AMENDED Return

NOL Carryback

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

Your First Name M.I. Your Last Name

Spouse’s First Name M.I. Spouse’s Last Name

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

Your Social Security Number

Enter the first four letters of your Spouse’s last name. Use ALL CAPITAL letters

Spouse’s Social Security Number

(Fill in only ONE oval)

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) with dependent child. Enter the year your spouse died

C A U T I O N: 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 Yourself ........................................ 
6b Spouse........................................ 

Enter the number of ovals filled on 6a and 6b .........

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval

6c Dependents: If more than 4 dependents use attachment
1. First and last name
2. Dependent’s social security number
3. Relationship

Enter number of your children listed… 6c

Enter number of other dependents… 6d

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

22 Add lines 21a through 21f. If your 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 21. Enter total here and go to line 24.

23 If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212. Enter total here and go to line 24.

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Federal adjusted gross income (AGI)</td>
<td>( \text{Line 7} )</td>
</tr>
<tr>
<td>8</td>
<td>Difference in state/federal wages due to COLA, ERS, etc.</td>
<td>( \text{Line 8} )</td>
</tr>
<tr>
<td>9</td>
<td>Interest on out-of-state bonds (including municipal bonds)</td>
<td>( \text{Line 9} )</td>
</tr>
<tr>
<td>10</td>
<td>Other Hawaii additions to federal AGI (see page 11 of the Instructions)</td>
<td>( \text{Line 10} )</td>
</tr>
<tr>
<td>11</td>
<td>Add lines 8 through 10. Total Hawaii additions to federal AGI</td>
<td>( \text{Line 11} )</td>
</tr>
<tr>
<td>12</td>
<td>Add lines 7 and 11.</td>
<td>( \text{Line 12} )</td>
</tr>
<tr>
<td>13</td>
<td>Pensions taxed federally but not taxed by Hawaii.</td>
<td>( \text{Line 13} )</td>
</tr>
<tr>
<td>14</td>
<td>Social security benefits taxed on federal return.</td>
<td>( \text{Line 14} )</td>
</tr>
<tr>
<td>15</td>
<td>First $6,076 of military reserve or Hawaii national guard duty pay.</td>
<td>( \text{Line 15} )</td>
</tr>
<tr>
<td>16</td>
<td>Payments to an individual housing account.</td>
<td>( \text{Line 16} )</td>
</tr>
<tr>
<td>17</td>
<td>Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions).</td>
<td>( \text{Line 17} )</td>
</tr>
<tr>
<td>18</td>
<td>Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).</td>
<td>( \text{Line 18} )</td>
</tr>
<tr>
<td>19</td>
<td>Add lines 13 through 18. Total Hawaii subtractions from federal AGI</td>
<td>( \text{Line 19} )</td>
</tr>
<tr>
<td>20</td>
<td>Line 12 minus line 19. Hawaii AGI</td>
<td>( \text{Line 20} )</td>
</tr>
<tr>
<td>21</td>
<td>If you do not itemize your deductions, go to line 23 below. Otherwise go to page 16 of the Instructions and enter your itemized deductions here.</td>
<td></td>
</tr>
<tr>
<td>21a</td>
<td>Medical and dental expenses (from Worksheet A-1).</td>
<td>( \text{Line 21a} )</td>
</tr>
<tr>
<td>21b</td>
<td>Taxes (from Worksheet A-2).</td>
<td>( \text{Line 21b} )</td>
</tr>
<tr>
<td>21c</td>
<td>Interest expense (from Worksheet A-3).</td>
<td>( \text{Line 21c} )</td>
</tr>
<tr>
<td>21d</td>
<td>Contributions (from Worksheet A-4).</td>
<td>( \text{Line 21d} )</td>
</tr>
<tr>
<td>21e</td>
<td>Casualty and theft losses (from Worksheet A-5).</td>
<td>( \text{Line 21e} )</td>
</tr>
<tr>
<td>21f</td>
<td>Miscellaneous deductions (from Worksheet A-6).</td>
<td>( \text{Line 21f} )</td>
</tr>
<tr>
<td>22</td>
<td>Add lines 21a through 21f.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>If you checked filing status box: 1 or 3 enter $2,200; 2 or 5 enter $4,400; 4 enter $3,212.</td>
<td>( \text{Line 23} )</td>
</tr>
<tr>
<td>24</td>
<td>Line 20 minus line 22 or 23, whichever applies.</td>
<td>( \text{Line 24} )</td>
</tr>
</tbody>
</table>
### Refundable Food/Excise Tax Credit

If line 20 is $89,981 or less, multiply $1,144 by the total number of exemptions claimed on line 6e. Otherwise, see page 22 of the Instructions. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s), and see page 22 of the Instructions.

<table>
<thead>
<tr>
<th>Oval</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Taxable Income

Line 24 minus line 25 (but not less than zero) 

<table>
<thead>
<tr>
<th>Oval</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hawaii State Income Tax Withheld

<table>
<thead>
<tr>
<th>Oval</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contributions to Domestic and Sexual Violence / Child Abuse and Neglect Funds

<table>
<thead>
<tr>
<th>Oval</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Payments

Add lines 37 through 40 

<table>
<thead>
<tr>
<th>Oval</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Social Security Number          Your Spouse's SSN

Name(s) as shown on return
___________________________________________________

46 Amount of line 45 to be applied to your
2014 ESTIMATED TAX .................................................... 46

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late,
see page 28 of Instructions ............................................. 47a

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

b Routing number 

c Type:  ☐ Checking  ☐ Savings 

d Account number

48 AMOUNT YOU OWE (line 36 minus line 41). Send Form N-200V with your payment.
Make check or money order payable to the "Hawaii State Tax Collector"................................. 48

49 Estimated tax penalty. (See page 29 of Instructions.) Do not include on line 42 or 48. Fill in
this oval if Form N-210 is attached ☐ ............................................ 49

50 AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)....... 50

51 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... 51

52 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

your main business product:__________________________, AND your HI Tax I.D. No. for this activity W

53 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

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

your main business product:__________________________, AND your HI Tax I.D. No. for this activity W

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

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  Note: Filling in the “Yes” oval will not increase your tax or reduce your refund.

If joint return, does your spouse want $3 to go to the fund?  ☐ Yes  ☐ No

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 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 ☐

Preparer's identification number

Print Preparer's Name ➞

Federal E.I. No. ➞

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

Phone No. ➞