INDIVIDUAL HOUSING ACCOUNT

Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
I ype or macnine 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		Сору А
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
	1	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Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
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 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.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.)	
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Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

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STATE OF HAWAII DEPARTMENT OF TAXATION

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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 (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Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
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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

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Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

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Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
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		Сору В
Social Security Number		For Recipient

NOTE:

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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.

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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		
		Сору С
Social Security Number		For Recipient Attach to Return

Form N-2

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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.	
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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

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TO TAL 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 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 TOTAL RESIDENCE AND HELD FOR LESS THAN 365 T	20
City, State and ZIP Code	DAYS IN THE IHA.	20
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Street Address		
Street Address	5. TOTAL PAYMENT.	
City, State and ZIP Code		0 D
		Copy D
Social Security Number		For Payer
		Form N. 2

M (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION

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City, State and ZIP Code		Copy D
Social Security Number		For Payer

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STATE OF HAWAII — DEPARTMENT OF TAXATION

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City, State and ZIP Code		Copy D
Social Security Number		For Payer