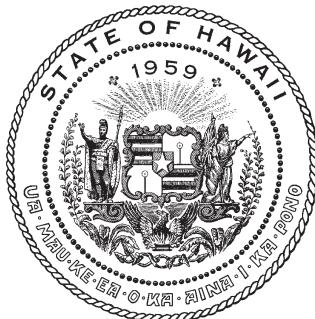


# STATE OF HAWAII DEPARTMENT OF TAXATION



## General Information and Scannable Specifications for Form N-11 (Rev. 2007)

### Contact Information

Hawaii Department of Taxation  
Technical Section  
Attn: Alexis Shiohira, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: Tax.Technical.Section@hawaii.gov

### Hawaii Software Vendor Website Address:

[www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm)

**Note:** Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

## FORM N-11 (Rev. 2007)

### General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-11. Form N-11 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-11 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBM scanners.

Note: Starting with the 2007 tax year, we will support the processing of 2D barcodes produced on Form N-11. If you will produce 2D barcodes for Form N-11, you must also refer to the separate scannable specifications for Schedule CR.

Substitute scannable forms MUST meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

## GENERAL INFORMATION

### 1. Substitute Form

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

### 2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

### 3. Variable Data

- All variable data fields must utilize 12 pt Courier Font.
- All variable data fields require exact placement.
- Use a bold X (**X**) as a checkbox indicator. See exhibits for exact placement. The use of a checkmark is not acceptable.

### 4. For Office Use Only Area

- Use horizontal lines. Boxes should not be printed.

### 5. Variable Data Delimiters

- Taxpayer's Social Security Number and/or spouse's social security number must be printed with spaces between the dash (-) delimiters. For example:  
123 - 45 - 6789  
(3 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits, followed by a space, followed by a dash (-), followed by a space, followed by 4 digits)
- The first four letters of the taxpayer's name field must be printed in all capital letters.

### 6. Dollar Amounts

- |           |
|-----------|
| 123456789 |
|-----------|
- Do not use commas as thousand separators.
  - Amounts are right justified.
  - Amounts must be rounded. Dollar and cent signs should not be used when the field is rounded to whole dollars.
  - A horizontal line must be present below the dollar amounts. The placement of the horizontal line must not touch the dollar amounts.

### 7. Negative Amounts

- Show negative amounts with a **bold X** where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

### 8. Testing and Approval of the Scannable Form

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed in Appendix A. If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16", do not submit them for approval as they will be rejected.
- A minimum of 6 hardcopy test samples must be provided to ensure proper testing.
- This will include the 5 test scenarios listed in Appendix C, plus one additional test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

## SCANNABLE SPECIFICATIONS

### 1. Layout

- The form was designed on a 6x10 grid. See exhibits.
- Open space around variable data fields should be adhered to as much as possible. Do not place any additional information in these areas.

### 2. Hawaii Vendor ID No.

- Print your 2-digit Hawaii Vendor ID Number following the "ID NO" label on four pages of Form N-11 on row 63 at column 26 and 27.
- See Appendix A. If your company is not listed in the Vendor I.D. Number Table, please contact the Forms Coordinator.

### 3. Registration Marks

- Registration marks are required on every page. The scanning equipment looks for "L's", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of .5 inch long and .0305 inch thick.
- There are **two** registration marks on each page.
  - The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 6 for page 1 and at the top of row 7 for pages 2-4.



- The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four pages.



- The tolerance is 1mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



### 4. 1D Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:  
Page 1, at the top of row 6 and at the beginning of column 6;  
Pages 2-4, at the top of row 4 and at the beginning of column 6
- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.5.
- A 1/4 inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- The required barcode is JT071 for page 1:



JT071

The required barcode is JT072 for page 2:



JT072

The required barcode is JT073 for page 3:



JT073

The required barcode is JT074 for page 4:



JT074

The barcode includes the form number code (J), type of form (T), form year (07), and page number (1), (2), (3) or (4). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.

## 5. 2D Barcode

Starting with the 2007 tax year, the Department will support the processing of 2D barcodes produced on Form N-11. The following defines the technical specifications for producing 2D barcodes for Form N-11. If a 2D barcode cannot be produced, then the reserved space on page 1 of the form should remain blank.

- The 2D encode type is Standard PDF417.
- The dots per inch (DPI) is 300.
- The Error Correction Level is 4.
- The Y/X element ratio is 3.
- The size of the barcode will vary according to the amount of information contained in the barcode. The size of the barcode can not be greater than 3.7" Wide x 1.83" High.
- The X dimension width is a minimum of 11.0 Mils. Adjust the X dimension width to the largest value that can be used while still fitting within maximum barcode size.
- The number of Data Columns and Data Rows will be variable. While adjusting the number of Data Columns and Data Rows, it is preferable to maintain an overall aspect ratio of the barcode's width to its height of approximately 2 to 1 (this will provide the highest read rates), but any aspect ratio that fits within the allocated space is acceptable.
- DO NOT stretch the barcode image.
- The barcode placement must be within the dashed boundary box in the area labelled "This Space Reserved". The preferred position is for the barcode to be centered both horizontally and vertically within that space, but any placement of the barcode that is within the allocated space is acceptable.  
NOTE: When printing the 2D barcode in the allocated space, do not print the dashed boundary box.

- Use Text compaction mode whenever the data included in the barcode allows. This is the preferred mode since it will result in a smaller barcode size as compared to Binary compaction, but either compaction mode is acceptable.

- A problem with 2D barcode processing on tax returns can occur when a user of vendor software prints their return, then makes a change to the return data and reprints only that page (without reprinting the first page which contains the 2D barcode). We recommend that vendors update their help documentation to remind users to reprint page 1 of their return if they make any changes to any return data.

- The layout for the data encoded in the 2D barcode is defined in Appendix B, "2D Barcode Layout – N-11/Schedule CR". Please carefully read the "Field Business Rules" for each field. In most cases the data that is printed on the form is exactly what is expected in the 2D barcode field. But there are a few exceptions. For example, for the social security field the expected printed format on the form includes spaces and dashes (123 - 45 - 6789); in the 2D barcode the spaces and dashes are removed (123456789). For the zip code/postal code field, the expected printed format of a nine digit zip code would include a dash (96813-1234), but in the barcode the dash is removed (968131234). The values that have changed from the posted draft of this layout are marked by revision marks.

## 2D Barcode Contact:

Beverly Dias  
 Email: [beverly.j.dias@hawaii.gov](mailto:beverly.j.dias@hawaii.gov)  
 Telephone: (808)587-9193

## 6. Acetate overlays

- Acetate overlays will be mailed to all vendors listed in Appendix A. If your company is not listed in the Vendor I.D. Number Table, please contact the Forms Coordinator

**Appendix A**  
**HAWAII VENDOR I.D. NUMBER**

<b>COMPANY</b>	<b>Vendor I.D. Number</b>
2nd Story Software, Inc.	90
Aatrix Software, Inc.	11
AccountantsWorld	18
ACOM Solutions, Inc.	34
ADP Taxware	33
ADP, Inc.	21
Advanced Micro Solutions	29
Advantage Payroll	28
AME Software Products, Inc.	36
ATX II, LLC	10
Block Financial Corporation	19
Business Software, Inc.	22
CBIZ – Century Business Services	26
CCH Incorporated (CA)	16
CCH Incorporated (IL)	17
CCH Incorporated (KS)	15
Ceridian	27
Condominium Rentals Hawaii	32
CORPTax, LLC	25
CS Professional Suite	20
Data Technology Group	24
Drake Software	30
H&R Block	40
Intuit	50
iSystems LLC	38
Jackson Hewitt Tax Service	55

<b>COMPANY</b>	<b>Vendor I.D. Number</b>
Liberty Tax Service	54
MasterTax	57
Nelco	56
Oishi Property Management	64
Orrtax Software, Inc.	58
Pacific Data Services, Inc.	63
Paychex, Inc.	62
Payroll Tax People LLC	61
Petz Enterprises, Inc.	59
PrimePay, Inc.	67
Rhodes Computer Services, Inc.	60
RIA	65
Sage Software	23
STF Services Corporation	70
Tax\$imple, Inc.	74
TaxStation, Inc.	71
Taxware Systems Inc.	73
TaxWorks LLC	75
TriTech Software Development	77
Trust Tax Services of America (TTSOA)	78
Universal Tax Systems, Inc.	79
Vertex Inc. – Sarasota	80
Wal-Mart Stores, Inc., Financial Support Division	85
Wolters Kluwer North America Shared Services (IL)	89
WSN Systems Corporation	37

**APPENDIX B. 2D Barcode Layout - N11 / Schedule CR**

Use a carriage return for the field delimiter.

Data Types: A-Alpha, N-Numeric, AN-Alphanumeric, C-Checkbox.

Field #	Page #	Form Line #	Description	Max Length	Type	Field Business Rules	Changes
1	--	--	Header Version Number	2	A	"T1". Indicates the version of the standard FTA defined 2D barcode header format.	
2	ALL	--	Software Developer Code	4	AN	Hawaii Department of Tax assigned software vendor ID. This value is printed in the reserved space on the bottom of each page of the return.	
3	--	--	Form Number	6	A	"N11"	
4	1	--	Form Year	4	N	The tax year for which the return is being filed. "2007" for example.	
5	--	--	2D Specification Version	2	N	"0". Indicates the version of the 2D specification for the form that is being used. This number will increment for each change to the specification.	
6	--	--	Software Version	2	AN	A software vendor defined version number that reflects the software and form revision used to produce this barcode.	
7	--	--	Amended Return Checkbox	1	C	"X" or null.	
8	1	--	Fiscal Year Begin Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
9	1	--	Fiscal Year Begin Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
10	1	--	Fiscal Year Begin Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
11	1	--	Fiscal Year End Month	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
12	1	--	Fiscal Year End Day	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
13	1	--	Fiscal Year End Year	2	N	Only populate this field for fiscal filers. If not a fiscal filer then leave this field NULL. Do not include slashes "/" in this field.	
14	1	--	Primary First Name	25	A	The total width of this name (First MI Last) is 40, truncate the first name and last name as needed to fit within this overall form space.	
15	1	--	Primary Middle Initial	1	A	Null if no value	
16	1	--	Primary Last Name	35	A		
17	1	--	Spouse First Name	25	A	Required entry if married filing joint, otherwise null. The total width of this name (First MI Last) is 40, truncate the first name and last name as needed to fit within this overall form space.	
18	1	--	Spouse Middle Initial	1	A	Optional entry if married filing joint, otherwise null.	
19	1	--	Spouse Last Name	35	A	Required entry if married filing joint, otherwise null.	
20	1	--	First 4 Characters of Primary Last Name	4	A		
21	1	--	Primary SSN	9	N	Do not include hyphens, spaces or other delimiters in this field.	
22	1	--	First 4 Characters of Spouse Last Name	4	A	Required entry if married filing joint or married filing separate, otherwise null.	
23	1	--	Spouse SSN	9	N	Required entry if married filing joint or married filing separate, otherwise null. Do not include hyphens, spaces or other delimiters in this field.	
24	1	--	Care Of	40	A	Null if no value	
25	1	--	Street Address	40	AN		
26	1	--	City	21	A		
27	1	--	U.S. State Code	2	A	If a U.S. address, enter the U.S. Postal Service standard two character abbreviation code for the state. If a foreign address, leave null. The valid U.S. state codes are published by the USPS at: <a href="http://www.usps.com/nscs/lookups/usps_abbreviations.html">http://www.usps.com/nscs/lookups/usps_abbreviations.html</a>	
28	1	--	ZIP (Postal) Code	10	AN	Do not include hyphens in this field. U.S. ZIP codes should be numeric only and not longer than 9 digits.	

Field #	Page #	Form Line #	Description	Max Length	Type	Field Business Rules	Changes
29	1	--	Foreign State or Province	25	A	Only populate if a foreign address. If the country does not use State or Province names then this field should be NULL.	
30	1	--	Country	13	A	Only populate if a foreign address.	
31	1	1	Filing Status Checkbox: Single	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
32	1	2	Filing Status Checkbox: Married filing joint	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
33	1	3	Filing Status Checkbox: Married filing separate	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
34	1	4	Filing Status Checkbox: Head of Household	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
35	1	5	Filing Status Checkbox: Qualifying Widower	1	C	"X" or null. One of the filing status checkboxes must be marked. There should be only one filing status checkbox marked.	
36	1	3	MFS Spouse Name. This field appears below line 3.	25	A	If married filing separate checkbox is marked, the full name of the spouse.	
37	1	4	HOH Qualifying Person. This field appears below line 4.	21	A	Null if no value	
38	1	5	Year Spouse Died	4	N	Null if no value	
39	1	6a	Primary Regular Exemption	1	C	"X" or null	
40	1	6a	Primary Over 65 Exemption	1	C	"X" or null	
41	1	6b	Spouse Regular Exemption	1	C	"X" or null	
42	1	6b	Spouse Over 65 Exemption	1	C	"X" or null	
43	1	--	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.	1	N	Number of primary and spouse exemptions marked in lines 6a and 6b. 0 if no value.	
44	1	6c	Exemptions for Dependent Children	2	N	0 if no value	
45	1	6d	Exemptions for Other Dependents	2	N	0 if no value	
46	1	6e	Total Exemptions Claimed	2	N	0 if no value	
47	2	7	Federal Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
48	2	7	Federal Adjusted Gross Income	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field. For all numeric fields use whole numbers (no decimals) unless otherwise specified in the field business rule. For all numeric fields do not include commas.	
49	2	8	Difference in state/federal wages	9	N	0 if no value	
50	2	9	Interest on out of state bonds	9	N	0 if no value	
51	2	10	Other HI Additions	9	N	0 if no value	
52	2	11	Total HI Additions	9	N	0 if no value	
53	2	12	Total Income - negative indicator checkbox	1	C	"X" or null	
54	2	12	Total Income	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
55	2	13	Pensions Taxed Federally	9	N	0 if no value	
56	2	14	Social Security Benefits	9	N	0 if no value	

Field #	Page #	Form Line #	Description	Max Length	Type	Field Business Rules	Changes
57	2	15	National Guard Duty Pay	9	N	0 if no value	
58	2	16	Individual Housing Acct	9	N	0 if no value	
59	2	17	Exceptional Tree	9	N	0 if no value	
60	2	18	Other Hawaii Subtractions	9	N	0 if no value	
61	2	19	Total Subtractions	9	N	0 if no value	
			HI Adjusted Gross Income - negative indicator checkbox	1	C	"X" or null	
62	2	20	HI Adjusted Gross Income	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
		--	Dependent Indicator. This is the checkbox that appears below line 20.	1	C	"X" or null	
65	2	21a	Medical and Dental	9	N	0 if no value	
66	2	21b	Taxes	9	N	0 if no value	
67	2	21c	Interest Expense	9	N	0 if no value	
68	2	21d	Contributions	9	N	0 if no value	
69	2	21e	Casualty and Theft Losses	9	N	0 if no value	
70	2	21f	Miscellaneous deductions	9	N	0 if no value	
71	2	22	Itemized/standard deductions	9	N	0 if no value	
			Subtotal (Line 20 – Line 22) - negative indicator checkbox	1	C	"X" or null	
72	2	23	Subtotal (Line 20 – Line 22)	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
73	2	23	Total Exemptions	9	N	0 if no value	
			Primary Disability Indicator. This field appears below line 24.	1	C	"X" or null	
76	3	24	Spouse Disability Indicator. This field appears below line 24.	1	C	"X" or null	
77	3	25	Taxable Income	9	N	0 if no value	
			Indicator if tax from other forms (N-2, N-103, etc) is included	1	C	"X" or null	
79	3	26	Tax Liability	9	N	0 if no value	
80	3	27	Net Capital Gain	9	N	0 if no value	
81	3	28	Total Nonrefundable Credits	9	N	0 if no value	
82	3	29	Line 26 minus line 28 (but not less than zero)	9	N	0 if no value	
83	3	30	Withholding	9	N	0 if no value	
84	3	31	Estimated tax payments	9	N	0 if no value	
85	3	32	Estimated tax from previous tax year	9	N	0 if no value	
86	3	33	Extension Payment	9	N	0 if no value	
87	3	34	Low Income Refundable Tax Credit	9	N	0 if no value	
88	3	34	DHS Exemptions (Child Support)	2	N	1 – 99. 0 if no value	
89	3	35	Low Income Household Renters Credit	9	N	0 if no value	
90	3	36	Child and Dependent Care Expenses	9	N	0 if no value	
91	3	37	Child Passenger Restraint Credit	9	N	0 if no value	
			Credit for General Income Tax	9	N	0 if no value	
93	3	38	Total Refundable Credits	9	N	0 if no value	
94	3	39	Total Payments and Credits	9	N	0 if no value	
95	3	40	Amount Overpaid	9	N	0 if no value	
96	3	42a	Primary School Repairs and Maintenance Donation	1	C	"X" or null	
97	3	42a	Spouse School Repairs and Maintenance Donation	1	C	"X" or null	
98	3	42b	Primary Public Libraries Donation	1	C	"X" or null	
99	3	42b	Spouse Public Libraries Donation	1	C	"X" or null	
100	3	42c	Primary Domestic Violence Donation	1	C	"X" or null	
101	3	42c	Spouse Domestic Violence Donation	1	C	"X" or null	

Field #	Page #	Form Line #	Description	Max Length	Type	Field Business Rules	Changes
102	3	43	Total Donations	2	N	0 if no value	
103	3	44	Overpaid minus donations	9	N	0 if no value	
104	3	45	Estimated Tax apply to the following tax year	9	N	0 if no value	
105	4	46a	Refunded to you	9	N	0 if no value	
106	4	46b	Routing Number	9	N	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
107	4	46c	Account Type Checking	1	C	"X" or null. Either the checking or savings checkbox may be checked, but not both.	
108	4	46c	Account Type Savings	1	C	"X" or null	
109	4	46d	Account Number	17	AN	Do not zero fill. Do not use hyphens, spaces or special symbols. Null if no value	
110	4	47	Amount you owe	9	N	0 if no value	
111	4	48	Estimated Tax Penalty	9	N	0 if no value	
112	4	48	Form N210 attached checkbox	1	C	"X" or null	
113	4	49	Amended Return: Amount Paid (Overpaid) on Original Return- negative indicator checkbox	1	C	"X" or null	
114	4	49	Amended Return: Amount Paid (Overpaid) on Original Return	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
115	4	50	Amended Return: Balance Due (Refund) on Amended Return- negative indicator checkbox	1	C	"X" or null	
116	4	50	Amended Return: Balance Due (Refund) on Amended Return	9	N	0 if no value. If negative, then mark the negative indicator checkbox for this field. DO NOT include a negative sign in this field.	
117	4	51	Receive Pre-printed Label Only	1	C	"X" or null	
118	4	--	Primary HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
119	4	--	Primary HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
120	4	--	Spouse HI Election Campaign - YES checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
121	4	--	Spouse HI Election Campaign - NO checkbox	1	C	"X" or null. Check the YES or NO checkbox, but not both.	
122	CR1	1	Tax Paid to another state	9	N	0 if no value	
123	CR1	2	Carryover of Energy Conservation Tax Credit	9	N	0 if no value	
124	CR1	3	Enterprise Zone Tax Credit	9	N	0 if no value	
125	CR1	4	Low Income Housing Tax Credit	9	N	0 if no value	
126	CR1	5	Employment Vocational Rehab Referral Credit	9	N	0 if no value	
127	CR1	6	High Tech Business Investment Tax Credit	9	N	0 if no value	
128	CR1	7	Carryover of Individual Development Account Contribution Tax Credit	9	N	0 if no value	
129	CR1	8	Tech Infrastructure Renovation Tax Credit	9	N	0 if no value	
130	CR1	9	School Repair and Maintenance Credit	9	N	0 if no value	
131	CR1	10	Hotel Construction and Remodeling Tax Credit	9	N	0 if no value	
132	CR1	11	Carryover of Residential Construction and Remodel Tax Credit	9	N	0 if no value	
133	CR1	12	Renew Energy Tech Income Tax Credit	9	N	0 if no value	
134	CR1	12	Solar Thermal Checkbox	1	C	"X" or null	
135	CR1	12	Wind Powered Checkbox	1	C	"X" or null	
136	CR1	12	Photovoltaic Checkbox	1	C	"X" or null	
137	CR1	13	Ko Olina Credit	9	N	0 if no value	
138	CR1	14	Total Nonrefundable Credits	9	N	0 if no value	
139	CR2	15	Capital Goods Excise Tax Credit	9	N	0 if no value	
140	CR2	16	Fuel Tax Credit	9	N	0 if no value	
141	CR2	17	Motion Picture and Film Income Tax Credit	9	N	0 if no value	
142	CR2	18	Credit for Increasing Research Activities	9	N	0 if no value	
143	CR2	19	Ethanol Facility Tax Credit	9	N	0 if no value	
144	CR2	20	Motion Picture and Film Tax Credit	9	N	0 if no value	

Field #	Page #	Form Line #	Description	Max Length	Type	Field Business Rules	Changes
145	CR2	21a	Other refundable credits-pro rata share of taxes paid on sale of real property	9	N	0 if no value	
146	CR2	21b	Other refundable credits-credit from regulated investment company	9	N	0 if no value	
147	CR2	21c	Other Refundable Credits Total	9	N	0 if no value	
148	CR2	22	Total Refundable Credits	9	N	0 if no value	
149	--	--	End of Record Trailer	5	A	Standard trailer field to indicate the end of the 2D barcode data. Always equal to: "EOD"	

**Return Fields that are NOT Included in the 2D Barcode**

1	--	First Time Filer Checkbox					
1	--	Address or Name Change Checkbox					
1	--	Spouse meets qualifications Checkbox. This is the checkbox below line 6b.					
2	26	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)					
4	52a	Schedule C Checkbox					
4	52b	Schedule C Hawaii Gross Receipts					
4	52c	Schedule C Hawaii Tax ID					
4	52d	Schedule C business activity/product					
4	53a	Schedule E Checkbox					
4	53b	Schedule E Hawaii Gross Rents					
4	53c	Schedule E Hawaii Tax ID					
4	54a	Schedule F Checkbox					
4	54b	Schedule F Hawaii Gross Receipts					
4	54c	Schedule F Hawaii Tax ID					
4	53d	Schedule F business activity/product					
4	--	Designee Name					
4	--	Designee Phone Number					
4	--	Designee Identification Number					
4	--	Signature Date					
4	--	Occupation					
4	--	Daytime Phone Number					
4	--	Spouse Signature Date					
4	--	Spouse Occupation					
4	--	Preparer Signature Date					
4	--	Preparer Self Employed Checkbox					
4	--	Preparer Identification Number					
4	--	Preparer Name					
4	--	Preparer Federal EI No					
4	--	Preparer Firm Name and Address					
4	--	Preparer Phone Number					

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**APPENDIX C. Software Vendor N11 Test Cases**

Test Values for Fields that Are Included in the 2D Barcode

Field #	Page #	Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5
1	--	--	Header Version Number	T1	T1	T1	T1	T1
2	ALL	--	Software Developer Code					
3	--	--	Form Number	N11	N11	N11	N11	N11
4	1	--	Form Year	2007	2007	2007	2007	2007
5	--	--	2D Specification Version	0	0	0	0	0
6	--	--	Software Version					
7	--	--	Amended Return Checkbox	X				
8	1	--	Fiscal Year Begin Month		10			
9	1	--	Fiscal Year Begin Day		01			
10	1	--	Fiscal Year Begin Year		07			
11	1	--	Fiscal Year End Month		09			
12	1	--	Fiscal Year End Day		30			
13	1	--	Fiscal Year End Year		08			
14	1	--	Primary First Name	KAWENAULAOKALANI	KEALAKEKUAMALANAI	ITO	JANE	JOHN
15	1	--	Primary Middle Initial	K	S			
16	1	--	Primary Last Name	HUMUHUMUNUKUNUKU	DAVIDSON	SUZUKI	GREEN	BROWN
17	1	--	Spouse First Name	KAHALA				
18	1	--	Spouse Middle Initial	A				
19	1	--	Spouse Last Name	HUMUHUMUNUKUNUKU				
20	1	--	First 4 Characters of Primary Last Name	HUMU	DAVI	SUZU	GREE	BROW
21	1	--	Primary SSN	575 - 66 - 1121 (Printed value) 575661121 (2D barcode value)	400 - 00 - 1902 (Printed value) 400001902 (2D barcode value)	575 - 66 - 1123 (Printed value) 575661123 (2D barcode value)	575 - 66 - 1124 (Printed value) 575661124 (2D barcode value)	575 - 66 - 1125 (Printed value) 575661125 (2D barcode value)
22	1	--	First 4 Characters of Spouse Last Name	HUMU		SPOU		
23	1	--	Spouse SSN	576 - 55 - 7442 (Printed value) 576557442 (2D barcode value)		576 - 66 - 1124 (Printed value) 576661124 (2D barcode value)		
24	1	--	Care Of	JOHN CAREOFNAME				
25	1	--	Street Address	415 SOUTH ST APT 1234	2763 LLANES CT	123 456 NAMIKI CHO	12 10TH AVE EAST	175 SAN PABLO AVE
26	1	--	City	HONOLULU	KAILUA	NARITA SHI	VANCOUVER	SAN FRANCISCO
27	1	--	U.S. State Code	HI	HI			CA
28	1	--	ZIP (Postal) Code	96813	96734	2860045	V5T 1Y9	94127-1535 (printed value) 941271535 (2D barcode value)
29	1	--	Foreign State or Province			CHIBA	BRITISH COLUMBIA	
30	1	--	Country			JAPAN	CANADA	
31	1	1	Filing Status Checkbox: Single		X			
32	1	2	Filing Status Checkbox: Married filing joint	X				
33	1	3	Filing Status Checkbox: Married filing separate			X		
34	1	4	Filing Status Checkbox: Head of Household				X	
35	1	5	Filing Status Checkbox: Qualifying Widower					X
36	1	3	MFS Spouse Name. This field appear below line 3.			MARY A SPOUSENAME		
37	1	4	HOH Qualifying Person				JOE GREEN	
38	1	5	Year Spouse Died					2006
39	1	6a	Primary Regular Exemption	X	X	X	X	
40	1	6a	Primary Over 65 Exemption	X				
41	1	6b	Spouse Regular Exemption	X		X		
42	1	6b	Spouse Over 65 Exemption	X				

Field #	Page #	Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5
43	1	--	Number of Primary and Spouse Exemptions. This is the field that appears to the right of lines 6a and 6b.	4	1	2	1	1
44	1	6c	Exemptions for Dependent Children	1	0	10	0	1
45	1	6d	Exemptions for Other Dependents	2	0	0	0	0
46	1	6e	Total Exemptions Claimed	7	1	12	1	2
47	2	7	Federal Adjusted Gross Income - negative indicator checkbox			X		
48	2	7	Federal Adjusted Gross Income	90000	13900	1020	90000	10000
49	2	8	Difference in state/federal wages	10	800	0	0	0
50	2	9	Interest on out of state bonds	20	94498	10	0	0
51	2	10	Other HI Additions	30	10	0	10	0
52	2	11	Total HI Additions	60	95308	10	10	0
53	2	12	Total Income - negative indicator checkbox			X		
54	2	12	Total Income	90060	109208	1010	90010	10000
55	2	13	Pensions Taxed Federally	10	0	0	0	0
56	2	14	Social Security Benefits	20	0	0	0	0
57	2	15	National Guard Duty Pay	30	2998	0	0	0
58	2	16	Individual Housing Acct	40	1000	0	0	0
59	2	17	Exceptional Tree	50	0	0	0	0
60	2	18	Other Hawaii Subtractions	60	0	0	0	0
61	2	19	Total Subtractions	210	3998	0	0	0
62	2	20	HI Adjusted Gross Income - negative indicator checkbox			X		
63	2	20	HI Adjusted Gross Income	89850	105210	1010	90010	10000
64	2	--	Dependent Indicator. This is the checkbox that appears below line 20.		X			
65	2	21a	Medical and Dental	1000	0	0	0	0
66	2	21b	Taxes	2000	0	0	0	0
67	2	21c	Interest Expense	300	0	0	0	0
68	2	21d	Contributions	400	0	0	0	0
69	2	21e	Casualty and Theft Losses	500	0	0	0	0
70	2	21f	Miscellaneous deductions	600	0	0	0	0
71	2	22	Itemized/standard deductions	4800	2000	2000	2920	4000
72	2	23	Subtotal (Line 20 – Line 22) - negative indicator checkbox			X		
73	2	23	Subtotal (Line 20 – Line 22)	85050	103210	3010	87090	6000
74	3	24	Total Exemptions	14000	0	12480	1040	2080
75	3	24	Primary Disability Indicator. This field appears below line 24.	X				
76	3	24	Spouse Disability Indicator. This field appears below line 24.	X				
77	3	25	Taxable Income	71050	103210	0	86050	3920
78	3	26	Indicator if tax from other forms (N-2, N-103, etc) is included	X				
79	3	26	Tax Liability	4461	7769	0	5981	55
80	3	27	Net Capital Gain	0	0	0	0	0
81	3	28	Total Nonrefundable Credits	130	0	0	0	0
82	3	29	Line 26 minus line 28 (but not less than zero)	4331	7769	0	5981	55
83	3	30	Withholding	4300	3000	1000	5700	0

Field #	Page #	Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5
84	3	31	Estimated tax payments	100	0	0	0	0
85	3	32	Estimated tax from previous tax year	100	0	0	0	0
86	3	33	Extension Payment	100	100	0	0	0
87	3	34	Low Income Refundable Tax Credit	70	0	0	0	0
88	3	34	DHS Exemptions (Child Support)	2	0	0	0	0
89	3	35	Low Income Household Renters Credit	100	0	0	0	0
90	3	36	Child and Dependent Care Expenses	100	0	0	0	0
91	3	37	Child Passenger Restraint Credit	25	0	0	0	0
92	3	38	Credit for General Income Tax	100	0	0	0	0
93	3	39	Total Refundable Credits	80	0	0	0	0
94	3	40	Total Payments and Credits	5075	3100	1000	5700	0
95	3	41	Amount Overpaid	744	0	1000	0	0
96	3	42a	Primary School Repairs and Maintenance Donation	X				
97	3	42a	Spouse School Repairs and Maintenance Donation	X				
98	3	42b	Primary Public Libraries Donation	X				
99	3	42b	Spouse Public Libraries Donation	X				
100	3	42c	Primary Domestic Violence Donation	X		X		
101	3	42c	Spouse Domestic Violence Donation	X				
102	3	43	Total Donations	18	0	5	0	0
103	3	44	Overpaid minus donations	726	0	995	0	0
		45	Estimated Tax apply to the following tax year	50	0	0	0	0
105	4	46a	Refunded to you	676	0	995	0	0
106	4	46b	Routing Number	123456789		123456789		
107	4	46c	Account Type Checking	X				
108	4	46c	Account Type Savings			X		
109	4	46d	Account Number	12345678901234567		12345678901234567		
110	4	47	Amount you owe	0	4669	0	281	55
111	4	48	Estimated Tax Penalty	0	0	0	0	4
112	4	48	Form N210 attached checkbox					X
113	4	49	Amended Return: Amount Paid (Overpaid) on Original Return-negative indicator checkbox	X				
114	4	49	Amended Return: Amount Paid (Overpaid) on Original Return	500	0	0	0	0
115	4	50	Amended Return: Balance Due (Refund) on Amended Return-negative indicator checkbox	X				
116	4	50	Amended Return: Balance Due (Refund) on Amended Return	176	0	0	0	0
117	4	51	Receive Pre-printed Label Only	X	X			
118	4	--	Primary HI Election Campaign - YES checkbox	X				
119	4	--	Primary HI Election Campaign - NO checkbox		X	X		X
120	4	--	Spouse HI Election Campaign - YES checkbox	X				

Field #	Page #	Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5
121	4	--	Spouse HI Election Campaign - NO checkbox					
122	CR1	1	Tax Paid to another state	10	0			
123	CR1	2	Carryover of Energy Conservation Tax Credit	10	0	0	0	0
124	CR1	3	Enterprise Zone Tax Credit	10	0	0	0	0
125	CR1	4	Low Income Housing Tax Credit	10	0	0	0	0
126	CR1	5	Employment Vocational Rehab Referral Credit	10	0	0	0	0
127	CR1	6	High Tech Business Investment Tax Credit	10	0	0	0	0
128	CR1	7	Carryover of Individual Development Account Contribution Tax Credit	10	0	0	0	0
129	CR1	8	Tech Infrastructure Renovation Tax Credit	10	0	0	0	0
130	CR1	9	School Repair and Maintenance Credit	10	0	0	0	0
131	CR1	10	Hotel Construction and Remodeling Tax Credit	10	0	0	0	0
132	CR1	11	Carryover of Residential Construction and Remodel Tax Credit	10	0	0	0	0
133	CR1	12	Renew Energy Tech Income Tax Credit	10	0	0	0	0
134	CR1	12	Solar Thermal Checkbox	X				
135	CR1	12	Wind Powered Checkbox					
136	CR1	12	Photovoltaic Checkbox					
137	CR1	13	Ko Olina Credit	10	0	0	0	0
138	CR1	14	Total Nonrefundable Credits	130	0	0	0	0
139	CR2	15	Capital Goods Excise Tax Credit	10	0	0	0	0
140	CR2	16	Fuel Tax Credit	10	0	0	0	0
141	CR2	17	Motion Picture and Film Income Tax Credit	10	0	0	0	0
142	CR2	18	Credit for Increasing Research Activities	10	0	0	0	0
143	CR2	19	Ethanol Facility Tax Credit	10	0	0	0	0
144	CR2	20	Motion Picture and Film Tax Credit	10	0	0	0	0
145	CR2	21a	Other refundable credits-pro rata share of taxes paid on sale of real property	10	0	0	0	0
146	CR2	21b	Other refundable credits-credit from regulated investment company	10	0	0	0	0
147	CR2	21c	Other Refundable Credits Total	20	0	0	0	0
148	CR2	22	Total Refundable Credits	80	0	0	0	0
149	--	--	End of Record Trailer	*EOD*	*EOD*	*EOD*	*EOD*	*EOD*

**Test Values for Fields that are NOT Included in the 2D Barcode**

1	--	First Time Filer Checkbox	X				
1	--	Address or Name Change Checkbox		X			

Field #	Page #	Form Line #	Description	Vendor Test 1	Vendor Test 2	Vendor Test 3	Vendor Test 4	Vendor Test 5
			Spouse meets qualifications Checkbox. This is the checkbox below line 6b.		X			
1	--							
		26	Tax source checkbox group (Tax Table, Tax Rate Schedule, Form N-168, Form N-615, Cap. Gains Worksheet)	X (Tax Table)	X (Tax Rate Schedule)	X (Tax Table)	X (Tax Table)	X (Tax Table)
2	26	52a	Schedule C Checkbox	X (Yes)	X (No)	X (No)	X (No)	X (No)
4	52a							
4	52b		Schedule C Hawaii Gross Receipts	10000				
4	52c		Schedule C Hawaii Tax ID	12345678-01				
4	52d		Schedule C business activity/product	AGRICULTURE/CORN				
4	53a		Schedule E Checkbox	X (No)	X (Yes)	X (No)	X (No)	X (No)
4	53b		Schedule E Hawaii Gross Rents		10000			
4	53c		Schedule E Hawaii Tax ID		12345678-01			
4	54a		Schedule F Checkbox	X (No)	X (No)	X (Yes)	X (No)	X (No)
4	54b		Schedule F Hawaii Gross Receipts			10000		
4	54c		Schedule F Hawaii Tax ID			12345678-01		
4	53d		Schedule F business activity/product			AGRICULTURE/COFFEE		
4	--		Designee Name	JOE DESIGNEENAME				
4	--		Designee Phone Number	802-123-4567				
4	--		Designee Identification Number	123-45-6789				
4	--		Signature Date	04/01/08	04/01/08	04/01/08	04/01/08	04/01/08
4	--		Occupation	FARMER	RETIRED	FARMER	FINANCIAL ADVISOR	DRUMMER
4	--		Daytime Phone Number	(808)123-4567	(808)123-4567	(808)123-4567	(808)123-4567	(808)123-4567
4	--		Spouse Signature Date	04/01/08				
4	--		Spouse Occupation	FARMER				
4	--		Preparer Signature Date	04/01/08				
4	--		Preparer Self Employed Checkbox	X				
4	--		Preparer Identification Number	P12345678				
4	--		Preparer Name	JANE PREPARER				
4	--		Preparer Federal EIN No	12-1234567				
4	--		Preparer Firm Name and Address	PREPARER FIRM INC				
4	--		Preparer Phone Number	(808)123-1111				

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**FORM  
N-11**  
(Rev. 2007)

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



Calendar Year 2007

OR

AMENDED Return

Fiscal Year  
Beginning

M M D D Y Y M M D D Y Y

12 12 12 and Ending 12 12 12

FOR OFFICE USE ONLY

THIS

SPACE

RESERVED

Do NOT Submit a Photocopy!!

Place an X in applicable box, if appropriate

First Time Filer  Address or Name Change

Your First Name M.I. Your Last Name  
TAXPAYER'S FIRSTXXXX X LAST NAMEXXXXXXXX

Spouse's First Name M.I. Spouse's Last Name

SPOUSE'S FIRSTXXXX X SPOUSE'S LASTXXXXX

Care Of (See Instructions, page 7.)

C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXX

♦ IMPORTANT -- Complete this Section ♦

Enter the first four letters  
of your last name.

XXXX

Use ALL CAPITAL letters

Your Social

Security Number 123 - 45 - 6789

Present mailing or home address (number and street, including Rural Route)

TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX

City, town or post office.

State

Postal/ZIF code

CITY

XX

ZIP CODE

If Foreign address, enter Province and/or State

Country

FOREIGN PROVINCEXXXXXXX COUNTRYXXXXXX

(Place an X in only ONE box)

1  Single

4  Head of household (with qualifying person). If the qualifying

2  Married filing joint return (even if only one had income)

3  Married filing separate return. Enter spouse's SSN and the  
first four letters of last name above. Enter spouse's full name  
here. MFS SPOUSE'S NAMEXXXXXXXX

person is a child but not your dependent, enter the child's full  
name. ► QUALIFYING PERSONXXXX

5  Qualifying widow(er) with dependent child. Enter the year  
your spouse died 1234

**CAUTION:** If you can be claimed as a dependent on another person's tax return (such as your parents') DO NOT place an X on line 6a, but be sure to place an X above line 2.

6a  Yourself .....  Age 65 or over .....

Enter the number of Xs  
on 6a and 6b .....

1

6b  Spouse .....  Age 65 or over .....

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

X

6c Enter the number of your dependent children (see page 9 of the Instructions) .....

6c

12

6d Enter the number of other dependents (see page 9 of the Instructions) .....

6d

12

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

6e

12

ID No 12

• ATTACH COPY 2 OF FORM N-2 HERE •

• CHECK OR MONEY ORDER •

• AND FORM N-200 HERE •

**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 2 of 4**

JT072

Name(s) as shown on return

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

if amount is negative (loss), place an X in the box.

**ROUND TO THE NEAREST DOLLAR**7 Federal adjusted gross income (AGI) (see page 10 of the Instructions) ..... 7  1234567898 Difference in state/federal wages due to COLA, ERG,  
etc. (see page 11 of the Instructions) ..... 8  1234567899 Interest on out-of-state bonds  
(including municipal bonds) ..... 9  12345678910 Other Hawaii additions to federal AGI  
(see page 11 of the Instructions) ..... 10  12345678911 Add lines 8 through 10 ..... **Total Hawaii additions to federal AGI** 11  12345678912 Add lines 7 and 11 ..... 12  12345678913 Pensions taxed federally but not taxed by Hawaii ..... 13  12345678914 Social security benefits taxed on federal return ..... 14  12345678915 First \$3,631 of military reserve or Hawaii national  
guard duty pay ..... 15  12345678916 Payments to an individual housing account ..... 16  12345678917 Exceptional trees deduction (attach affidavit)  
(see page 14 of the Instructions) ..... 17  12345678918 Other Hawaii subtractions from federal AGI  
(see page 14 of the Instructions) ..... 18  12345657819 Add lines 13 through 18 ..... **Total Hawaii subtractions from federal AGI** 19  12345678920 Line 12 minus line 19 ..... **Hawaii AGI** ► 20  123456789**CAUTION:** If you can be claimed as a dependent or another person's return, see the Instructions on page 15, and place an X here 21 If you do not itemize your deductions, go to line 22 below. Otherwise go to page 15 of the Instructions  
and enter your itemized deductions here.21a Medical and dental expenses  
(from Worksheet A-1) ..... 21a  12324567921b Taxes (from Worksheet A-2) ..... 21b  12345678921c Interest expense (from Worksheet A-3) ..... 21c  12345678921d Contributions (from Worksheet A-4) ..... 21d  12345678921e Casualty and theft losses (from Worksheet A-5) ..... 21e  12345678921f Miscellaneous deductions (from Worksheet A-6) ..... 21f  12345678922 Enter the larger of your **Itemized Deductions** — If line 20 is more than \$100,000  
(\$50,000 for married filing separately), see the worksheet on page 30 of the  
Instructions. If not, add lines 21a through 21f.  
**OR**Standard Deduction shown below for your filing status  
Single or Married filing separately — \$2,000  
Married filing jointly or Qualifying widow(er) — \$4,000  
Head of household — \$2,92023 Line 20 minus line 22. (This line MUST be filled in) ..... 23  123456789

ID No 12

**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 3 of 4**

4

JTF073

Name(s) as shown on return

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

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**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 3 of 4**

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**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 3 of 4**

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**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 3 of 4**

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**Form N-11 (Rev. 2007)**

Your Social Security Number

123-45-6789

Your Spouse's SSN

123-45-6789

**Page 4 of 4**

JT074

Name(s) as shown on return

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

**46a** Amount to be **REFUNDED TO YOU** (line 44 minus line 45).filing late, see page 26 of Instructions ..... **46a** 123456789**b** Routing number 123456789 **c** Type:  Checking  Savings**d** Account number 12345678912345678**47 AMOUNT YOU OWE** (line 29 minus line 40). Send Form N-200V with your payment.Make check or money order payable to the "Hawaii State Tax Collector" ..... **47** 123456789**48 Estimated tax penalty.** (See page 27 of

Instructions.) Do not include on line 41 or 47. Place an

X here if Form N-210 is attached ►  **48** 123456789**49 AMENDED RETURN ONLY** - Amount paid (overpaid) on original return. (See Instructions) ..... **49**  123456789**50 AMENDED RETURN ONLY** - Balance due (refund) with amended return. (See Instructions) ..... **50**  123456789**51** If you don't need Hawaii income tax forms mailed to you next year, place an X in this box to receive a preprinted label only. .... **52** Did you file a federal Schedule C?  Yes  No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ACTIVITYXXXXXX / PRODUCTXX**53** Did you file a federal Schedule E?  Yes  No If yes, enter Hawaii gross rents received 123456789 and your Hawaii Tax I.D. Number for this activity W 12345678 - 12**54** Did you file a federal Schedule F?  Yes  No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ACTIVITYXXXXXX / PRODUCTXX**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 28 of the Instructions.

**TELEPHONE**Designee's name ► **DESIGNEE'S NAME** XXX Phone no. ► Identification number ► 123456789**HAWAII ELECTION**

► Do you want \$2 to go to the Hawaii Election Campaign Fund?

**CAMPAIGN FUND**

► If joint return, does your spouse want \$2 to go to the fund?

Note: Placing an X in the "Yes" box will not increase your tax or reduce your 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.

Your signature

Date

Your occupation

Daytime Phone Number

MM/DD/YY TP OCCUPATIONXXXXXX (123123-4567)

**PLEASE SIGN HERE**

Spouse's signature (if filing jointly, BOTH must sign)

Date

Spouse's occupation

MM/DD/YY SPOUSE'S OCCUPATION

Preparer's Signature ►

Date Check if self-employed ► 

Preparer's identification number

MM/DD/YY

P12345678

Paid

Preparer's Information

Firm's name (or yours if self-employed), Address, and ZIP Code

Federal E.I. No. ► 12-1234567

PREPARER'S NAMEXXXXXXXXXXXXXX

FIRM'S NAMEXXXXXXXXXXXXXX

(123) 123-4567

FIRM'S ADDRESS AND ZIP CODE

**REMINDERS:**

- File your return on or before April 20, 2008.
- You must enter your social security number(s). Your social security number(s) is no longer printed on your preprinted address label.
- Don't forget to sign your return. If married filing a joint return, both spouses must sign the return.
- Be sure required attachments are attached. (W-2s or HW-2s, Schedule X, Form N-200V, check or money order, etc.)
- Make check or money order payable to the "Hawaii State Tax Collector".

ID No 12



**FORM  
N-11**  
(Rev. 2007)

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



**Calendar Year 2007**

**OR**

**AMENDED Return**

**Fiscal Year  
Beginning**

M M D D Y Y      M M D D Y Y  
12 12 12 and Ending 12 12 12

**FOR OFFICE USE ONLY**

**Do NOT Submit a Photocopy!!**

Place an X in applicable box, if appropriate

**First Time Filer**     **Address or Name Change**

**THIS  
SPACE  
RESERVED**

Place label here ↓

• ATTACH CHECK OR MONEY ORDER •  
• AND FORM N-200V HERE •

Your First Name	M.I.	Your Last Name
TAXPAYER'S FIRSTXXXX X LAST NAMEXXXXXXXXXX		
Spouse's First Name	M.I.	Spouse's Last Name
SPOUSE'S FIRSTXXXX X SPOUSE'S LASTXXXXX		
Care Of (See Instructions, page 7.)		
C/O NAME FOR MAILING ADDRESSXXXXXXXXXXXX		
Present mailing or home address (Number and street, including Rural Route)		
TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX		
City, town or post office.	State	Postal/ZIP code
CITY	XX	ZIP CODE
If Foreign address, enter Province and/or State	Country	
FOREIGN PROVINCEXXXXXXXXXX	COUNTRYXXXXXX	

◆ **IMPORTANT — Complete this Section** ◆

Enter the first four letters of your last name. Use <b>ALL CAPITAL</b> letters	XXXX
Your Social Security Number	123 - 45 - 6789
Enter the first four letters of your Spouse's last name. Use <b>ALL CAPITAL</b> letters	XXXX
Spouse's Social Security Number	123 - 45 - 6789

(Place an X in only ONE box)

- |   |  |
|---|--|
| 1 <input checked="" type="checkbox"/> Single  | 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. ➤ <u>QUALIFYING PERSONXXXX</u> <input type="checkbox"/> |
| 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income).  | 5 <input checked="" type="checkbox"/> Qualifying widow(er) with dependent child. Enter the year your spouse died <u>1234</u>   |
| 3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. <u>MFS SPOUSE'S NAMEXXXXXXXX</u> |  |

**CAUTION:** If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** place an X on line 6a, but be sure to place an X above line 21.

• ATTACH CHECK OR MONEY ORDER •  
• AND FORM N-200V HERE •

- |   |   |  |
|---|---|--|
| 6a <input checked="" type="checkbox"/> Yourself.....  | <input checked="" type="checkbox"/> Age 65 or over..... | Enter the number of Xs on 6a and 6b ..... <input type="checkbox"/> 1 |
| 6b <input checked="" type="checkbox"/> Spouse.....  | <input checked="" type="checkbox"/> Age 65 or over..... |  |
| If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here <input checked="" type="checkbox"/> |   |  |
| 6c Enter the number of your dependent children (see page 9 of the Instructions) .....   | 6c <input type="checkbox"/> 12                          |  |
| 6d Enter the number of other dependents (see page 9 of the Instructions) .....  | 6d <input type="checkbox"/> 12                          |  |
| 6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above.....   | 6e <input type="checkbox"/> 12                          |  |

ID No 12



123-45-6789

123-45-6789

JT072

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

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

If amount is negative (loss), place an X in the box.

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 10 of the Instructions) .....	7	<input checked="" type="checkbox"/> 123456789
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions).....	8	123456789
9	Interest on out-of-state bonds (including municipal bonds) .....	9	123456789
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10	123456789
11	Add lines 8 through 10 .....Total Hawaii additions to federal AGI	11	123456789
12	Add lines 7 and 11.....	12	<input checked="" type="checkbox"/> 123456789
13	Pensions taxed federally but not taxed by Hawaii.....	13	123456789
14	Social security benefits taxed on federal return .....	14	123456789
15	First \$3,631 of military reserve or Hawaii national guard duty pay .....	15	123456789
16	Payments to an individual housing account.....	16	123456789
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions).....	17	123456789
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	18	123456578
19	Add lines 13 through 18 .....Total Hawaii subtractions from federal AGI	19	123456789
20	Line 12 minus line 19.....Hawaii AGI ►	20	<input checked="" type="checkbox"/> 123456789

**CAUTION:** If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here

21	If you do not itemize your deductions, go to line 22 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.	
21a	Medical and dental expenses (from Worksheet A-1).....	21a <input type="checkbox"/> 123245679
21b	Taxes (from Worksheet A-2).....	21b <input type="checkbox"/> 123456789
21c	Interest expense (from Worksheet A-3) .....	21c <input type="checkbox"/> 123456789
21d	Contributions (from Worksheet A-4).....	21d <input type="checkbox"/> 123456789
21e	Casualty and theft losses (from Worksheet A-5).....	21e <input type="checkbox"/> 123456789
21f	Miscellaneous deductions (from Worksheet A-6).....	21f <input type="checkbox"/> 123456789

22 Enter the larger of your: } Itemized Deductions — If line 20 is more than \$100,000  
(\$50,000 for married filing separately), see the worksheet on page 36 of the  
Instructions. If not, add lines 21a through 21f.  
OR  
Standard Deduction shown below for your filing status.  
Single or Married filing separately — \$2,000  
Married filing jointly or Qualifying widow(er) — \$4,000  
Head of household — \$2,920

23 Line 20 minus line 22. (This line MUST be filled in) ..... 23  123456789  
ID No 12



JT073

Name(s) as shown on return

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

24	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es)	24	123456789
25	<b>Taxable Income.</b> Line 23 minus line 24 (but not less than zero) ..... <b>Taxable Income ►</b> 25		123456789
26	<b>Tax.</b> Place an X if from <b>X</b> Tax Table; <b>X</b> Tax Rate Schedule; <b>X</b> Form N-168; <b>X</b> Form N-615; or <b>X</b> Capital Gains Tax Worksheet on page 36 of the Instructions. ( <b>X</b> Place an X if tax from Forms N-2, N-103, N-152, N-312, N-318, N-338, N-405, N-586, or N-814 is included.) ..... <b>Tax ►</b> 26		123456789
27	If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet..... 27	123456789	
28	Total nonrefundable tax credits (attach Schedule CR)..... 28	123456789	
29	Line 26 minus line 28 (but not less than zero)..... <b>Balance ►</b> 29	123456789	
30	Hawaii State Income tax withheld (attach W-2s) (see page 24 of the Instructions for other attachments) ..... 30	123456789	
31	2007 estimated tax payments ..... 31	123456789	
32	Amount of estimated tax applied from 2006 return .... 32	123456789	
33	Amount paid with extension(s) ..... 33	123456789	
34	Low-Income Refundable Tax Credit (attach Schedule X) <b>DHS, etc.</b> exemptions 12 34	123456789	
35	Credit for Low-Income Household Renters (attach Schedule X) ..... 35	123456789	
36	Credit for Child and Dependent Care Expenses (attach Schedule X) ..... 36	123456789	
37	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) ..... 37	123456789	
38	Credit for General Income Tax (see page 25 of the Instructions)..... 38	123456789	
39	Total refundable tax credits from Schedule CR (attach Schedule CR)..... 39	123456789	
40	Add lines 30 through 39 ..... <b>Total Payments and Credits ►</b> 40	123456789	
41	If line 40 is larger than line 29, enter the amount <b>OVERPAID</b> (line 40 minus line 29) ..... 41	123456789	
42	<b>Contributions to</b> (see page 26 of the Instructions): ..... <b> Yourself      Spouse</b>		
42a	Hawaii Schools Repairs and Maintenance Fund.....	<b>X</b> \$2	<b>X</b> \$2
42b	Hawaii Public Libraries Fund.....	<b>X</b> \$2	<b>X</b> \$2
42c	Domestic Violence / Child Abuse and Neglect Funds....	<b>X</b> \$5	<b>X</b> \$5
43	Add the amounts of the Xs on lines 42a through 42c and enter the total here ..... 43	12	
44	Line 41 minus line 43 ..... 44	123456789	
45	Amount of line 44 to be <b>applied</b> to your <b>2008 ESTIMATED TAX</b> ..... 45	123456789	



JT074

Name(s) as shown on return

NAME (S) AS SHOWN XXXXXXXXXXXXXXXXXXXXXXXXX

46a Amount to be **REFUNDED TO YOU** (line 44 minus line 45).

If filing late, see page 26 of Instructions ..... 46a \_\_\_\_\_ 123456789

b Routing number 123456789 c Type:  Checking  Savings

d Account number 12345678912345678

47 **AMOUNT YOU OWE** (line 29 minus line 40). Send Form N-200V with your payment.

Make check or money order payable to the "Hawaii State Tax Collector" ..... 47 \_\_\_\_\_ 123456789

48 **Estimated tax penalty.** (See page 27 of

Instructions.) Do not include on line 41 or 47. Place an

X here if Form N-210 is attached ➤  ..... 48 \_\_\_\_\_ 123456789

49 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) ..... 49 \_\_\_\_\_

123456789

50 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) ..... 50 \_\_\_\_\_

123456789

51 If you don't need Hawaii income tax forms mailed to you next year, place an X in this box to receive a preprinted label only. ....

52 Did you file a federal Schedule C?  Yes  No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ACTIVITYXXXXXX / PRODUCTXX

53 Did you file a federal Schedule E?  Yes  No If yes, enter Hawaii gross rents received 123456789 and your Hawaii Tax I.D. Number for this activity W 12345678 - 12

54 Did you file a federal Schedule F?  Yes  No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ACTIVITYXXXXXX / PRODUCTXX

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 28 of the Instructions.

TELEPHONE

Designee's name ➤ DESIGNEE'S NAMEXXX Phone no. ➤ Identification number ➤ 123456789

HAWAII ELECTION CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes  No

Note: Placing an X in the "Yes" box will not increase your tax or reduce your refund.

If joint return, does your spouse want \$2 to go to the fund?

Yes  No

PLEASE SIGN HERE

**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.

Your signature

Date

Your occupation

Daytime Phone Number

MM/DD/YY

TP OCCUPATIONXXXXXX (123)123-4567

Spouse's signature (if filing jointly, BOTH must sign)

Date

Spouse's occupation

MM/DD/YY

SPOUSE'S OCCUPATION

Paid Preparer's Information	Preparer's Signature ➤	Date MM/DD/YY	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identification number P12345678
	Print Preparer's Name ➤ PREPARER'S NAMEXXXXXXXXXXXXXX		Federal E.I. No. ➤ 12-1234567	
	Firm's name (or yours if self-employed), Address, and ZIP Code ➤ FIRM'S NAMEXXXXXXXXXXXXXX FIRM'S ADDRESS AND ZIP CODE		Phone No. ➤ (123) 123-4567	

**REMINDERS:**

- File your return on or before April 20, 2008.
- **You must enter your social security number(s).** Your social security number(s) is no longer printed on your preprinted address label.
- **Don't forget to sign your return.** If married filing a joint return, both spouses must sign the return.
- Be sure required attachments are attached. (W-2s or HW-2s, Schedule X, Form N-200V, check or money order, etc.)
- Make check or money order payable to the "Hawaii State Tax Collector".