



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

N15_I 2022A 04 VID01

52 Total nonrefundable tax credits (attach Schedule CR) 52

00.00

53 Line 51 minus line 52 Balance 53

00.00

54 Hawaii State Income tax withheld (attach W-2s) (see page 29 of the Instructions for other attachments) 54

00.00

55 2022 estimated tax payments on Forms N-200V; N-288A 55

00.00

56 Amount of estimated tax applied from 2021 return 56

00.00

57 Amount paid with extension 57

00.00

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

TOTAL PAYMENTS 58 Add lines 54 through 57. 00.00

60 Contributions to (see page 30 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

00.00

62 Line 59 minus line 61 62

00.00

63 Amount of line 62 to be applied to your 2023 ESTIMATED TAX 63

00.00

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 30 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

Routing and account number input boxes

64d Account number 64a

00.00

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

00.00

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

00.00

67 Estimated tax penalty. (See page 31 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 67

00.00

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

00.00

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

00.00

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 32 of the Instructions.

Designee's name Phone no. Identification number

HAWAII ELECTION CAMPAIGN FUND Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. Yes If joint return, indicate if your spouse designates \$3 to go to the fund. Yes Note: Filling in the "Yes" oval will not change your tax or 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

Paid Preparer's Information Preparer's Signature Date Check if self-employed PTIN

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

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