



Individual Income Tax Return RESIDENT



Calendar Year 2017 OR

JBF171

AMENDED Return NOL Carryback IRS Adjustment

Fiscal Year Beginning

and Ending

FOR OFFICE USE ONLY

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

First Time Filer Address or Name Change

IMPORTANT — Complete this Section

Form with fields for Name, M.I., Spouse's Name, Address, City, State, ZIP, and Country.

Enter the first four letters of your last name. Use ALL CAPITAL letters

Your Social Security Number

Deceased Date of Death

Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters

Spouse's Social Security Number

Deceased Date of Death

(Place an X in only ONE box)

- 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child.

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.

6a Yourself, 6b Spouse, Age 65 or over. Enter the number of Xs on 6a and 6b

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

Table with 4 columns: 1. First and last name, 2. Dependent's social security number, 3. Relationship, 4. Enter number of your children listed... 6c

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE



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Name(s) as shown on return

ROUND TO THE NEAREST DOLLAR

- 7 Federal adjusted gross income (AGI) (see page 12 of the Instructions) 7
- 8 Difference in state/federal wages due to COLA, ERS,
etc. (see page 12 of the Instructions) 8
- 9 Interest on out-of-state bonds
(including municipal bonds)..... 9
- 10 Other Hawaii additions to federal AGI
(see page 12 of the Instructions)..... 10
- 11 Add lines 8 through 10 **Total Hawaii additions to federal AGI** 11
- 12 Add lines 7 and 11..... 12
- 13 Pensions taxed federally but not taxed by Hawaii
(see page 14 of the Instructions)..... 13
- 14 Social security benefits taxed on federal return..... 14
- 15 First \$6,410 of military reserve or Hawaii national
guard duty pay..... 15
- 16 Payments to an individual housing account 16
- 17 Exceptional trees deduction (attach affidavit)
(see page 15 of the Instructions)..... 17
- 18 Other Hawaii subtractions from federal AGI
(see page 15 of the Instructions)..... 18
- 19 Add lines 13 through 18
..... **Total Hawaii subtractions from federal AGI** 19
- 20 Line 12 minus line 19 **Hawaii AGI** ► 20

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 16, and place an X here.

- 21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.
- 21a Medical and dental expenses
(from Worksheet A-1) 21a
- 21b Taxes (from Worksheet A-2)..... 21b
- 21c Interest expense (from Worksheet A-3)..... 21c
- 21d Contributions (from Worksheet A-4) 21d
- 21e Casualty and theft losses (from Worksheet A-5) 21e
- 21f Miscellaneous deductions (from Worksheet A-6) 21f
- 23 If you checked filing status box: 1 or 3 enter \$2,200;
2 or 5 enter \$4,400; 4 enter \$3,212..... **Standard Deduction** ► 23

TOTAL ITEMIZED DEDUCTIONS

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.

- 24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in) 24



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Name(s) as shown on return

- 25 Multiply \$1,144 by the total number of exemptions claimed on line 6e.
If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es),
and see page 22 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 39 of the Instructions.
(Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338,
N-344, N-348, 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

- 28 Refundable Food/Excise Tax Credit
(attach Form N-311) **DHS, etc.** exemptions 28
- 29 Credit for Low-Income Household
Renters (attach Schedule X) 29
- 30 Credit for Child and Dependent
Care Expenses (attach Schedule X) 30
- 31 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)..... 31
- 32 Total refundable tax credits from
Schedule CR (attach Schedule CR)..... 32
- 33 Add lines 28 through 32 **Total Refundable Credits** ▶ 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 35 **Balance** ▶ 36
- 37 Hawaii State Income tax withheld (attach W-2s)
(see page 28 of the Instructions for other attachments) 37
- 38 2017 estimated tax payments..... 38
- 39 Amount of estimated tax applied from 2016 return 39
- 40 Amount paid with extension..... 40
- 41 Add lines 37 through 40 **Total Payments** ▶ 41

- 42 If line 41 is larger than line 36, enter the amount **OVERPAID** (line 41 minus line 36) (see Instructions).. 42
- 43 **Contributions to** (see page 28 of the Instructions):..... **Yourself** **Spouse**
- 43a 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 \$5 \$5
- 44 Add the amounts of the Xs on lines 43a through 43c and enter the total here 44
- 45 Line 42 minus line 44..... 45



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Name(s) as shown on return

- 46 Amount of line 45 to be **applied** to your **2018 ESTIMATED TAX** **46**
- 47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late, see page 29 of Instructions **47a**

Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

- 47b Routing number **47c Type:** Checking Savings
- 47d Account number
- 48 **AMOUNT YOU OWE** (line 36 minus line 41). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector"..... **48**
- 49 **Estimated tax penalty.** (See page 30 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached > **49**
- 50 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **50**
- 51 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **51**

- 52 Did you file a federal Schedule C? Yes No If yes, enter **Hawaii** gross receipts your main business activity: _____, your main business product: _____, **AND** your HI Tax I.D. No. for this activity **GE**
- 53 Did you file a federal Schedule E for rental activity? Yes No If yes, enter **Hawaii** gross rents received **AND** your HI Tax I.D. No. for this activity **GE**
- 54 Did you file a federal Schedule F? Yes No If yes, enter **Hawaii** gross receipts your main business activity: _____, your main business product: _____, **AND** your HI Tax I.D. No. for this activity **GE**

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 31 of the Instructions.

Designee's name > Phone no. > Identification number >

HAWAII ELECTION CAMPAIGN FUND (See page 31 of the Instructions)	Do you want \$3 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Placing an X in the "Yes" box will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$3 to go to the fund?	Yes	No	

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.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____

Your Occupation _____ Daytime Phone Number _____ Your Spouse's Occupation _____ Daytime Phone Number _____

PLEASE SIGN HERE	Preparer's Signature >	Date	Check if self-employed > <input type="checkbox"/>	Preparer's identification number
	Print Preparer's Name >		Federal E.I. No. >	
	Firm's name (or yours if self-employed), Address, and ZIP Code >		Phone No. >	



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or other tax year beginning _____ 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 copy of tax return(s) from other state(s) or federal Form(s) 1116. 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 Carryover of the High Technology Business Investment Tax Credit (attach Form N-323)..... **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..... **13●**
- 14 Capital Infrastructure Tax Credit (attach Form N-348)..... **14●**
- 15 Cesspool Upgrade, Conversion or Connection Income Tax Credit (attach Form N-350) **15●**
- 16 Renewable Fuels Production Tax Credit (attach Form N-352) **16●**
- 17 Organic Foods Production Tax Credit (attach Form N-354) **17●**
- 18 **Total Nonrefundable Credits.** Add lines 1 through 17. Enter here and on
Form N-11, line 35; N-15, line 52; N-30, line 14; or N-70NP, line 19.
Attach this schedule directly behind your Form N-11, N-15, N-30, or N-70NP...... **18●**



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Name(s) as shown on return	SSN(s) or Federal Employer I.D. No.
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PART II Refundable Tax Credits

- 19 Capital Goods Excise Tax Credit (attach Form N-312)..... 19●
- 20 Fuel Tax Credit for Commercial Fishers (attach Form N-163) 20●
- 21 Motion Picture, Digital Media, and Film Production Income Tax Credit (attach Form N-340)..... 21●
- 22 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..... 22●
- 23 Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344) 23●
- 24 Tax Credit for Research Activities (attach Form N-346) 24●
- 25 Other refundable credits
 - a. Pro rata share of taxes withheld and paid by a partnership, estate, trust, or S corporation on the sale of Hawaii real property interests..... 25a
 - b. Credit From a Regulated Investment Company..... 25b
 - c. Add lines 25a and 25b..... 25c●
- 26 **Total Refundable Credits.** Add lines 19 through 24 and line 25c. Enter here and on Form N-11, line 32; N-15, line 49; N-30, line 12; or N-70NP, line 17.
Attach this schedule directly behind your Form N-11, N-15, N-30, or N-70NP. 26●