



Individual Income Tax Return RESIDENT



JBB101

Calendar Year 2010

OR

AMENDED Return

NOL Carryback

Fiscal Year Beginning

MM DD YY boxes for Fiscal Year Beginning

and Ending

MM DD YY boxes for and 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

Personal information table with fields for Name, M.I., Spouse's Name, Care Of, Address, City, State, ZIP, and Foreign Address.

IMPORTANT — Complete this Section

Important section with input boxes for last name letters, Social Security Number, and Spouse's Social Security Number.

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

(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 section with ovals for filer status, age, dependent children, other dependents, and total exemptions.



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

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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 and associated input boxes and totals.

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 and standard deduction options.



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Form N-11 (Rev. 2010)

Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return _____

24 If line 20 is \$89,981 or less, multiply \$1,040 by the total number of exemptions claimed on line 6e. Otherwise, see page 21 of the Instructions. 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-344, 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 Refundable Food/Excise Tax Credit (attach Schedule X) DHS, etc. exemptions 28

Input boxes for line 28

29 Credit for Low-Income Household Renters (attach Schedule X) 29

Input boxes for line 29

30 Credit for Child and Dependent Care Expenses (attach Schedule X) 30

Input boxes for line 30

31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) 31

Input boxes for line 31

32 Total refundable tax credits from Schedule CR (attach Schedule CR) 32

Input boxes for line 32

33 Add lines 28 through 32 Total Refundable Credits > 33

Input boxes for line 33

34 Line 26 minus line 33. If line 34 is zero or less, see Instructions 34

Input boxes for line 34 with minus sign

35 Total nonrefundable tax credits (attach Schedule CR) 35

Input boxes for line 35

36 Line 34 minus line 35 Balance > 36

Input boxes for line 36 with minus sign

37 Hawaii State Income tax withheld (attach W-2s) (see page 26 of the Instructions for other attachments) 37

Input boxes for line 37

38 2010 estimated tax payments 38

Input boxes for line 38

39 Amount of estimated tax applied from 2009 return 39

Input boxes for line 39

40 Amount paid with extension 40

Input boxes for line 40

41 Add lines 37 through 40 Total Payments > 41

Input boxes for line 41

42 If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions) .. 42

Input boxes for line 42

43 Contributions to (see page 26 of the Instructions): Yourself Spouse

43a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

43b Hawaii Public Libraries Fund \$2 \$2

43c Domestic Violence / Child Abuse and Neglect Funds \$5 \$5

44 Add the amounts of the filled ovals on lines 43a through 43c and enter the total here 44

Input boxes for line 44

45 Line 42 minus line 44 45

Input boxes for line 45



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Form N-11 (Rev. 2010)

Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

46 Amount of line 45 to be applied to your 2011 ESTIMATED TAX

47a Amount to be REFUNDED TO YOU (line 45 minus line 46) If filing late, see page 27 of Instructions

Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47 b, c, or d.

b Routing number c Type: Checking Savings

d Account number

48 AMOUNT YOU OWE (line 36 minus line 41). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector".

49 Estimated tax penalty. (See page 27 of Instructions.) Do not include on line 42 or 48. Fill in this oval if Form N-210 is attached

50 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)

51 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)

52 Did you file a federal Schedule C? If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity

53 Did you file a federal Schedule E for any rental activity? If yes, enter Hawaii gross rents received AND your HI Tax I.D. No. for this activity

54 Did you file a federal Schedule F? If yes, enter Hawaii gross receipts your main business activity: AND your HI Tax I.D. No. for this activity

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 29 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? If joint return, does your spouse want \$3 to go to the fund?

Note: Filling in the "Yes" oval 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 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

Paid Preparer's Information Print Preparer's Name Federal E.I. No.

Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.