



**FORM  
N-13**  
(Rev. 2014)

STATE OF HAWAII  
DEPARTMENT OF TAXATION

# Individual Income Tax Return RESIDENT 2014

JDF141

(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	M.I.	Last name	Your social security number
	If a joint return, spouse's first name	M.I.	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.			
Your occupation / Spouse's occupation				

## HAWAII ELECTION CAMPAIGN FUND

Do you want \$3 to go to the Hawaii Election Campaign Fund? ..... Yes ☐ No ☐  
If joint return, does your spouse want \$3 to go to the fund? ..... Yes ☐ No ☐ Note: Checking "Yes" will not increase your tax or reduce your refund.

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:	2. Dependent's social security number	3. Relationship	Enter number of your children listed 6c ▶
	1. First and last name			Enter number of other dependents 6d ▶
	6d			Add numbers entered in boxes above 6e ▶
6e Total number of exemptions claimed .....				

INCOME	ROUND TO THE NEAREST DOLLAR		
	7 Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 12 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 \$2,200 If you checked filing status box: 2 or 5, enter \$4,400 4, enter \$3,212 .....	12●	00
	13 Line 11 minus line 12. (This line MUST be filled in) .....	13●	00
14 Multiply \$1,144 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 13 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)

JDF142

<b>PART I Interest Income</b> 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 12 of the Instructions for what interest to report.	<b>PART II Ordinary Dividends</b> 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 12 of the Instructions for a definition of ordinary dividends.
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Name of Payer	Amount	Name of Payer	Amount
1		1	
2 <b>Total interest income.</b> Enter here and on Form N-13, line 8 (Whole dollars only) .....	00	2 <b>Total ordinary dividends.</b> Enter here and on Form N-13, line 9 (Whole dollars only) .....	00

<b>TAX PAYMENTS AND CREDITS</b>	16 Tax from Tax Table ..... <b>Tax</b> ▶	16●	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 .....	17●	00	
	18 Refundable Food/Excise Tax Credit (attach Schedule X) <b>DHS, etc. exemptions</b> ● ..... <b>Federal AGI</b> ● .....	18●	00	
	19 Credit for Low-Income Household Renters (attach Schedule X) .....	19●	00	
	20 Credit for Child and Dependent Care Expenses (attach Schedule X) .....	20●	00	
	21 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....	21●	00	
	22 Add lines 17 through 21 .....	<b>Total Refundable Credits</b> ▶	22●	00
	23 Line 16 minus line 22. If line 23 is zero or less, see Instructions. ....	▶	23●	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	
	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 .....	<b>Total Nonrefundable Credits</b> ▶	26●	00	
27 Line 23 minus line 26 .....	<b>Balance</b> ▶	27●	00	
28 Total Hawaii income tax withheld (attach W-2s) (see page 15 of the Instructions for other attachments) ..	28●	00		
29 Amount paid with extension .....	29●	00		
30 Add lines 28 and 29 .....	<b>Total Payments</b> ▶	30●	00	

<b>REFUND OR AMOUNT YOU OWE</b>	31 If line 30 is larger than line 27, enter the amount <b>OVERPAID</b> (line 30 minus line 27) (see page 15 of the Instructions) .....	31●	00
	32 <b>Contributions to</b> (See page 15 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 <b>REFUNDED TO YOU</b> . 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 34b, 34c, or 34d.	34a●	00
34b Routing number ● ..... 34c Type: ● <input type="checkbox"/> Checking ● <input type="checkbox"/> Savings			
34d Account number ● .....			
35 If line 27 is larger than line 30, enter the <b>AMOUNT YOU OWE</b> (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 16 of Instructions) Do not include on line 31 or 35. Check box if Form N-210 is attached ▶ ● <input type="checkbox"/> .....	36●	00	

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

<b>DESIGNEE</b>	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 17 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.

<b>PLEASE SIGN HERE</b>	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. ▶	