



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

JCB144

Name(s) as shown on return

52 Total nonrefundable tax credits (attach Schedule CR) 52

52 amount input

53 Line 51 minus line 52 Balance 53

53 amount input

54 Hawaii State Income tax withheld (attach W-2s) (see page 32 of the Instructions for other attachments) 54

54 amount input

55 2014 estimated tax payments on Forms N-1; N-288A 55

55 amount input

56 Amount of estimated tax applied from 2013 return 56

56 amount input

57 Amount paid with extension 57

57 amount input

TOTAL PAYMENTS 58 Add lines 54 through 57

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

59 amount input

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

- 60a Hawaii Schools Repairs and Maintenance Fund
60b Hawaii Public Libraries Fund
60c Domestic and Sexual Violence / Child Abuse and Neglect Funds

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

61 amount input

62 Line 59 minus line 61 62

62 amount input

63 Amount of line 62 to be applied to your 2015 ESTIMATED TAX 63

63 amount input

64a Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, see page 33 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 number input

64d Account number 64a

Account number input

64a amount input

65 AMOUNT YOU OWE (line 53 minus line 58). Send Form N-200V with your payment. Make check or money order payable to the "Hawaii State Tax Collector" 65

65 amount input

66 Estimated tax penalty. (See page 33 of Instr.) Do not include this amount in line 59 or 65. Fill in this oval if Form N-210 is attached 66

66 amount input

67 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 67

67 amount input

68 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 68

68 amount input

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 34 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.

Signature and occupation fields for taxpayer and spouse

Preparer information fields: Signature, Name, Firm, Date, E.I. No., Phone No.