



Individual Income Tax Return RESIDENT



JBI081

Calendar Year 2008

OR

AMENDED Return

Fiscal Year Beginning

MM DD YY boxes for fiscal year beginning

and Ending

MM DD YY boxes for fiscal year ending

FOR OFFICE USE ONLY

Please Print In Black Ink. Enter One Letter Or Number In Each Box. Fill In Ovals Completely. Do NOT Submit a Photocopy!!

Fill in applicable oval, if appropriate

First Time Filer Address or Name Change

THIS SPACE RESERVED

ATTACH COPY 2 OF FORM W-2 HERE

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

Personal information table with fields for name, address, and contact info

IMPORTANT — Complete this Section

Important section with SSN and spouse name input boxes

(Fill in only ONE oval)

- 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

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

6a-6e: Number of dependents and exemptions claimed



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

JBI082

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

If amount is negative (loss), shade the minus (-) in the box. Example:

ROUND TO THE NEAREST DOLLAR

Main calculation section with lines 7-20, including AGI, deductions, and Hawaii-specific adjustments.

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and fill in this oval.

Deduction section with lines 21-23, including itemized deduction instructions and standard deduction amounts.



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Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

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

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, fill in the applicable oval(s), and see page 21 of the Instructions.

Yourself  Spouse ..... 24

Input boxes for line 24

25 **Taxable Income.** Line 23 minus line 24 (but not less than zero) ..... **Taxable Income** ▶ 25

Input boxes for line 25

26 Tax. Fill in oval if from  Tax Table;  Tax Rate Schedule; or  Capital Gains Tax Worksheet on page 36 of the Instructions.

(  Fill in oval if tax from Forms N-2, N-103, N-152, N-168, N-312, N-318, N-338, N-405, N-586, N-615, or N-814 is included.) ..... **Tax** ▶ 26

Input boxes for line 26

27 If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet ..... 27

Input boxes for line 27

28 Total nonrefundable tax credits (attach Schedule CR) ..... 28

Input boxes for line 28

29 Line 26 minus line 28 (but not less than zero) ..... **Balance** ▶ 29

Input boxes for line 29

30 Hawaii State Income tax withheld (attach W-2s) (see page 24 of the Instructions for other attachments) ..... 30

Input boxes for line 30

31 2008 estimated tax payments ..... 31

Input boxes for line 31

32 Amount of estimated tax applied from 2007 return ..... 32

Input boxes for line 32

33 Amount paid with extension ..... 33

Input boxes for line 33

34 Refundable Food/Excise Tax Credit (attach Schedule X) **DHS, etc.** exemptions  ..... 34

Input boxes for line 34

35 Credit for Low-Income Household Renters (attach Schedule X) ..... 35

Input boxes for line 35

36 Credit for Child and Dependent Care Expenses (attach Schedule X) ..... 36

Input boxes for line 36

37 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) ..... 37

Input boxes for line 37

38 Credit for \$1 General Income Tax (see page 25 of the Instructions) ..... 38

Input boxes for line 38

39 Total refundable tax credits from Schedule CR (attach Schedule CR) ..... 39

Input boxes for line 39

40 Add lines 30 through 39 ..... **Total Payments and Credits** ▶ 40

Input boxes for line 40

41 If line 40 is larger than line 29, enter the amount **OVERPAID** (line 40 minus line 29) ..... 41

Input boxes for line 41

42 **Contributions to** (see page 26 of the Instructions): ..... **Yourself** **Spouse**

42a Hawaii Schools Repairs and Maintenance Fund .....  \$2  \$2

42b Hawaii Public Libraries Fund .....  \$2  \$2

42c Domestic Violence / Child Abuse and Neglect Funds .....  \$5  \$5

43 Add the amounts of the filled ovals on lines 42a through 42c and enter the total here ..... 43

Input boxes for line 43

44 Line 41 minus line 43 ..... 44

Input boxes for line 44

45 Amount of line 44 to be **applied** to your **2009 ESTIMATED TAX** ..... 45

Input boxes for line 45



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

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

46a Amount to be **REFUNDED TO YOU** (line 44 minus line 45) If filing late, see page 31 of Instructions

b Routing number [input boxes] c Type:  Checking  Savings

d Account number [input boxes] ..... 46a [input boxes].00

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 [input boxes].00

48 **Estimated tax penalty.** (See page 27 of Instructions.) Do not include on line 41 or 47. Fill in this oval if Form N-210 is attached >  ..... 48 [input boxes].00

49 **AMENDED RETURN ONLY** - Amount paid (overpaid) on original return. (See Instructions) ..... 49 [input boxes].00

50 **AMENDED RETURN ONLY** - Balance due (refund) with amended return. (See Instructions)..... 50 [input boxes].00

51 Did you file a federal Schedule C?  Yes  No If yes, enter **Hawaii** gross receipts [input boxes].00 your main business activity: \_\_\_\_\_ AND your HI Tax I.D. No. for this activity **W** [input boxes] - [input boxes] your main business product: \_\_\_\_\_

52 Did you file a federal Schedule E for any rental activity?  Yes  No If yes, enter **Hawaii** gross rents received [input boxes].00 AND your HI Tax I.D. No. for this activity **W** [input boxes] - [input boxes]

53 Did you file a federal Schedule F?  Yes  No If yes, enter **Hawaii** gross receipts [input boxes].00 your main business activity: \_\_\_\_\_ AND your HI Tax I.D. No. for this activity **W** [input boxes] - [input boxes] your main business product: \_\_\_\_\_

**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 32 of the Instructions. Designee's name > Phone no. > Identification number >

**HAWAII ELECTION CAMPAIGN FUND** Do you want \$3 to go to the Hawaii Election Campaign Fund?  Yes  No Note: Filling in the "Yes" oval will not increase your tax or reduce your refund. If joint return, does your spouse want \$3 to go to the fund?  Yes  No

**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 \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Your Occupation \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Your Spouse's Occupation \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**PLEASE SIGN HERE** Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identification number \_\_\_\_\_ Print Preparer's Name \_\_\_\_\_ Federal E.I. No. \_\_\_\_\_ Firm's name (or yours if self-employed), Address, and ZIP Code \_\_\_\_\_ Phone No. \_\_\_\_\_

- REMINDERS:**
  - File your return on or before April 20, 2009.
  - 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" or visit our website at [www.ehawaii.gov/efile](http://www.ehawaii.gov/efile) and register to pay your taxes via the Internet.