Form I	N-15 (Rev. 2024)								Page 4 of 4
			Your Social Securit	y Number		our Spouse's	SSN		-
N15_I 20	024A 04 VID01	Name	e(s) as shown on ret	urn					
52	Total nonrefundable tax	credits (attach Sched	dule CR)			52			.00
53 54	Line 51 minus line 52 Hawaii State Income tax (see page 29 of the Insti	withheld (attach W-2	2s)		Balance >	53			00
55	2024 estimated and/or w	vithheld tax payments	s on Form(s)			00		TOTA	L
56	Amount of estimated tax	applied from 2023 retu	ırn 56			00 5		PAYMEN ines 54 thro	
57 59	Amount paid with extens If line 58 is larger than li (line 58 minus line 53) (s	ne 53, enter the amo	unt OVERPAID		<u> </u>	59			00 00
60	Contributions to (see p 60a Hawaii Schools Re 60b Hawaii Public Libra 60c Domestic and Sexual V	page 30 of the Instruct epairs and Maintenan aries Fund	ce Fund	Yoursel \$2	f Spouse \$2 \$5				
61	Add the amounts of the				* -	61			00
62 63	Line 59 minus line 61 Amount of line 62 to be a your 2025 ESTIMATED	applied to				62			00
64a	Amount to be REFUNDS ultimately be deposited t	·	•	-	•	ons. Fill in this	oval (if this	refund will
64b	Routing number		64c Typ	e: C	· ·	Savings			
64d	Account number	50 : " 50)							00
65 66	AMOUNT YOU OWE (line PAYMENT AMOUNT Su					65			00
67	money order payable to Estimated tax penalty. (See	page 31 of Instr.) Do not	include this amount			66			00
68	in line 59 or 65. Fill in this over AMENDED RETURN ONLY -			nstructions) (att	ach Sch. AMD)	68			.00
69	AMENDED RETURN ONLY -	· Balance due (refund) wi	th amended return. (See	Instructions) (a	ttach Sch. AMD)	69			TII.00
	If designating another pattorney. See page 32 of				ent of Taxation, co	·	Ü		full power of
HΔW	Designee's name /All ELECTION	Indicate if you war	t \$3 to go to the Hav	hone no.	Campaign Fund	Identification Yes			- "\/"1:1
CAM	IPAIGN FUND age 32 of the Instructions) DECLARATION — I declare, u	If joint return, indic	ate if your spouse d	esignates \$3	to go to the fund.	O Yes	not ch	ange your t	e "Yes" oval wil tax or refund.
	of my knowledge and belief, is Your signature					the Hawaii Incom	e Tax Law,	Chapter 235, H	
	Your Occupation		Daytime Phone	Number	Your Spouse's Occ	cupation		Daytim	ne Phone Number
	Paid Preparer's Signature				Date	Check if self-employe	.d ≻ □	PTIN	

Federal E.I. No.

Phone No.

Print Preparer's Name