



FORM N-13 (Rev. 2010)

STATE OF HAWAII DEPARTMENT OF TAXATION

Individual Income Tax Return RESIDENT 2010

JDF101

(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).	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.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter number of boxes checked on 6a and 6b	▶	[]		
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 and 6d	Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	} Enter number of your children listed 6c ▶ []	
	1. First and last name					} Enter number of other dependents 6d ▶ []
6e	Total number of exemptions claimed			Add numbers entered in boxes above 6e ▶ []		

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 2 or 5, enter \$4,000 4, enter \$2,920	Standard Deduction ▶		
	If you checked filing status box:		12●		00
	13 Line 11 minus line 12. (This line MUST 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 12 of Instructions...	14●		00	
	15 Line 13 minus line 14. Enter the result (but not less than zero)	15●		00	

Continue on other side

Continue on other side



Name(s) as shown on return

Social Security Number(s)

JDF102

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.

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.

Table with 4 columns: Name of Payer, Amount, Name of Payer, Amount. Includes rows for Total interest income and Total ordinary dividends.

TAX PAYMENTS AND CREDITS

Table for Tax Payments and Credits with columns for line number, description, and amount. Includes rows for Tax from Tax Table, Refundable Renewable Energy Technologies Income Tax Credit, etc.

REFUND OR AMOUNT YOU OWE

Table for Refund or Amount You Owe with columns for line number, description, and amount. Includes rows for OVERPAID, Contributions to Hawaii Schools Repairs and Maintenance Fund, etc.

AMENDED RETURN

Table for Amended Return with columns for line number, description, and amount. Includes rows for AMENDED RETURN ONLY - Amount paid (overpaid) on original return, etc.

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 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 section containing signature lines for Preparer and Spouse, and fields for Preparer's Signature and date, Preparer's identification number, Firm's name, Federal E.I. No., and Phone No.