



**FORM
N-13**
(Rev. 2012)

STATE OF HAWAII
DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT 2012

JDF121

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN
\$100,000 TAXABLE INCOME, DO NOT ITEMIZE
DEDUCTIONS, AND DO NOT CLAIM
ADJUSTMENTS TO INCOME)

☐ AMENDED Return ☐ First Time Filer ☐ Address or Name Change

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number		
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number		
	Present mailing or home address (Number and street, including apartment number or rural route)		↑ IMPORTANT ↑ You must enter your SSN(s).		
	City, town or post office, State and Postal/ZIP code. If you have a foreign address, see Instructions.				
HAWAII ELECTION CAMPAIGN FUND		Do you want \$3 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
		If joint return, does your spouse want \$3 to go to the fund?	Yes	No	

FILING STATUS	1 <input type="checkbox"/> Single	(Check only ONE box)	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here: ▶
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).		
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. ●		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ●).

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.

EXEMPTIONS	6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter number of boxes checked on 6a and 6b	▶		
	6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over				
	If you checked box 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, check here <input type="checkbox"/>					
	6c Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed	
	and 6d	1. First and last name			6c ▶	
					Enter number of other dependents	
				6d ▶		
				Add numbers entered in boxes above	6e ▶	
	6e Total number of exemptions claimed					

INCOME	7 Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 11 of Instructions)		7●		00
	8 Interest income (complete Part I on page 2 if over \$1,500)		8●		00
	9 Ordinary dividends (complete Part II on page 2 if over \$1,500)		9●		00
	10 Unemployment compensation (insurance)		10●		00
	11 Add lines 7, 8, 9 and 10		11●		00
	Adjusted Gross Income ▶				
	Caution: ● If you can be claimed as a dependent on another person's return, see page 12 of the Instructions and check here. ▶ ● <input type="checkbox"/>				
	● If you are married filing separately and your spouse itemizes deductions, see page 8 of the Instructions.				
	12 Standard deduction. { 1 or 3, enter \$2,000 If you checked filing status box: 2 or 5, enter \$4,000 4, enter \$2,920		12●		00
	Standard Deduction ▶		13●		00
13 Line 11 minus line 12. (This line MUST be filled in)					
14 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 12 of Instructions.		14●		00	
15 Line 13 minus line 14. Enter the result (but not less than zero).		15●		00	
Taxable Income ▶					

Continue on other side

Continue on other side



Name(s) as shown on return

Social Security Number(s)

JDF122

PART I Interest Income If you received more than \$1,500 in interest, list the names of the payers and the amounts of interest on the lines below. See page 11 of the Instructions for what interest to report.		PART II Ordinary Dividends If you received more than \$1,500 in ordinary dividends, list the names of the payers and the amounts of the dividends on the lines below. See page 11 of the Instructions for a definition of ordinary dividends.	
Name of Payer	Amount	Name of Payer	Amount
1		1	
2 Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only)		2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only)	
	00		00

TAX PAYMENTS AND CREDITS		Tax		16	
16	Tax from Tax Table	17	00		00
17 Refundable Renewable Energy Technologies Income Tax Credit (attach Form N-342) Check type of energy system: • <input type="checkbox"/> Solar • <input type="checkbox"/> Wind		18	00		
18 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions • Federal AGI •		19	00		
19 Credit for Low-Income Household Renters (attach Schedule X)		20	00		
20 Credit for Child and Dependent Care Expenses (attach Schedule X)		21	00		
21 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)		Total Refundable Credits		22	00
22 Add lines 17 through 21		23		23	00
23 Line 16 minus line 22. If line 23 is zero or less, see Instructions.		Total Nonrefundable Credits		26	00
24 Carryover of the Nonrefundable Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service Before July 1, 2009) (attach Form N-323)		24	00	27	00
25 Nonrefundable Renewable Energy Technologies Income Tax Credit (attach Form N-342) Check type of energy system: • <input type="checkbox"/> Solar • <input type="checkbox"/> Wind		25	00		
26 Add lines 24 and 25		Balance			
27 Line 23 minus line 26		28	00		
28 Total Hawaii income tax withheld (attach W-2s) (see page 14 of the Instructions for other attachments) ..		29	00		
29 Amount paid with extension		Total Payments		30	00
30 Add lines 28 and 29				31	00

REFUND OR AMOUNT YOU OWE		31	
31	If line 30 is larger than line 27, enter the amount OVERPAID (line 30 minus line 27) (see page 14 of the Instructions)	31	00
32 Contributions to (See page 14 of the Instructions):..... Yourself Spouse			
32a Hawaii Schools Repairs and Maintenance Fund • <input type="checkbox"/> \$2 • <input type="checkbox"/> \$2			
32b Hawaii Public Libraries Fund..... • <input type="checkbox"/> \$2 • <input type="checkbox"/> \$2			
32c Domestic and Sexual Violence / Child Abuse and Neglect Funds . • <input type="checkbox"/> \$5 • <input type="checkbox"/> \$5			
33 Add the amounts of the checked boxes on lines 32a through 32c and enter the total here		33	00
34a Line 31 minus line 33. This is the amount to be REFUNDED TO YOU . If filing late, see page 15 of Instructions • <input type="checkbox"/> Check here if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 34 b, c, or d.		34a	00
b Routing number • c Type: • <input type="checkbox"/> Checking • <input type="checkbox"/> Savings			
d Account number •			
35 If line 27 is larger than line 30, enter the AMOUNT YOU OWE (line 27 minus line 30). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"		35	00
36 Estimated tax penalty. (See page 15 of Instructions) Do not include on line 31 or 35. Check box if Form N-210 is attached • <input type="checkbox"/>		36	00

AMENDED RETURN		37	
37 AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions) (Attach Sch. AMD) ...		37	00
38 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (Attach Sch. AMD) .		38	00

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 16 of the Instructions.		
Designee's name ➤	Phone no. ➤	Identification number ➤

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		Spouse's signature (if filing jointly, BOTH must sign)	
Your signature _____	Date _____	Spouse's signature (if filing jointly, BOTH must sign) _____	Date _____
Paid Preparer's Information		Preparer's identification number _____	
Preparer's Signature and date _____ Print Preparer's Name _____		• Check if self-employed <input type="checkbox"/>	
Firm's name (or yours if self-employed), Address, and ZIP Code _____		Federal E.I. No. ➤ _____	
		Phone No. ➤ _____	