



Individual Income Tax Return RESIDENT



Calendar Year 2016

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 fiscal year 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., Spouse's Name, Care Of, Address, City, State, ZIP, and Foreign Address.

IMPORTANT - Complete this Section

Important section with 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 (checked)
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 and 6b boxes for filer and spouse, with instructions to enter number of ovals filled.

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 for dependents with columns for name, social security number, and relationship, and rows for children and other dependents.

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

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

JBB162

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 AGI, deductions, and Hawaii AGI.

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 field.

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)

Final calculation boxes for Standard Deduction and final result.



JBB163

Form N-11 (Rev. 2016)

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 23 of the Instructions.

Input boxes and radio buttons for line 25

3,432.00

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

29,168.00

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 and radio buttons for line 27

1,389.00

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

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. 34

=

1,389.00

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 2016 estimated tax payments 38

Input boxes for line 38

39 Amount of estimated tax applied from 2015 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 29 of the Instructions): Yourself Spouse

43a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

43b Hawaii Public Libraries Fund \$2 \$2

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



JBB164

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 2017 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.

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.

51 AMENDED RETURN ONLY - Balance due (refund) with amended return.

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?

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.