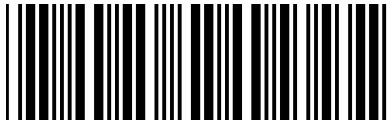




FORM N-11 WEB FILL (Rev. 2006)

STATE OF HAWAII — DEPARTMENT OF TAXATION Individual Income Tax Return RESIDENT FILING FEDERAL RETURN



JF061

Calendar Year 2006

Use This Form Only If You Are Filing A Federal Tax Return For 2006.

FOR OFFICE USE ONLY



Do NOT Submit a Photocopy!!

Place label here

ATTACH COPY 2 OF FORM W-2 HERE

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

Form fields for personal information: Your First name, M.I., Your Last Name; Spouse's First name, M.I., Spouse's Last name; Care Of; Present mailing or home address; City, town or post office, State, 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

Place an X in the applicable box, if appropriate

First Time Filer

Address or Name Change

(Place an X in only ONE box)

- 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 place an X on line 6a, but be sure to place an X above line 21.

6a Yourself... Age 65 or over...
6b Spouse... Age 65 or over... Enter the number of Xs marked on 6a and 6b...

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c Enter the number of your dependent children listed on federal return
6d Enter the number of other dependents listed on federal return
6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above

If amount is negative (loss), place a minus (-) in the box.

ROUND TO THE NEAREST DOLLAR

7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ
8 Difference in state/federal wages due to COLA, ERS, etc.
9 Interest on out-of-state bonds (including municipal bonds)
10 Other Hawaii additions to federal AGI (see page 11 of the Instructions)
11 Add lines 8 through 10 Total Hawaii additions to federal AGI
12 Add lines 7 and 11



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

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- 13 Pensions taxed federally but not taxed by Hawaii..... 13
- 14 Social security benefits taxed on federal return ..... 14
- 15 First \$2,998 of military reserve or Hawaii national guard duty pay ..... 15●
- 16 Payments to an individual housing account ..... 16●
- 17 Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions)..... 17●
- 18 Other Hawaii subtractions from federal AGI (see page 14 of the Instructions)..... 18
- 19 Add lines 13 through 18 .....**Total Hawaii subtractions from federal AGI 19●**

20 Line 12 minus line 19.....**Hawaii AGI ► 20●**

**CAUTION:** If you can be claimed as a dependent on another person's return, place an X ● and see the Instructions on page 16.

21 If you do not itemize your deductions, go to line 22 below. Otherwise go to page 16 of the Instructions and enter your itemized deductions here.

- 21a Medical and dental expenses (from Worksheet A-1)..... 21a●
- 21b Taxes (from Worksheet A-2) ..... 21b●
- 21c Interest expense (from Worksheet A-3) ..... 21c●
- 21d Contributions (from Worksheet A-4)..... 21d●
- 21e Casualty and theft losses (from Worksheet A-5)..... 21e●
- 21f Miscellaneous deductions (from Worksheet A-6)..... 21f●

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 30 of the Instructions. If not, add lines 21a through 21f. **OR** **Standard Deduction** shown below for your filing status. 22●

Single — \$1,500                      Head of household — \$1,650  
 Married filing jointly or Qualifying widow(er) — \$1,900  
 Married filing separately — \$950

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

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, place an X in the applicable box(es)

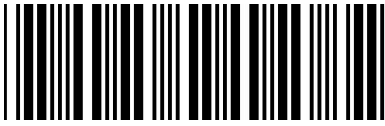
● Yourself ● Spouse, and see page 21 of the Instructions..... 24●

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

26 **Tax.** Place an X if from Tax Table; Tax Rate Schedule; Form N-168; Form N-615; or Capital Gains Tax Worksheet on page 30 of the Instructions.

(● Place an X if tax from Forms N-2, N-103, N-152, N-312, N-318, N-338, N-405, N-586, or N-814 is included.) .....**Tax ► 26●**

If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet..... 26a●



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



- 27 Amount from line 26 (Tax)..... 27
- 28 Total nonrefundable tax credits (attach Schedule CR)..... 28
- 29 Line 27 minus line 28 (but not less than zero).....**Balance** ▶ 29

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- 30 Hawaii State Income tax withheld and tax withheld  
on IHA distribution..... 30●
- 31 2006 estimated tax payments ..... 31●
- 32 Amount of estimated tax applied from 2005 return .... 32●
- 33 Amount paid with extension(s)..... 33●
- 34 Low-Income Refundable Tax Credit  
(attach Schedule X) **DHS, etc.** exemptions ● .. 34●
- 35 Credit for Low-Income Household  
Renters (attach Schedule X) ..... 35●
- 36 Credit for Child and Dependent  
Care Expenses (attach Schedule X) ..... 36●
- 37 Credit for Child Passenger Restraint  
System(s) (attach a copy of the invoice) ..... 37●
- 38 Total refundable tax credits from  
Schedule CR (attach Schedule CR)..... 38

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- 39 Add lines 30 through 38.....**Total Payments and Credits** ▶ 39●

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- 40 If line 39 is larger than line 29, enter the amount **OVERPAID** (line 39 minus line 29) ..... 40●
- 41 **Contributions to** (See *Instructions*): .....**Yourself**    **Spouse**
- 41a Hawaii Schools Repairs and Maintenance Fund..... ● \$2    ● \$2
- 41b Hawaii Public Libraries Fund..... ● \$2    ● \$2
- 41c Domestic Violence / Child Abuse and Neglect Funds .... ● \$5    ● \$5
- 42 Add the amounts relating to the Xs marked on lines 41a through 41c and enter here .... 42
- 43 Line 40 minus line 42 ..... 43●
- 44 Amount of line 43 to be **applied** to your  
**2007 ESTIMATED TAX** ..... 44●
- 45a Amount to be **REFUNDED TO YOU** (line 43 minus line 44).  
If filing late, see page 27 of Instructions ..... 45a●
  
- b Routing number ●
- c Type: ● Checking ● Savings
- d Account number ●
  
- 46 **AMOUNT YOU OWE** (line 29 minus line 39). Send Form N-200V with your payment.... 46●
- 47 **Estimated tax penalty.** (See page 27 of  
Instructions.) Do not include on line 40 or 46. Place an X in  
this box if Form N-210 is attached ▶ ● ..... 47●





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

48 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions).....48●

49 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) .....49●

50 If you don't need Hawaii income tax forms mailed to you next year, place an X in this box to receive a preprinted label only. ....●

51 Did you file a federal Schedule C?  Yes  No If yes, enter Hawaii gross receipts \_\_\_\_\_, your Hawaii Tax I.D. Number for this activity W \_\_\_\_\_ - \_\_\_\_\_, and main business activity/product: \_\_\_\_\_ / \_\_\_\_\_

52 Did you file a federal Schedule E?  Yes  No If yes, enter Hawaii gross rents received \_\_\_\_\_ and your Hawaii Tax I.D. Number for this activity W \_\_\_\_\_ - \_\_\_\_\_

53 Did you file a federal Schedule F?  Yes  No If yes, enter Hawaii gross receipts \_\_\_\_\_, your Hawaii Tax I.D. Number for this activity W \_\_\_\_\_ - \_\_\_\_\_, and main business activity/product: \_\_\_\_\_ / \_\_\_\_\_

<b>DESIGNEE</b>	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 46 of the Instructions.		
	Designee's name >	Phone no. >	Identification number >
<b>HAWAII ELECTION CAMPAIGN FUND</b>	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No

Note: Placing an X in the "Yes" box will not increase your tax or reduce your refund.

<b>PLEASE SIGN HERE</b>	<b>DECLARATION</b> — 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	Your occupation	Daytime Phone Number ( )
	Spouse's signature (if filing jointly, BOTH must sign) >	Date	Spouse's occupation	
	Paid Preparer's Information	Preparer's Signature >	Date	Check if self-employed > <input type="checkbox"/>
	Print Preparer's Name >	Federal E.I. No. >		
	Firm's name (or yours if self-employed), Address, and ZIP Code >	Phone No. >		