

STATE OF HAWAII - DEPARTMENT OF TAXATION **Individual Income Tax Return** 

> RESIDENT Calendar Year 2012

> > OR

and Ending



JBF121

#### **AMENDED Return**

**NOL Carryback** 

**Fiscal Year** Beginning

FOR OFFICE USE ONLY

# Do NOT Submit a Photocopy!!

**First Time Filer** 

Address or Name Change

Ë											
/-2 HEI	Your First Name		M.I.	Your Last Name			◆ IMPORTANT — Complete this Section ◆				
ORM W	Sp	pouse's First Name	M.I.	Spouse's Last Name			Enter the first four letters of your last name. Use ALL CAPITAL letters				
2 OF FORM W-2 HERE	Ca	Care Of (See Instructions, page 7.)					Your Social Security Number				
ATTACH COPY	Present mailing or home address (Number and street, including Rural Route)						Enter the first four letters				
ACH (	Ci	City, town or post office. State			Postal/ZIP code		<ul> <li>of your Spouse's last name.</li> <li>Use ALL CAPITAL letters</li> </ul>				
• ATT	If Foreign address, enter Province and/or State				Country		<ul> <li>Spouse's Social</li> <li>Security Number</li> </ul>				
V HEF		(Place an X in only ONE box)									
N-200	1 2	<b>3</b> , <b>1 1 1</b>					Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full				
ORM	3	Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full					name.				
AND F		name here	name here				Qualifying widow(er) with dependent child. Enter the year				
DER							your spouse died				
Y OR		CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.									
NE	6a	Yourself			Age 65 or ove	r	Enter the number of Xs on <b>6a</b> and <b>6b</b>				
DR MC	6b	6b       Spouse									
ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE	6c	6c Enter the number of your dependent children (see page 9 of the Instructions) 6c									
FACH (	6d Enter the number of other dependents (see page 9 of the Instructions)										
• ATI	6e	e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above6e									



JBF122

Form N-11 (Rev. 2012)

Name(s) as shown on return

Your Social Security Number

Your Spouse's SSN

ROUND TO THE NEAREST DOLLAR

				ROU	JND TO THE NEAREST DOLLAR
7	Enderal adjusted gross income (ACI) (see page 1)	1 of the Instructions)		7	
7	Federal adjusted gross income (AGI) (see page 11 Difference in state/federal wages due to COLA	,		1	
8	Difference in state/federal wages due to COLA, EF				
	etc. (see page 11 of the Instructions)	8			
9	Interest on out-of-state bonds				
	(including municipal bonds)	9			
10	Other Hawaii additions to federal AGI				
	(see page 11 of the Instructions)	10			
11	Add lines 8 through 10 Total Hawaii a	dditions to federal A	GI 11		
10	Add lines 7 and 11			10	
12	Add lines 7 and 11			12	
13	Pensions taxed federally but not taxed by Hawaii	13			
14	Social security benefits taxed on federal return	14			
15	First \$5,975 of military reserve or Hawaii national				
	guard duty pay	15			
16	Payments to an individual housing account				
17	Exceptional trees deduction (attach affidavit)				
	(see page 14 of the Instructions)	17			
18	Other Hawaii subtractions from federal AGI				
10		10			
40	(see page 14 of the Instructions)				
19	Add lines 13 through 18 <b>Total Hawaii subtrac</b>	tions from fodoral A	GI 19		
			61 15		
20	Line 12 minus line 19		Hawaii AGI 🗲	20	
CAUT	ION: If you can be claimed as a dependent on and	other person's return.	see the Instructions on p	age 16, an	d place an X here.
21	If you do not itemize your deductions, go to line 23			-	
	and enter your itemized deductions here.				
21a	Medical and dental expenses				
210	(from Worksheet A-1)	212			
	(nom worksheet A-1)	21a			
246	Taxes (from Worksheet A-2)	246			TOTAL ITEMIZED
21b	Taxes (ITOIN WORKSheet A-2)				DEDUCTIONS
21c	Interest expense (from Worksheet A-3)	21c			22 Add lines 21a through 21f. If your adjusted gross income is above a certain amount, you
21d	Contributions (from Worksheet A-4)	21d			may not be able to deduct all of your itemized deductions. See
					the Instructions on page 20 . Enter total here and go to line 24.
21e	Casualty and theft losses (from Worksheet A-5)	21e			. Enter total here and go to line 24.
21f	Miscellaneous deductions (from Worksheet A-6)				
23	If you checked filing status box: 1 or 3 enter \$2,000	0;			
	2 or 5 enter \$4,000; 4 enter \$2,920		Standard Deduction >	23	
	<b>24</b> Line 20 minus line 22 or 23, whichever app	nlies (This line MUS	be filled in)	24	
1		Piles. (11115 III.16 IVIUS I	be mieu m)	27	



Your Social Security Number

Your Spouse's SSN

JBF123

#### Name(s) as shown on return

25	If line 20 is \$89,981 or less, multiply \$1,040 by the total number of exemptions claimed on	
	line 6e. Otherwise, see page 21 of the Instructions. If you and/or your spouse are blind, deaf,	
	or disabled, place an X in the applicable box(es), and see page 21 of the Instructions.	
	Yourself Spouse	25
26	Taxable Income. Line 24 minus line 25 (but not less than zero)Taxable Income >	26
27	Tax. Place an X if from Tax Table; Tax Rate Schedule; or Capital Gains Tax	
	Worksheet on page 37 of the Instructions.	
	( Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-318, N-338,	
	N-344, N-405, N-586, N-615, or N-814 is included.) Tax >	27
27a	If tax is from the Capital Gains Tax Worksheet, enter	
	the net capital gain from line 14 of that worksheet 27a	
20	Defundable Face/Fusice Tay Credit	
28	Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions 28	
20		
29	Credit for Low-Income Household	
	Renters (attach Schedule X)	
30	Credit for Child and Dependent	
24	Care Expenses (attach Schedule X) 30	
31	Credit for Child Passenger Restraint	
20	System(s) (attach a copy of the invoice)	
32	Total refundable tax credits from	
	Schedule CR (attach Schedule CR) 32	
33	Add lines 28 through 32 Total Refundable Credits >	22
33		33
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions	34
•		• ·
35	Total nonrefundable tax credits (attach Schedule CR)	35
36	Line 34 minus line 35Balance >	36
37	Hawaii State Income tax withheld (attach W-2s)	
	(see page 26 of the Instructions for other attachments)	
38	2012 estimated tax payments	
39	Amount of estimated tax applied from 2011 return 39	
40	Amount paid with extension	
41	Add lines 37 through 40 Total Payments >	41
42	If line 41 is larger than line 36, enter the amount <b>OVERPAID</b> (line 41 minus line 36) (see Instructions)	42
43	Contributions to (see page 27 of the Instructions):	72
-5	<b>43a</b> Hawaii Schools Repairs and Maintenance Fund	
	43b   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	
44	Add the amounts of the Xs on lines 43a through 43c and enter the total here	44
44	Add the amounts of the XS of thes 43a through 45c and enter the total here	44
	45 Line 42 minus line 44	45
		10



## Form N-11 (Rev. 2012)

Your Social Security Number

Your Spouse's SSN

1

	JI	3F124	Name(s) a	s shown oi	n return						
46	Amount of	line 45 to be <b>applied</b> to y									
40		IMATED TAX		46							
47a	Amount to	mount to be <b>REFUNDED TO YOU</b> (line 45 minus line 46) If filing late,									
	see page 2	27 of Instructions					4	7a			
	Place	e an X in this box if this re	fund will ultima	ately be de	posited to a for	eign (non-U	.S.) bank.	Do not complete li	nes 47	b, c, or d.	
b	Routing nu	umber		с Т	ype: Cl	necking	Savin	gs			
d	Account n	umber									
48		AMOUNT YOU OWE (line 36 minus line 41). Send Form N-200V with your payment.									
40		ck or money order payable		i State Tax	Collector"		4	18			
49		<b>I tax penalty.</b> (See page s.) Do not include on line		e an X in							
		Form N-210 is attached >									
50	AMENDED I	RETURN ONLY – Amount paic	l (overpaid) on ori	ginal return.	(See Instructions)	(attach Sch. Al	MD) 5	50			
51	AMENDED I	RETURN ONLY – Balance due	(refund) with am	ended return	. (See Instructions	) (attach Sch. A	AMD) 5	51			
52	Did you file	a federal Schedule C?	Yes	No	lf ye	es, enter Hav	waii gross	receipts			
		ousiness activity:						18/			
	your main t	ousiness product:		,	AND your H	I Tax I.D. No	. for this ac	tivity <b>VV</b>			
53	Did vou file	a federal Schedule E			lf ves ent	er <b>Hawaii</b> gr	oss rents r	eceived			
	for any rent		Yes	No	ir yes, en	er <b>Hawan</b> gi					
	2	,			AND your H	I Tax I.D. No	for this ac	tivity <b>W</b>			
54	Did vou file	a federal Schedule F?	Yes	No	No If yes, enter <b>Hawaii</b> gross receipts						
		business activity:									
	your main t	ousiness product:		, AND your HI Tax I.D. No. for this activity $old W$							
ш	If decigne	ting another nerson to die	auga thia ratur	n with the	Lloweii Deport	ment of Toyo	tion comp	lata tha fallowing "	Thia ia y		
IGNEE		ating another person to dis See page 29 of the Instruc		n with the	nawali Depart		ation, comp	liete the following.	i nis is i	not a full power of	
DESIGN	Designee				Phone no.	>		dentification numb	er 🕨		
	NAII ELE				ii Election Cam		?	Yes	No	Note: Placing an X in the "Yes" box will not increase your tax	
CAI	DECLARATI	ON — I declare, under the penalti			ant \$3 to go to		panying sched	Yes ules or statements) has I	No been exar	or reduce your refund. nined by me and, to the best	
		edge and belief, is a true, correct, a gnature	and complete return	n, made in goo Date	od faith, for the taxal			Hawaii Income Tax Law, filing jointly, BOTH must s		235, HRS. Date	
		~					<b>0</b> (	0, 1,	0,		
	Your O	ccupation		Davtime F	hone Number Your Spouse's Occupation			[	Daytime Phone Number		
SE ERE											
PLEASE SIGN HERE		Preparer's 🔪		Date		Check if	Prepare	er's identification number			
L N		Preparer's Signature						self-employed			
	Paid Preparer's	Print Preparer's Name						Federal E.I. No.			
	Information	Firm's name (or yours									
		if self-employed), Address, and ZIP Code						Phone No. 🕨			



STATE OF HAWAII—DEPARTMENT OF TAXATION

SCHEDULE OF TAX CREDITS

TAX YEAR 2012

YBF121

or other tax year beginning \_

Schedule CR (Rev. 2012)

\_ and ending

Name(s) as shown on return

SSN(s) or Federal Employer I.D. No.

# Attach this schedule directly behind Form N-11, N-15, N-30, or N-70NP

### PART I Nonrefundable Tax Credits

1	Income tax paid to another state or foreign country (N-11, N-15, & N-70NP filers) (Attach required documents. See tax return instruction booklet for more information.)	1∙
2	Carryover of the Energy Conservation Tax Credit (attach Form N-323)	2●
3	Enterprise Zone Tax Credit (attach Form N-756)	3∙
4	Low-Income Housing Tax Credit (attach Form N-586)	4∙
5	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	5∙
6	High Technology Business Investment Tax Credit (attach Form N-318)	6●
7	Carryover of the Individual Development Account Contribution Tax Credit (attach Form N-323)	7∙
8	Carryover of the Technology Infrastructure Renovation Tax Credit (attach Form N-323)	8•
9	Credit for School Repair and Maintenance (attach Form N-330)	9●
10	Carryover of the Hotel Construction and Remodeling Tax Credit (attach Form N-323)	10•
11	Carryover of the Residential Construction and Remodeling Tax Credit (attach Form N-323)	11•
12	Carryover of the Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service Before July 1, 2009) (attach Form N-323)	12•
13	Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service on or After July 1, 2009) (attach Form N-342) Place an X in the appropriate box to indicate the type of energy system installed and placed in service Solar • Wind	
14	<b>Total Nonrefundable Credits.</b> Add lines 1 through 13. Enter here and on Form N-11, line 35; N-15, line 51; N-30, line 14; or N-70NP, line 19. <i>Attach this schedule directly behind your Form N-11, N-15, N-30, or N-70NP</i>	14•



YBF122

Schedule CR (Rev. 2012)

Name(s) as shown on return

SSN(s) or Federal Employer I.D. No.

### PART II Refundable Tax Credits

15	Capital Goods Excise Tax Credit (attach Form N-312) 15•							
16	Fuel Tax Credit for Commercial Fishers (attach Form N-163) 16•							
17	Ethanol Facility Tax Credit (attach Form N-324) 17•							
18	Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340)							
19	Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service on or After July 1, 2009) (attach Form N-342) Place an X in the appropriate box to indicate the type of energy system installed and placed in service: Solar Wind							
20	Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) 20•							
21	Other refundable credits							
	<b>a.</b> Pro rata share of taxes withheld and paid by a partnership, estate, trust, or S corporation on the sale of Hawaii real property interests <b>21a</b>							
	<ul><li>b. Credit From a Regulated</li><li>Investment Company</li></ul>							
	<b>c.</b> Add lines 21a and 21b <b>21c</b> •							
22	Total Refundable Credits.Add lines 15 through 20 and line 21c. Enterhere and on Form N-11, line 32; N-15, line 48; N-30, line 12; orN-70NP, line 17.Attach this schedule directly behind yourForm N-11, N-15, N-30, or N-70NP.22•							