

Individual Income Tax Return



RESIDENT

Calendar Year 2020

OR



Fiscal Year Beginning MM DD YY and Ending MM DD YY

- AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Please Write Using a Black Ink Pen. Enter One Letter Or Number In Each Box. Fill In Ovals Completely. Do NOT Submit a Photocopy!!

Your First Name M.I. Your Last Name Suffix

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

Your Social Security Number

Deceased Date of Death MM DD YY

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

Spouse's Social Security Number

Deceased Date of Death MM DD YY

ATTACH COPY 2 OF FORM W-2 HERE

(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) (see page 9 of the Instructions)

Enter the year your spouse died

ATTACH CHECK OR MONEY ORDER HERE

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 ... 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

Table with 4 columns: 6c Dependents (First and last name, Social security number, Relationship), 6d other dependents

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



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

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 input boxes for amounts.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and fill in this oval.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.

Itemized deductions section (lines 21a-21f) with input boxes.

TOTAL ITEMIZED DEDUCTIONS box with instructions and input box.

23 If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212. Standard Deduction

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



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 _____

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.

Yourself Spouse 25

Input boxes for line 25

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

27 Tax. Fill in oval if from Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 35 of the Instructions.

(Fill in oval if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.) Tax > 27

Input boxes for line 27

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

Input boxes for line 27a

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

Input boxes for line 28

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

Input boxes for line 29

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

Input boxes for line 30

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

Input boxes for line 31

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

Input boxes for line 32

33 Add lines 28 through 32 Total Refundable Credits > 33

Input boxes for line 33

34 Line 27 minus line 33. If line 34 is zero or less, see Instructions..... Adjusted Tax Liability > 34



Input boxes for line 34

35 Total nonrefundable tax credits (attach Schedule CR) 35

Input boxes for line 35

36 Line 34 minus line 35 Balance > 36



Input boxes for line 36

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

Input boxes for line 37

38 2020 estimated tax payments..... 38

Input boxes for line 38

39 Amount of estimated tax applied from 2019 return 39

Input boxes for line 39

40 Amount paid with extension..... 40

Input boxes for line 40

41 Add lines 37 through 40 Total Payments > 41

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).. 42

Input boxes for line 42

43 Contributions to (see page 25 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 filled ovals on lines 43a through 43c and enter the total here 44

Input boxes for line 44

45 Line 42 minus line 44 45

Input boxes for line 45



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 2021 ESTIMATED TAX
47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 25 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)
49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector."
50 Estimated tax penalty. (See page 26 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached
51 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)
52 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)

53 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
54 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
55 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 28 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.

PLEASE SIGN HERE
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.