



N15_I 2025A 04 VID01

Your Social Security Number

Your Spouse's SSN

Name(s) as shown on return

52

Total nonrefundable tax credits (attach Schedule CR)

52

.00

53

Line 51 minus line 52

Balance

53

.00

54

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

54

.00

55

2025 estimated and/or withheld tax payments on Form(s)
N-200V ; N-288A

55

.00

56

Amount of estimated tax applied from 2024 return

56

.00

57

Amount paid with extension

57

.00

58

Add lines 54 through 57

Total Payments

58

.00

59

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

59

.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

62

Line 59 minus line 61

62

.00

63

Amount of line 62 to be applied to
your 2026 ESTIMATED TAX

63

.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

64d

Account number

64a

.00

65

AMOUNT YOU OWE (line 53 minus line 58)

65

.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

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

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

(See page 32 of the Instructions)

Indicate if you want \$3 to go to the Hawaii Election Campaign Fund.

Yes

Note: Filling in the "Yes" oval will not change your tax or refund.

If joint return, indicate if your spouse designates \$3 to go to the fund.

Yes

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

PLEASE SIGN HERE

Your Occupation

Daytime Phone Number

Your Spouse's Occupation

Daytime Phone Number

Paid Preparer's Information

Preparer's Signature

Date

Preparer Tax Identification Number (PTIN)

Print Preparer's Name

Federal Employer Identification Number (FEIN)

Firm's name (or yours if self-employed), Address, and ZIP Code

Telephone Number