

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return 2003
RESIDENT

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

Check box if filing for the first time or address has changed

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USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

HAWAII ELECTION CAMPAIGN FUND	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

FILING STATUS	(Check only ONE box)			
	1	<input type="checkbox"/> Single		
	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 social security no. above and full name here. ● _____		
	4	<input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's 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	▶ <input type="text"/>	
	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 8 and if your spouse meets the qualifications, check here <input type="checkbox"/>					
	6c	Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	} Enter number of your children listed
	and 6d	1. First and last name				
						} Enter number of other dependents
6e Total number of exemptions claimed					} Add numbers entered in boxes above	

INCOME	7	Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 9 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 10 of the Instructions and check here. ▶ ● <input type="checkbox"/>					
	● If you are married filing separately and your spouse itemizes deductions, see page 7 of the Instructions.					
	12	Standard deduction.	If you checked filing status box: { 1, enter \$1,500 2 or 5, enter \$1,900 3, enter \$950 4, enter \$1,650	Standard Deduction ▶		
	13	Line 11 minus line 12. (This line MUST be filled in)		12●		00
	14	Multiply \$1,040 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 10 of Instructions		13●		00
	15	Line 13 minus line 14. Enter the result (but not less than zero).		14●		00
	Taxable Income ▶					

ROUND TO THE NEAREST DOLLAR

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Continue on other side

CAUTION: You may **NOT** file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:
 You are a part-year resident.
 You are married filing a separate return and your spouse itemizes.
 You received any capital gains distributions.

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 9 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 9 of the Instructions for a definition of ordinary dividends.		
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).....		2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only)	
00		00	

TAX PAYMENTS AND CREDITS				
	16 Tax. Check if from <input type="checkbox"/> Tax Table; or <input type="checkbox"/> Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000 Tax >	16●		00
	17 Energy Conservation Tax Credit (attach Form N-157).....	17●		00
	18 Renewable Energy Technologies Income Tax Credit (attach Form N-334).....	18●		00
	19 Add lines 17 and 18 Total Non-Refundable Credits >	19		00
	20 Line 16 minus line 19 (but not less than zero)..... >	20		00
	21a Total Hawaii income tax withheld.....	21a●		00
	21b Amount paid with extension(s).....	21b●		00
	21c Low-Income Refundable Tax Credit (attach Schedule X)..... DHS, etc. exemptions ●	21c●		00
	21d Credit for Low-Income Household Renters (attach Schedule X).....	21d●		00
	21e Credit for Child and Dependent Care Expenses (attach Schedule X)	21e●		00
	21f Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	21f●		00
	22 Add lines 21a through 21f..... Total >	22●		00
REFUND OR AMOUNT YOU OWE	23 If line 22 is larger than line 20, enter the amount OVERPAID (line 22 minus line 20)	23●		00
	24 Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse (Enter \$2 if one box is checked, or \$4 if both boxes are checked)	24		00
	25 Line 23 minus line 24. This is the amount to be REFUNDED TO YOU . If filing late, see page 12 of Instructions.....	25		00
	26 If line 20 is larger than line 22, enter the AMOUNT YOU OWE (line 20 minus line 22). Send Form N-200V with your payment.	26●		00
	27 Estimated tax penalty. (see page 12 of Instructions) Do not include on line 23 or 26. Check box if Form N-210 is attached > <input type="checkbox"/>	27●		00
DESIGNEE	28 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only..... > ● <input type="checkbox"/>			
	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 12 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 Signature and date Print Preparer's Name Firm's name (or yours if self-employed), Address, and ZIP Code	Preparer's identification number Federal E.I. No. > Phone No. >	Check if self-employed > <input type="checkbox"/>

REMINDERS:

- Check your arithmetic.
- Don't forget to sign your return.** If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, Form N-200V, check or money order, etc.)
- File early using the preaddressed envelope if you received one.