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INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and Postal/ZIP Code	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	1D NO 01 20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 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.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)	1
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	-
City, State and Postal/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
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	OF HAWAII — DEPARTMENT OF TAXATION DUAL HOUSING ACCOUNT	
Type or machine print Payer's name	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	ID NO 01
Street Address City, State and Postal/ZIP Code	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20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 TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	1
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	1
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	-
City, State and Postal/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
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	F HAWAII — DEPARTMENT OF TAXATION UAL HOUSING ACCOUNT	
Type or machine print Payer's name	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	ID NO 01
Street Address City, State and Postal/ZIP Code	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20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.)	
City, State and Postal/ZIP Code		Сору А
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INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and Postal/ZIP Code	2. 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.	This information is
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	being furnished to the STATE OF HAWAII DEPARTMENT OF
Street Address	5. TOTAL PAYMENT.	TAXATION Please see note on
City, State and Postal/ZIP Code		back of this copy
Social Security Number		Сору В
		For Recipient Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

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Social Security Number		For Recipient
Social Socurity Number		Сору В
City, State and Postal/ZIP Code		
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Federal Employer I.D. No.	OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
,,	3. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE	-
City, State and Postal/ZIP Code	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	20
Type or machine print Payer's name Street Address	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

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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 Postal/ZIP Code		
Social Security Number		Сору В
		For Recipient

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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.

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Street Address City, State and Postal/ZIP Code	2. 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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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 Postal/ZIP Code		
		Сору С
Social Security Number		For Recipient Attach to Return
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(REV. 2018)	NDIVIDUAL HOUSING ACCOUNT	
Type or machine print Payer's name	1. TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	ID NO 01
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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.	This information is being furnished to the
Type or machine print Recipient's name (First, Middle, La	ast) 4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	STATE OF HAWAII DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and Postal/ZIP Code		Сору С
Social Security Number		For Recipient Attach to Return
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	TE OF HAWAII — DEPARTMENT OF TAXATION	
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		Сору С
Social Security Number		For Recipient Attach to Return

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Street Address	5. TOTAL PAYMENT.	
City, State and Postal/ZIP Code		Сору D
Social Security Number		For Payer
		Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

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Street Address	5. TOTAL PAYMENT.	-
City, State and Postal/ZIP Code		Сору D
Social Security Number		For Payer
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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

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City, State and Postal/ZIP Code		Сору D
Social Security Number		For Payer

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