

Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT

Calendar Year 2023

N15\_I 2023A 01 VID01

Tax Year

MM DD YY OR MM DD YY

- Part-Year Resident, Nonresident, Nonresident Alien or Dual-Status Alien, MSRR, Composite, AMENDED Return, NOL Carryback, IRS Adjustment, First Time Filer

FOR OFFICE USE ONLY

THIS SPACE RESERVED

Please Write Using a Black Ink Pen. Enter One Letter Or Number In Each Box. Fill In Ovals Completely. Do NOT Submit a Photocopy!!

ATTACH A COPY OF YOUR 2023 FEDERAL INCOME TAX RETURN

ATTACH COPY 2 OF FORM W-2 HERE

Your First Name, M.I., Your Last Name, Spouse's First Name, M.I., Spouse's Last Name, Care Of, Present mailing or home address, City, town or post office, State, Postal/ZIP code, If Foreign address, enter Province and/or State, Country

IMPORTANT — Complete this Section

Enter the first four letters of your last name, Your Social Security Number, Deceased Date of Death, Enter the first four letters of your Spouse's last name, Spouse's Social Security Number, Deceased Date of Death

(Fill in only ONE oval)

- 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying surviving spouse

ATTACH CHECK OR MONEY ORDER HERE

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT fill in oval 6a, but be sure to fill in the oval below line 37.

6a Yourself, 6b Spouse, Enter the number of ovals filled on 6a and 6b

If you filled ovals 3 and 6b above, see the Instructions on page 10 and if your spouse meets the qualifications, fill in this oval

Table with 4 columns: Dependents, 1. First and last name, If more than 6 dependents use attachment, 2. Dependent's social security number, 3. Relationship

Enter number of your children listed 6c, Enter number of other dependents 6d

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



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return \_\_\_\_\_

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If amount is negative (loss), shade the minus (-) in the box. Example:

Col. A - Total Income

Col. B - Hawaii Income

Table with 32 rows of income categories and input boxes for amounts and signs.



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return

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Lines 33-36: Exceptional trees deduction, Total Adjustments, Adjusted Gross Income, Federal adjusted gross income

Line 37: Ratio of Hawaii AGI to Total AGI. Includes CAUTION note.

Line 38: If you do not itemize deductions, enter zero on line 39 and go to line 40a.

Lines 38a-38f: Medical and dental expenses, Taxes, Interest expense, Contributions, Casualty and theft losses, Miscellaneous deductions

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input field

Line 40a: If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212

Lines 40b-41: Prorated Standard Deduction, Line 41 calculation

Line 42a: Multiply \$1,144 by the total number of exemptions claimed on line 6e. Includes options for Yourself and Spouse.

Line 42b: Prorated Exemption(s) calculation

Line 43: Taxable Income. Line 41 minus line 42b (but not less than zero)

Line 44: Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet

Line 44a: If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 8 of that worksheet

Line 45: Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions

Line 46: Credit for Low-Income Household Renters (attach Schedule X)

Line 47: Credit for Child and Dependent Care Expenses (attach Schedule X)

Line 48: Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)

Line 49: Total refundable tax credits from Schedule CR (attach Schedule CR)

Line 50: Add lines 45 through 49. Total Refundable Credits

Line 51: Line 44 minus line 50. If line 51 is zero or less, see Instructions. Adjusted Tax Liability



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

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52 Total nonrefundable tax credits (attach Schedule CR) 52

00.00

53 Line 51 minus line 52 Balance 53

00.00

54 Hawaii State Income tax withheld (attach W-2s) (see page 29 of the Instructions for other attachments) 54

00.00

55 2023 estimated tax payments on Forms N-200V; N-288A 55

00.00

56 Amount of estimated tax applied from 2022 return 56

00.00

57 Amount paid with extension 57

00.00

59 If line 58 is larger than line 53, enter the amount OVERPAID (line 58 minus line 53) (see Instructions) 59

00.00

60 Contributions to (see page 30 of the Instructions): Yourself Spouse

60a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

60b Hawaii Public Libraries Fund \$5 \$5

60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

61 Add the amounts of the filled ovals on lines 60a through 60c and enter the total here 61

00.00

62 Line 59 minus line 61 62

00.00

63 Amount of line 62 to be applied to your 2024 ESTIMATED TAX 63

00.00

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 30 of Instructions. Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.

64b Routing number 64c Type: Checking Savings

Routing and account number boxes

64d Account number 64a

00.00

65 AMOUNT YOU OWE (line 53 minus line 58) 65

00.00

66 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 66

00.00

67 Estimated tax penalty. (See page 31 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 67

00.00

68 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 68

00.00

69 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 69

00.00

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 32 of the Instructions.

Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND

Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. Yes If joint return, indicate if your spouse designates \$3 to go to the fund. Yes

Note: Filling in the "Yes" oval will not change your tax or refund.

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.

Signature and occupation fields for taxpayer and spouse

Preparer's information fields: Signature, Name, Firm name, Address, and Phone No.