

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return 2006**  
**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 if address or name 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)		<b>↑ IMPORTANT ↑</b> <b>You must enter your SSN(s).</b>
	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 <b>(Check only ONE box)</b>	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ <input type="checkbox"/>
	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 10 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 ..... <b>Adjusted Gross Income</b> ▶	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 ..... <b>Standard Deduction</b> ▶	12●		00
13 Line 11 minus line 12. (This line <b>MUST</b> 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 11 of Instructions .....	14●		00	
15 Line 13 minus line 14. Enter the result (but not less than zero). ..... <b>Taxable Income</b> ▶	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**

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 10 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 10 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

<b>TAX PAYMENTS AND CREDITS</b>	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 Carryover of the Energy Conservation Tax Credit (attach Form N-157).....	17●	00	
	18 Renewable Energy Technologies Income Tax Credit (attach Form N-334) Check type of energy system: ● <input type="checkbox"/> Solar Thermal ● <input type="checkbox"/> Wind Powered ● <input type="checkbox"/> Photovoltaic.....	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	

<b>REFUND OR AMOUNT YOU OWE</b>	23 If line 22 is larger than line 20, enter the amount <b>OVERPAID</b> (line 22 minus line 20) .....	23●	00
	24 Contributions to (See Instructions): Yourself Spouse		
	24a Hawaii Schools Repairs and Maintenance Fund.....● <input type="checkbox"/> \$2 ● <input type="checkbox"/> \$2		
	24b Hawaii Public Libraries Fund.....● <input type="checkbox"/> \$2 ● <input type="checkbox"/> \$2		
	24c Domestic Violence / Child Abuse and Neglect Funds.....● <input type="checkbox"/> \$5 ● <input type="checkbox"/> \$5		
	25 Add the amounts relating to the checked boxes on lines 24a through 24c and enter here.....	25	00
	26 Line 23 minus line 25. This is the amount to be <b>REFUNDED TO YOU</b> . If filing late, see page 13 of Instructions.....	26●	00
	27 If line 20 is larger than line 22, enter the <b>AMOUNT YOU OWE</b> (line 20 minus line 22). Send Form N-200V with your payment. ....	27●	00
28 Estimated tax penalty. (See page 13 of Instructions) Do not include on line 23 or 27. Check box if Form N-210 is attached >● <input type="checkbox"/> .....	28●	00	

<b>AMENDED RETURN</b>	29 AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions).....	29●	00
	30 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions).....	30●	00

31 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 14 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.

<b>PLEASE SIGN HERE</b>	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____	
	Paid Preparer's Information	Preparer's Signature and date _____	Preparer's identification number _____	Check if self-employed > <input type="checkbox"/>
		Print Preparer's Name _____		
		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 and the information is correct.
- 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.