



**FORM
N-13**
(Rev. 2015)

STATE OF HAWAII
DEPARTMENT OF TAXATION

**Individual Income Tax Return
RESIDENT 2015**

JDF151

(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.			
HAWAII ELECTION CAMPAIGN FUND (See page 8 of the Instructions)				Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes <input type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse want \$3 to go to the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

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"/>	
	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 <input type="checkbox"/>
	and 6d	1. First and last name		Enter number of other dependents 6d <input type="checkbox"/>
	6e Total number of exemptions claimed			Add numbers entered in boxes above 6e <input type="checkbox"/>

INCOME	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	
	13 Line 11 minus line 12. (This line MUST be filled in)	12●	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.	13●	00
15 Line 13 minus line 14. Enter the result (but not less than zero).	14●	00	
	15●	00	

ROUND TO THE NEAREST DOLLAR

Continue on other side

Continue on other side



Name(s) as shown on return

Social Security Number(s)

JDF152

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 12 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 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 Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only)	00	2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only)	00

TAX PAYMENTS AND CREDITS	16 Tax from Tax Table Tax ▶	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) DHS, etc. exemptions ● Federal AGI ●	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	Total Refundable Credits ▶	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	Total Nonrefundable Credits ▶	26●	00	
27 Line 23 minus line 26	Balance ▶	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	Total Payments ▶	30●	00	

REFUND OR AMOUNT YOU OWE	31 If line 30 is larger than line 27, enter the amount OVERPAID (line 30 minus line 27) (see page 15 of the Instructions)	31●	00
	32 Contributions to (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 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 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 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 16 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 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 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.

PLEASE SIGN HERE	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. ▶	