

JDF151

FORM N-13 (Rev. 2015)

STATE OF HAWAII DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT 2015

(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 | | | | | | | | |
|--|---|--|-----------------------------------|---------------------|---------------------|--|--|--|--|--|
| 씸 | Your first name | M.I. Last | . Last name | | | | | | | |
| HW-2 HERE • USE STATE LABEL HERWISE PRINT OR TYPE | | | | | | | | | | |
| | If a joint return, spouse's first name | joint return, spouse's first name M.I. Last name | | | | | | | | |
| | | | | | | | | | | |
| STA | Present mailing or home address (Number and street | ↑ IMPORTANT ↑ | | | | | | | | |
| W-2 JSE RWI | O'th the second of the Otal and Daniel 71D and a 16 | You must enter your SSN(s). Your occupation / Spouse's occupation | | | | | | | | |
| 풀ᄀ뿥 | City, town or post office, State and Postal/ZIP code. If | four occupation/ Spouse's occupation | | | | | | | | |
| FORM HW-2 HERE USE STATE L OTHERWISE PRINT | All ELECTION ADD you want \$3 to go to the H | lawaii Election Campaign Fund? | ? Yes | No Note: | Checking "Yes" will | | | | | |
| 〒 CAM | PAIGN FUND | not inci | rease your tax or your refund. | | | | | | | |
| (Check only ONE box) A Head of household (with qualifying parcent) | | | | | | | | | | |
| | 2 Married filing joint return (even if only one ha | dependent, enter this | | | | | | | | |
| | 3 Married filing separate return. Enter spouse's | | _ ∐ | | | | | | | |
| F S | full name here. ● | nt child (Year spouse died •). | | | | | | | | |
| Ĕ | aution: 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. | | | | | | | | | |
| • | 6a Yourself Age 65 or ov | | Enter number of | | | | | | | |
| R | 6b Spouse Age 65 or ov | er | | boxes checked | | | | | | |
| Ï | If you checked box 3 and 6b above, see the Instructions or | on 6a and 6b | , | | | | | | | |
| S S | 6c Dependents: If more than 6 | 2. Dependent's social | 2 Palatianahin | Enter number | | | | | | |
| | and 1. First and last name dependents, use attachment | security number | 3. Relationship | of your children | 6c | | | | | |
| D FORM N-200 EXEMPTIONS | 6d | | | listeu | 7 | | | | | |
| | | | | Enter number | | | | | | |
| | | | | of other dependents | 6d 📗 | | | | | |
| H. | | | | _ | , | | | | | |
| 3DE | | | | Add numbers | | | | | | |
| Ö | 6e Total number of exemptions claimed | | | entered in | 6e | | | | | |
| <u> </u> | | | | boxes above | | | | | | |
| ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE • ATTACH COPY FILING STATUS | 7 Wages, salaries, tips, etc. (attach Form(s) W-2; if una | DUND TO THE NEAF | REST DOLLAR 00 | | | | | | | |
| OR | 8 Interest income (complete Part I on page 2 if over | | 00 | | | | | | | |
| X | , , , | 9 Ordinary dividends (complete Part II on page 2 if over \$1,500) | | | | | | | | |
| Ĭ | 10 Unemployment compensation (insurance) | . 9● | 00 | | | | | | | |
| S T | 11 Add lines 7, 8, 9 and 10 | | | 110 | 00 | | | | | |
| AC III | Caution: • If you can be claimed as a depend | | | | | | | | | |
| TA O | see page 12 of the Instructions an If you are married filing separately | | | | | | | | | |
| · Š | see page 8 of the Instructions. | ŕ | | | | | | | | |
| 12 Standard deduction. 1 or 3, enter \$2,200 | | | | | | | | | | |
| | If you checked filing status box: 2 or 5, enter | | | 120 | 00 | | | | | |
| | | | Standard Deduction | | | | | | | |
| | 13 Line 11 minus line 12. (This line MUST be filled | | | <u>13●</u> | 00 | | | | | |
| | 14 Multiply \$1,144 by the total number of exemptions or disabled, check applicable box(es) ● | | see page 13 of Instructions | 1 1 | 00 | | | | | |
| | 15 Line 12 minus line 14. Enter the result (but not le | • | Taxable Income | | 00 | | | | | |

Continue on other side Continue on other side

Name(s) as shown on return

Social Security Number(s)

| | | JD. | F152 — | | | | | | | | | |
|--|--|--|--|----------------------|------------|------------------|---------------------------|----------------|-------------------------------------|---------------|--------------------|-----------|
| 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 Dividence If you received more than \$1,500 in ordinary of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of ordinary Dividence of the payers and the amounts of the divided page 12 of the Instructions for a definition of the Dividence of the Instructions for a definition of the Dividence of the Instructions for a definition of the Dividence of the Instruction of the Dividence of the Instruction of the Dividence of the Instruction of the Dividence of the Dividence of the Instruction of the Dividence of the Instruction of the Dividence of the Divid | | | | | | | ry dividen ends on the | e lines below. | ames . See | | | |
| Name of Payer Amount | | | Name of Payer | | | | | Amount | | | | |
| 1 | | | | | | 1 | | | - | | | Ι |
| | | | | | | l | | | | | | |
| 2 | Total | interest in | come. Enter here and on | | | 2 Total ord | inary divi | dends F | nter here an | d on | | |
| _ | | | 3 (Whole dollars only) | | 00 | | | | lars only) | | | 00 |
| | | | | | | | | | | | | |
| | 16 | Tax from 1 | Fax Table | | | | | | Tax 🛌 | 16● | | 00 |
| | | | | | | 1 | | | 1931 | | | |
| | ., | 17 Refundable Renewable Energy Technologies Income Tax Credit (attach Form N-342) Check type of energy system: ● Solar ● Wind | | | | | | | | | | |
| | 10 | | | | | | | 00 | | | | |
| S | 10 | 18 Refundable Food/Excise Tax Credit (attach Schedule X) | | | | | | | | | | |
| Ë | 4.0 | DHS, etc. exemptions ● Federal AGI ● 18● 00 | | | | | | | | | | |
| Ä | | 19 Credit for Low-Income Household Renters (attach Schedule X) | | | | | | | | | | |
| 2 | | | Child and Dependent Care Expen | , | | · | 20● | | 00 | | | |
| 문 | | | Child Passenger Restraint Systen | | | | | | 00 | | | |
| S A | | | 17 through 21 | | | | | | | 22● | | 00 |
| Ë | | | inus line 22. If line 23 is zero or le | | | | | | ≻ | 23● | | 00 |
| TAX PAYMENTS AND CREDITS | 24 | | the Nonrefundable Renewable Energy Tec | | | | | | | | | |
| ΑΥ | | Installed and | d Placed in Service Before July 1, 2009) (| attach Form N-323) | | | 24● | | 00 | | | |
| × | 25 | | lable Renewable Energy Technolog | | , | , | | | | | | |
| ₹ | | | e of energy system: Solar | | | | 25● | | 00 | | | |
| | 26 | 6 Add lines 24 and 25 | | | | | | Credits ➤ | 26● | | 00 | |
| | 27 | Line 23 m | inus line 26 | | | | | | Balance > | 27● | | 00 |
| | 28 | 28 Total Hawaii income tax withheld (attach W-2s) (see page 15 of the Instructions for other attachments) 28• 0 | | | | | 00 | | | | | |
| | 29 | | | | | | 00 | | | | | |
| | | 30 Add lines 28 and 29 | | | | | yments ➤ | 30● | | 00 | | |
| | | 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 | · ' | | | | | | | | | | |
| | 32b | | | | | | | | | | | |
| F | 32c | | | | | | | | | | | |
| ND OR AMOUNT YOU OWE | | 33 Add the amounts of the checked boxes on lines 32a through 32c and enter the total here | | | | | | 33● | | 00 | | |
| AN | | | | | | | | | 34a● | | 00 | |
| 8 0 0 | 34a | 4a Line 31 minus line 33. This is the amount to be REFUNDED TO YOU. If filing late, see page 15 of Instructions • 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 | |
| | 24h | | | | | | | | | | | |
| REFU | | | | | | | | iys | | | | |
| <u>«</u> | | 4d Account number • | | | | | | | 201/ | | | l |
| | 33 | with your payment. Make check or money order payable to the "Hawaii State Tax Collector" | | | | | | | 35● | | 00 | |
| | 36 | 6 Estimated tax penalty. (See page 16 of Instructions) Do not include on line 31 or 35. | | | | | | | 334 | | 00 | |
| | 30 | | | | | | | 00 | | | | |
| G × | 37 | | D RETURN ONLY - Amount paid | | | | | Attach Sc | | 37 | | 00 |
| AMENDE! RETURN | | | D RETURN ONLY - Balance due | | • | , | | • | | 38 | | 00 |
| | | | ng another person to discuss this return w | | | | | | | | ne 17 of the Instr | |
| DESIGI | | • | e's name > | ar the Hawaii Bepart | | ne no. > | ine ionowing. | | fication numb | , , | igo 17 of the moti | dollorio. |
| DE | DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying sc | | | | | | | | statements) | | | |
| | | | by me and, to the best of my know | | , is a tru | ue, correct, and | complete | return, m | ade in good f | aith, for the | taxable year | |
| sta | ied, pu | rsuant to th | ne Hawaii Income Tax Law, Chapte | er 235, HRS. | | | | | | | | |
| | | | | | | | | | | | | |
| ш | | | | | | . | | | | | | |
| SE | | Your signatu | Preparer's Signature | Date | | Spous | se's signatu | | ointly, BOTH me parer's identifi | | Date | |
| PLEASE SIGN HERE | Paid | | and date | | | | | | parer o lucilliii | oanon numbe | Check if | 🖂 |
| Sic | Prep | arer's | Print Preparer's Name | | | | | | | | self-employed | d≯∐ |
| | Infor | mation | Firm's name (or yours if self-employed), | Federal E.I. N | | | 0. ➤ | | | | | |
| | | | | | | | Phone No. ➤ | | | | | |