

PART-YEAR RESIDENTS MUST USE FORM N-15.
RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 2004

or fiscal year beginning _____, 2004 and ending _____, 2005

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

AMD UNP 008 PNT INT

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)		↑ IMPORTANT ↑ You must enter your SSN(s).
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Your occupation / 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	1 <input type="checkbox"/> Single (Check only ONE box)	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. ➤ _____
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ● _____).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. ●	

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 36.

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"/>				
Dependents:				
6c	1. First and last name	2. Dependent's social security number	3. Relationship	Enter number of your children listed ➤ <input type="text"/>
and				Enter number of other dependents ➤ <input type="text"/>
6d				
6e	Total number of exemptions claimed.....			Add numbers entered in boxes above ➤ <input type="text"/>

INCOME	7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7•	<input type="text"/>	00
	8	Interest income from the worksheet on page 29 of the Instructions.....	8•	<input type="text"/>	00
	9	Ordinary dividends.....	9•	<input type="text"/>	00
	10	State income tax refund from the worksheet on page 29 of the Instructions	10•	<input type="text"/>	00
	11	Alimony received: Enter name and address of payer _____	11	<input type="text"/>	00
	12a	Gross receipts from business or farm.....	12a	<input type="text"/>	00
	12b	Net income or (loss) from business or farm	12b•	<input type="text"/>	00
	13	Capital gain or (loss) from worksheet on page 29 of Instructions	13•	<input type="text"/>	00
	14a	Total IRA distributions	14a	<input type="text"/>	00
			14b	<input type="text"/>	00
	15a	Total pensions and annuities	15a	<input type="text"/>	00
			15b	<input type="text"/>	00
	16a	Gross rents received.....	16a	<input type="text"/>	00
	16b	Net rental income or (loss).....	16b•	<input type="text"/>	00
	17	Unemployment compensation (insurance)	17•	<input type="text"/>	00
	18	Other income (state nature and source)	18•	<input type="text"/>	00
	19	Add amounts in far right column for lines 7 through 18	19•	<input type="text"/>	00

ADJUSTMENTS TO INCOME	20	Deduction for clean-fuel vehicles	20	<input type="text"/>	00		
	21	Certain business expenses of reservists, performing artists, and fee-basis government officials	21	<input type="text"/>	00		
	22	IRA deduction	22	<input type="text"/>	00		
	23	Student loan interest deduction from worksheet on page 30 of the Instructions	23	<input type="text"/>	00		
	24	Health savings account deduction.....	24	<input type="text"/>	00		
	25	Moving expenses	25	<input type="text"/>	00		
	26	One-half of self-employment tax	26	<input type="text"/>	00		
	27	Self-employed health insurance deduction	27	<input type="text"/>	00		
	28	Self-employed SEP, SIMPLE, and qualified plans	28	<input type="text"/>	00		
	29	Penalty on early withdrawal of savings.....	29	<input type="text"/>	00		
	30	Alimony paid _____ <small>Enter name and social security number of recipient</small>	30	<input type="text"/>	00		
	31	Payments to an individual housing account	31•	<input type="text"/>	00		
	32	First \$1,750 of military reserve or Hawaii national guard duty pay.....	32•	<input type="text"/>	00		
	33	Exceptional trees deduction (attach affidavit) (see page 37 of the Instructions)	33•	<input type="text"/>	00		
	34	Add lines 20 through 33.....	Total Adjustments ➤		34•	<input type="text"/>	00
AGI	35	Line 19 minus line 34.....	Adjusted Gross Income ➤		35•	<input type="text"/>	00

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE • ATTACH COPY B OF FORM HW-2 HERE •

