d on Form N-11 line 28:				
	Form N-13, line 18; or Form N-15, line 44	· · ·			3		
1	Enter the amount of your federal adjusted gross income				3		
	If you are married filing a separate return, enter your spo	,					
	Add lines 4 and 5. Enter the total here and in the space provided	, ,					
	Enter on line 7 the amount of the tax credit shown below			. 6			
′	Tax credit per	that applies to the amount on	Tax credit per				
	If line 6 is: qualified exemption is:	If line 6 is:	qualified exemption is:				
	Under \$5,000\$85	\$20,000 under \$30,000	\$45				
	\$5,000 under \$10,000	\$30,000 under \$40,000 \$40,000 under \$50,000					
	\$15,000 under \$20,00055	\$50,000 and over					
				7			
	Multiply line 2 by the amount of the tax credit on line 7. E						
	Multiply line 3 by \$85. Enter the total here			9			
10	Add lines 8 and 9. Enter the result here and on Form N-1						
_	This is your refundable food/excise tax credit. (Whole dol			10		00	
	RT II: CREDIT FOR LOW-INCOME HOUSEHOLD						
1	Is your adjusted gross income (Form N-11, line 20; Form		ine 35, Column A) less thai	1 \$30,000?			
_	If "No", STOP. You cannot claim this credit. If "Yes", go to					_	
	Are you a resident who was present in Hawaii more than nine months			_	Question	1 3.	
	Can you be claimed as a dependent by another taxpayer						
4	Enter required information for each rental unit that was fu			-		-	
	from real property tax. If you occupied more than one qu		d information for each addi	tional unit on a	separate	sheet. If	
	you shared the unit with others, enter only YOUR SHARE	of the rent.					
	Address (give Apt. No., if any)						
	Occupied From, 2011 , To		_, 2011. Total rent paid for	this period. \$			
	month	month					
	Owned by (or agent for owner)	addı		W			
	name	(Hawaii	i Tax I.D. N	Number)			
5	Add up YOUR SHARE of rent paid during the taxable year	. 5					
	Enter the amount of your exclusions (e.g. utilities, parking st						
	Line 5 minus line 6. If this amount is \$1,000, or less, ST 0						
	Enter the number of qualified exemptions from the Qualif						

9 Multiply the number of exemptions on line 8 by \$50 and enter the result here and on Form N-11, line 29; Form N-13,

line 19; or Form N-15, line 45. This is your low-income household renter's credit. (Whole dollars only)......

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PART III: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Se	ction A: Care Provider Information							
1	(a) Care (b) Address			(d) Hawaii	Гах	(e) Amount p	aid	
'	Provider's name (number, street, city, state and Postal/ZIP code)	, , , , , , , , , , , , , , , , , , , ,		I.D. Numb	er			
		(Hamber, Street, Sity, State and Fostanzin Code)						
		l l		M.				
					W		:	
					w			
					w			
50	ction B: Donandont Caro Bonofits //fryou did not receive honofit	o okin to line	16)			\top		
	ction B: Dependent Care Benefits — (If you did not receive benefit							
2	Enter the total amount of dependent care benefits you received in 2011. A	-						
	should be shown in Box 10 of your W-2 form(s). If you were self-employed				s you			
	received under a dependent care assistance program from your sole prop	eceived under a dependent care assistance program from your sole proprietorship or partnership				2		
3	nter the amount, if any, you carried over from 2010 and used in 2011 during the grace period					3		
4	Enter the amount, if any, you forfeited or carried forward to 2012. (See the	ter the amount, if any, you forfeited or carried forward to 2012. (See the Instructions)					()
	Combine lines 2 through 4						`	
			6			5		
	Enter the total amount of qualified expenses incurred in 2011 for the care of the qualifying person(s)					-		
	Enter the smaller of line 5 or 6					-		
	Enter YOUR earned income		8			-		
9	If married filing a joint return, enter YOUR SPOUSE'S earned income (if st	tudent or						
	disabled, see Instructions); if married filing separately, see the Instructions	for the						
	amount to enter; all others, enter the amount from line 8		9					
10	Enter the smallest of line 7, 8, or 9		10					
11	Taxable benefits. Enter the amount of taxable benefits from the workshee	et in the Instru	uctions	. Also. ind	clude this			
	amount on Form N-13, line 7 or Form N-15, line 7. On the corresponding of			,		11		
10			12	T				
	Enter \$2,400 (\$4,800 if two or more qualifying persons)					-		
	Add lines f and i from the Taxable Benefits worksheet in the Instructions		13					
14	Line 12 minus line 13. If zero or less, STOP . You cannot take the credit. I							
	expenses in 2011 (see Instructions)							
15	Complete line 16. Do not include in column (d) any benefits shown on line 13. Then, add the amounts in column (d)							
	and enter the total here					15		
Se	ction C: Credit for Child and Dependent Care Expenses — (If	you are marr	ied, yo	ou must fi	le a joint return	to clain		
10						(d) Qualified exp		
16	(a) Qualifying person's name			fying person's social curity number		you incurred and in 2011 for the p		
				curity fluifiber		listed in colum		
							notou ni ooium	(ω)
17	Add the amounts in column (d) of line 16. DO NOT enter more than \$2,40	00 for one						
	qualifying person or \$4,800 for two or more persons. If you completed Se							
	enter the smaller of line 14 or line 15	*	17					
10			18			-		
	Enter YOUR earned income					-		
19	If married filing a joint return, enter YOUR SPOUSE'S earned income (if st							
	disabled, see the Instructions); all others, enter the amount from line 18		19				1	
20	Enter the smallest of line 17, 18, or 19.					20		
21	Enter adjusted gross income from Form N-11, line 20; Form N-13, line 11;							
	or Form N-15, line 35, Column A		21					
22	Enter on line 22 the decimal amount shown below that applies to the amo	er on line 22 the decimal amount shown below that applies to the amount on line 21.				1		
	If line 21 is: Decimal amount is: If line 21 is: Decimal amount is:							
	Under \$22,001 .25 \$32,001 — 34,000 .19							
	\$22,001 — 24,000							
	24,001 — 26,000							
	26,001 — 28,000 .22						T	
	28,001 — 30,000							
	00,001 02,000 .20					22	X	<u> </u>
23	Multiply line 20 by the decimal amount on line 22. Enter the result here ar	nd on Form N	-11, lir	ie 30;				
	Form N-13, line 20; or Form N-15, line 46. (Whole dollars only)					23		00