



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

52 Total nonrefundable tax credits (attach Schedule CR) 52

53 Line 51 minus line 52 Balance 53

54 Hawaii State Income tax withheld (attach W-2s) (see page 33 of the Instructions for other attachments) 54

55 2019 estimated tax payments on Forms N-200V ; N-288A 55

56 Amount of estimated tax applied from 2018 return 56

57 Amount paid with extension 57

59 If line 58 is larger than line 53, enter the amount OVERPAID (line 58 minus line 53) (see Instructions) 59

60 Contributions to (see page 33 of the Instructions): Yourself Spouse

60a Hawaii Schools Repairs and Maintenance Fund \$2 \$2

60b Hawaii Public Libraries Fund \$5 \$5

60c Domestic and Sexual Violence / Child Abuse and Neglect Funds \$5 \$5

61 Add the amounts of the filled ovals on lines 60a through 60c and enter the total here 61

62 Line 59 minus line 61 62

63 Amount of line 62 to be applied to your 2020 ESTIMATED TAX 63

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 34 of Instructions. Fill in this oval if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 64b, 64c, or 64d.

64b Routing number 64c Type: Checking Savings

64d Account number 64a

65 AMOUNT YOU OWE (line 53 minus line 58) 65

66 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 66

67 Estimated tax penalty. (See page 35 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 67

68 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 68

69 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 69

TOTAL PAYMENTS

58 Add lines 54 through 57.

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 35 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? Yes No If joint return, does your spouse want \$3 to go to the fund? Yes No 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

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

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