



Individual Income Tax Return RESIDENT



Calendar Year 2017

OR

- AMENDED Return
NOL Carryback
IRS Adjustment

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 Write Using a Black Ink Pen. 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

IMPORTANT — Complete this Section

Form with fields for Name, Spouse's Name, Care Of, Present mailing or home address, City, town or post office, State, Postal/ZIP code, and Foreign address.

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

Four boxes for last name letters

Your Social Security Number

SSN boxes

Deceased Date of Death

MM DD YY boxes for Date of Death

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

Four boxes for spouse's last name letters

Spouse's Social Security Number

Spouse's SSN boxes

Deceased Date of Death

MM DD YY boxes for spouse's Date of Death

(Fill in only ONE oval)

- 1 Single
2 Married filing joint return
3 Married filing separate return

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

Year boxes for spouse died

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 Yourself
6b Spouse
Age 65 or over

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

Table with 4 columns: Dependents, Social Security Number, Relationship, and other dependents.

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

ATTACH COPY 2 OF FORM W-2 HERE

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



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

JB1172

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 table with lines 7-20, including Federal adjusted gross income, Hawaii additions, and Hawaii subtractions.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and fill in this oval.

Itemized Deductions section (lines 21-21f) including medical/dental expenses, taxes, interest, contributions, and miscellaneous deductions.

TOTAL ITEMIZED DEDUCTIONS box with instructions for line 22 and an input field.

Standard Deduction (line 23) and final calculation (line 24) section.



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Form N-11 (Rev. 2017)

Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return

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, fill in the applicable oval(s), and see page 22 of the Instructions.

Input boxes for line 25, including radio buttons for 'Yourself' and 'Spouse'.

Input boxes for line 25 result

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

27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 39 of the Instructions.

Input boxes for line 27, including radio buttons for tax calculation methods.

Input boxes for line 27 result

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

Input boxes for line 27a

28 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions

Input boxes for line 28

Input boxes for line 28 result

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

Input boxes for line 29

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

Input boxes for line 30

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

Input boxes for line 31

32 Total refundable tax credits from Schedule CR (attach Schedule CR)

Input boxes for line 32

33 Add lines 28 through 32 Total Refundable Credits

Input boxes for line 33

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.

Input boxes for line 34 with minus sign

35 Total nonrefundable tax credits (attach Schedule CR)

Input boxes for line 35

36 Line 34 minus line 35 Balance

Input boxes for line 36 with minus sign

37 Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments)

Input boxes for line 37

38 2017 estimated tax payments

Input boxes for line 38

39 Amount of estimated tax applied from 2016 return

Input boxes for line 39

40 Amount paid with extension

Input boxes for line 40

41 Add lines 37 through 40 Total Payments

Input boxes for line 41

42 If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions)

Input boxes for line 42

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

43a Hawaii Schools Repairs and Maintenance Fund
43b Hawaii Public Libraries Fund
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds

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

Input boxes for line 44

45 Line 42 minus line 44

Input boxes for line 45



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Form N-11 (Rev. 2017)

Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

46 Amount of line 45 to be applied to your 2018 ESTIMATED TAX

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 29 of Instructions

Fill in this oval 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). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector".

49 Estimated tax penalty. (See page 30 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached

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

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

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

53 Did you file a federal Schedule E for any rental activity? If yes, enter Hawaii gross rents received AND your HI Tax I.D. No. for this activity

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

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 31 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? If joint return, does your spouse want \$3 to go to the fund? 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.