



FORM
N-11
(Rev. 2009)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return



RESIDENT

Calendar Year **2009**

OR

☐ **AMENDED Return**

☐ **NOL Carryback**

Fiscal Year
Beginning

MM DD YY

and Ending

MM DD YY

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 •

Your First Name	M.I.	Your Last Name
Spouse's First Name	M.I.	Spouse's Last Name
Care Of (See Instructions, page 7.)		
Present mailing or home address (Number and street, including Rural Route)		
City, town or post office.	State	Postal/ZIP code
If Foreign address, enter Province and/or State		Country

♦ **IMPORTANT — Complete this Section** ♦

Enter the first four letters
of your last name.
Use **ALL CAPITAL** letters

Your Social
Security Number

Enter the first four letters
of your Spouse's last name.
Use **ALL CAPITAL** letters

Spouse's Social
Security Number

(Fill in only **ONE** oval)

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income).
- 3 ☐ Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here.

- 4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.

- 5 ☐ Qualifying widow(er) with dependent child. Enter the year your spouse died

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 ☐ Yourself ☐ Age 65 or over..... } Enter the number of ovals filled on 6a and 6b
- 6b ☐ Spouse..... ☐ Age 65 or over..... }
- If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval ☐
- 6c Enter the number of your dependent children (see page 9 of the Instructions) 6c
- 6d Enter the number of other dependents (see page 9 of the Instructions) 6d
- 6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above 6e



State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

Early January until mid October

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



Attention

If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:

1. You can download the State Tax form here:

<http://www.efile.com/support-state-tax-agency-list/>

2. Work online on your tax return with an efile Tax Professional

[Start working with a LIVE TaxPRO](#)

3. Download Federal tax forms by tax year, complete and mail to the IRS

[Download Federal Tax Forms](#)

Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

Got Tax Questions? [Contact efile.com!](#)



JBB092

Form N-11 (Rev. 2009)

Page 2 of 4

Your Social Security Number

--	--	--	--	--	--

Your Spouse's SSN

--	--	--	--	--	--

Name(s) as shown on return _____

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

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	7		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
9	Interest on out-of-state bonds (including municipal bonds)	9		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions)	10		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
12	Add lines 7 and 11	12		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
13	Pensions taxed federally but not taxed by Hawaii	13		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
14	Social security benefits taxed on federal return	14		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
15	First \$5,609 of military reserve or Hawaii national guard duty pay	15		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
16	Payments to an individual housing account	16		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions)	17		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions)	18		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
20	Line 12 minus line 19 Hawaii AGI ➤	20		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						

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.

21 If you do not itemize your deductions, go to line 22 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

21a	Medical and dental expenses (from Worksheet A-1)	21a	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
21b	Taxes (from Worksheet A-2)	21b	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
21c	Interest expense (from Worksheet A-3)	21c	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
21d	Contributions (from Worksheet A-4)	21d	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
21e	Casualty and theft losses (from Worksheet A-5)	21e	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						
21f	Miscellaneous deductions (from Worksheet A-6)	21f	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00						

22 Enter the larger of your: **Itemized Deductions** — If line 20 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 37 of the Instructions. If not, add lines 21a through 21f. **OR** **Standard Deduction** shown below for your filing status.
Single or Married filing separately — \$2,000
Married filing jointly or Qualifying widow(er) — \$4,000
Head of household — \$2,920

22

--	--	--	--	--	--

.0023 Line 20 minus line 22. (This line MUST be filled in)..... 23

--	--	--	--	--	--

.00

