| Form | N-15 (Rev. 2023) | | · · · · · · · · · · · · · · · · · · · | ON | Page 4 of 4 |
|----------|---|--|---------------------------------------|-----------------------|----------------|
| 国产等 | Your Social Security Number | r Y | our Spouse's S | SN | _ |
| | <u> </u> | | | | |
| | | | | | |
| N15_I 20 | 23A 04 VID01 Name(s) as shown on return | | | | |
| 52 | Total nonrefundable tax credits (attach Schedule CR) | | 52 | | 00 |
| 53 | Line 51 minus line 52 | Rajanco > | 53 | | |
| 54 | Hawaii State Income tax withheld (attach W-2s) | Dalatice / | 33 | | |
| • | (see page 29 of the Instructions for other attachments) 54 | |)() | | |
| 55 | 2023 estimated tax payments on | | 10 | | |
| | Forms N-200V ; N-288A 55 | | JU 🚃 | TOTAL | |
| | | | 10 | TOTAL PAYMEN | |
| 56 | Amount of estimated tax applied from 2022 return56 | <u> </u> | 58 | Add lines 54 thro | |
| | | |)n | | TT NO |
| 57 | Amount paid with extension | <u> </u> | <i>]</i> U | | 00 |
| 59 | If line 58 is larger than line 53, enter the amount OVERPAID | | 50 | | |
| 60 | (line 58 minus line 53) (see Instructions) | | 59 | | 00 |
| 60 | Contributions to (see page 30 of the Instructions): Your 60a Hawaii Schools Repairs and Maintenance Fund | | | | |
| | 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 | 40 | 61 | | 00 |
| ٠. | The amount of the miles of the officer and officer the | 10101 | · . | | 100 |
| 62 | Line 59 minus line 61 | | 62 | | .00 |
| 63 | Amount of line 62 to be applied to | | <u> </u> | | |
| | your 2024 ESTIMATED TAX 63 | <u>), </u> | JU | | |
| 64a | Amount to be REFUNDED TO YOU (line 62 minus line 63) If filing late, se | e page 30 of Instruction | ons. Fill in this o | oval 🗀 if this r | efund will |
| | ultimately be deposited to a foreign (non-U.S.) bank. Do not complete line | s 64b, 64c, or 64d. | | | |
| | | | | | |
| 64b | Routing number 64c Type: | Checking — | Savings | | |
| | | | | | |
| 64d | Account number | | 64a | | 00 |
| 6E | AMOUNT YOU OWE (line 53 minus line 58) | | 65 | | |
| 66 | PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach | | 65 | | 00 |
| 00 | 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 | | JO | | |
| 68 | AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions |) (attach Sch. AMD) | 68 | | .00 |
| | | | | | |
| 69 | AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instruction | s) (attach Sch. AMD) | 69 | | ,00 |
| | If designating another person to discuss this return with the Hawaii Department Department See page 32 of the Instructions. | tment of Taxation, co | mplete the follow | wing. This is not a t | full power of |
| | Designee's name Phone no. | <u> </u> | Identification | number | |
| | All ELECTION PAIGN FUND Indicate if you want \$3 to go to the Hawaii Elect | | Yes | Note: Filling in the | |
| | age 32 of the Instructions) 7 If joint return, indicate if your spouse designates | | O Yes | not change your to | |
| | DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the tax | | | | |
| | Your signature Date | Spouse's signature | | H must sign) Date | |
| | | | | | |
| A I | Your Occupation Daytime Phone Number | Your Spouse's Occ | upation | Daytim | e Phone Number |
| | | | | | |
| | Paid Preparer's | Date | Check if | PTIN | |
| | Preparer's Signature | | self-employed | > □ > | |
| | Print | | Endard F L A | do | |
| | Proparar's Name / | | recerate to | MILL FOR | |

Phone No.