

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return 2004
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)		↑ 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 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:	2. Dependent's social security number	} Enter number of your children listed	6c ▶ <input type="text"/>
	and 1. First and last name	3. Relationship		
	6d		} Enter number of other dependents	6d ▶ <input type="text"/>
6e Total number of exemptions claimed		Add numbers entered in boxes above	6e ▶ <input type="text"/>	

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 Adjusted Gross Income ▶	11●		00
	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 ▶	12●		00
13 Line 11 minus line 12. (This line MUST be filled in)	13●		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.....	14●		00	
15 Line 13 minus line 14. Enter the result (but not less than zero). Taxable Income ▶	15●		00	

Continue on other side

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.

NOTE: You may be required to file Form N-11, N-12, or N-15 for other reasons. See page 5 of Instructions.

PART I Interest Income	PART II Ordinary Dividends
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.	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	Name of Payer
Amount	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	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	22●	00
	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 Contribution to Hawaii Public Libraries 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)	25	00
	26 Add lines 24 and 25	26	00
	27 Line 23 minus line 26. This is the amount to be REFUNDED TO YOU . If filing late, see page 11 of Instructions.....	27	00
	28 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.	28●	00
	29 Estimated tax penalty. (see page 12 of Instructions) Do not include on line 23 or 28. Check box if Form N-210 is attached > <input type="checkbox"/>	29●	00

30 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only.....

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 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	Preparer's identification number	Check if self-employed > <input type="checkbox"/>
		Firm's name (or yours if self-employed), Address, and ZIP Code	Federal E.I. No. >	Phone No. >

- REMINDERS:**
- **You must enter your social security number(s).** Your social security number(s) is no longer printed on your preprinted address label.
 - 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 or HW-2s, Schedule X, Form N-200V, check or money order, etc.)
 - File early using the preaddressed envelope if you received one.