



JDF091

**FORM
N-13**
(Rev. 2009)

 STATE OF HAWAII
DEPARTMENT OF TAXATION

**Individual Income Tax Return
RESIDENT 2009**

 (FOR USE BY TAXPAYERS WHO HAVE LESS THAN
\$100,000 TAXABLE INCOME, DO NOT ITEMIZE
DEDUCTIONS, AND DO NOT CLAIM
ADJUSTMENTS TO INCOME)

☐ AMENDED Return ☐ 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)		↑ IMPORTANT ↑ You must enter your SSN(s).
	City, town or post office, State and Postal/ZIP code. If you have a foreign address, see Instructions.		

HAWAII ELECTION CAMPAIGN FUND	Do you want \$3 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 \$3 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 a 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).		
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here. ●		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ●).

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 9 and if your spouse meets the qualifications, check here <input type="checkbox"/>				
	6c Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed 6c <input type="text"/>
	and 6d	1. First and last name			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 11 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	11●		00
	Adjusted Gross Income ▶			
	Caution: ● If you can be claimed as a dependent on another person's return, see page 11 of the Instructions and check here. ▶ ● <input type="checkbox"/> ● If you are married filing separately and your spouse itemizes deductions, see page 8 of the Instructions.			
	12 Standard deduction.	1 or 3, enter \$2,000 If you checked filing status box: 2 or 5, enter \$4,000 4, enter \$2,920 Standard Deduction ▶		
	13 Line 11 minus line 12. (This line MUST be filled in)	12●		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 12 of Instructions...	13●		00
15 Line 13 minus line 14. Enter the result (but not less than zero)	14●		00	
	15●		00	

ROUND TO THE NEAREST DOLLAR

Continue on other side

Continue on other side



Name(s) as shown on return

Social Security Number(s)

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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 11 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 11 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) 00		2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only) 00	

TAX PAYMENTS AND CREDITS	Description	Tax	16●	00
	16 Tax from Tax Table Tax >		16●	00
	17 Nonrefundable 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.	17●		00
	18 Nonrefundable Renewable Energy Technologies Income Tax Credit Placed in Service on or After July 1, 2009 (attach Form N-342) Check type of energy system: ● <input type="checkbox"/> Solar ● <input type="checkbox"/> Wind	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 (attach W-2s) (see page 13 of the Instructions for other attachments) ..	21a●		00
	21b Amount paid with extension.....	21b●		00
	21c Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions ● _____ Federal AGI ● _____	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
	21g Credit for \$1 General Income Tax (see page 14 of the Instructions)	21g●		00
	21h Refundable Renewable Energy Technologies Income Tax Credit Placed in Service on or After July 1, 2009 (attach Form N-342) Check type of energy system: ● <input type="checkbox"/> Solar ● <input type="checkbox"/> Wind	21h●		00
	22 Add lines 21a through 21h Total >		22●	00

REFUND OR AMOUNT YOU OWE	Description	23●	00
	23 If line 22 is larger than line 20, enter the amount OVERPAID (line 22 minus line 20)	23●	00
	24 Contributions to (See pages 14-15 of the 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 of the checked boxes on lines 24a through 24c and enter the total here	25●	00
	26a Line 23 minus line 25. This is the amount to be REFUNDED TO YOU . If filing late, see page 15 of Instructions ● <input type="checkbox"/> Check here if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 26 b, c, or d. b Routing number ● _____ c Type: ● <input type="checkbox"/> Checking ● <input type="checkbox"/> Savings d Account number ● _____	26a●	00
	27 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. Make check or money order payable to the "Hawaii State Tax Collector"	27●	00
	28 Estimated tax penalty. (See page 15 of Instructions) Do not include on line 23 or 27. Check box if Form N-210 is attached >● <input type="checkbox"/> 28● 00	28●	00

AMENDED RETURN	Description	29	00
	29 AMENDED RETURN ONLY – Amount paid (overpaid) on original return. (See Instructions) (Attach Sch. AMD)...	29	00
	30 AMENDED RETURN ONLY – Balance due (refund) with amended return. (See Instructions) (Attach Sch. AMD) .	30	00

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