INDIVIDUAL HOUSING ACCOUNT

City, State and ZIP Code		Сору А
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

M (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

		Form N 2
Social Security Number	RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE HAWAII STATE TAX COLLECTOR TO THE HAWAII DEPARTMENT OF TAXATION, P.O. BOX 1530, HONOLULU, HI 96806-1530.	STATE OF HAWAII DEPARTMENT OF TAXATION
City, State and ZIP Code		Сору А
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	
0		
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
City, State and ZIP Code	FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
Street Address	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF	
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

Form N-2

M (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.
Federal Employer I.D. No.	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)
City, State and ZIP Code	
Social Security Number	RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE HAWAII STATE TAX COLLECTOR TO THE HAWAII DEPARTMENT OF TAXATION, P.O. BOX 1530, HONOLULU, HI 96806-1530.

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Сору А

STATE OF HAWAII DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору В
Social Security Number		For Recipient

F N-2 R N-2

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору В
Social Security Number		For Recipient

Form N-2

Form N-2

F N-2

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору В
Social Security Number		For Recipient

NOTE:

Effective for taxable years beginning after December 31, 1992, any portion of the amounts listed in box 1 and/or box 2 which were claimed as a deduction on your prior year's tax return is disallowed and an amended tax return for the prior year will have to be filed.

The amount listed in box 3 is an amount you used for other than a purchase of a first principal residence and must be reported as Other Income on the Hawaii Income Tax Return that you file.

The amount on line 4 of this form must be included in your tax liability on your Hawaii Income Tax Return.

The amount on line 5 of this form must be included in your Hawaii income tax withheld.

NOTE:

Effective for taxable years beginning after December 31, 1992, any portion of the amounts listed in box 1 and/or box 2 which were claimed as a deduction on your prior year's tax return is disallowed and an amended tax return for the prior year will have to be filed.

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The amount on line 5 of this form must be included in your Hawaii income tax withheld.

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF	
Federal Employer I.D. No.	FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Copy C
Social Security Number		For Recipient Attach to Return

Form N-2

F N-2
R (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Copy C
Social Security Number		For Recipient Attach to Return

Form N-2

N-2

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365	00
City, State and ZIP Code	DAYS IN THE IHA.	20
Fadaral Frankrica I D. Na	 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR 	This is force of an in
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору С
Social Security Number		For Recipient Attach to Return

NOTE:

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INDIVIDUAL HOUSING ACCOUNT

(
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
City, State and ZIP Code		<u>ــــــــــــــــــــــــــــــــــــ</u>
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
0		
Street Address	5. TOTAL PAYMENT.	
City, State and ZIP Code		
		Copy D
Social Security Number		For Payer
		Form N. 2

Form N-

F N-2 N (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Street Address	5. TOTAL PAYMENT.	
City, State and ZIP Code		Copy D
Social Security Number		For Payer

Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

City, State and ZIP Code Social Security Number		Copy D For Payer
Street Address	5. TOTAL PAYMENT.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
Type or machine print Payer's name Street Address	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	