



MF071

FORM N-15 (Rev. 2007)

STATE OF HAWAII — DEPARTMENT OF TAXATION

WEB FILL Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT

Calendar Year 2007

OR

M M D D Y Y

M M D D Y Y

AMENDED Return

Tax Year

thru

FOR OFFICE USE ONLY

Three empty boxes for office use

Do NOT Submit a Photocopy!!

Place an X in the applicable box(es): Part-Year Resident Nonresident Nonresident Alien or Dual-Status Alien

Main form with fields for Name, Spouse's Name, Care Of, Address, City, State, ZIP, and Foreign Address

IMPORTANT — Complete this Section

Enter the first four letters of your last name. Use ALL CAPITAL letters

Your Social Security Number

Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters

Spouse's Social Security Number

Place an X in applicable box, if appropriate

First Time Filer

Address or Name Change

ATTACH A COPY OF YOUR 2007 FEDERAL INCOME TAX RETURN

(Place an X in only ONE box)

- 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X below line 37.

6a Yourself, 6b Spouse, with instructions to enter number of Xs

Table with 4 columns: Dependents, 2. Dependent's social security number, 3. Relationship, and 6d

Enter number of your children listed ... 6c

Enter number of other dependents ... 6d

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above. 6e

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE



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Your Social Security Number

Your Spouse's SSN

Name(s) as shown on return

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If amount is negative (loss), place an X in the box.

Col. A - Total Income

Col. B - Hawaii Income

7	Wages, salaries, tips, etc. (attach Form(s) W-2) .....	7
8	Interest income from the worksheet on page 38 of the Instructions .....	8
9	Ordinary dividends .....	9
10	State income tax refund from the worksheet on page 38 of the Instructions .....	10
11	Alimony received .....	11
12	Business or farm income or (loss) .....	12
13	Capital gain or (loss) from the worksheet on page 38 of the Instructions .....	13
14	Supplemental gains or (losses) (attach Schedule D-1) .....	14
15	IRA distributions .....	15
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40) .....	16
17	Rents, royalties, partnerships, estates, trusts, etc. ....	17
18	Unemployment compensation (insurance). ....	18
19	Other income (state nature and source) _____ .....	19
20	Add lines 7 through 19 ..... <b>Total Income &gt;</b>	20
21	Educator expenses.....	21
22	Certain business expenses of reservists, performing artists, and fee-basis government officials .....	22
23	IRA deduction.....	23
24	Student loan interest deduction from the worksheet on page 42 of the Instructions .....	24
25	Health savings account deduction.....	25
26	Moving expenses (attach Form N-139) .....	26
27	One-half of self-employment tax .....	27
28	Self-employed health insurance deduction .....	28
29	Self-employed SEP, SIMPLE, and qualified plans .....	29
30	Penalty on early withdrawal of savings .....	30
31	Alimony paid (Enter name and SS No. of recipient) _____ .....	31
32	Payments to an individual housing account ....	32



Your Social Security Number

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- 33 First \$3,631 of military reserve or Hawaii national guard duty pay ..... 33
- 34 Exceptional trees deduction (attach affidavit) (see page 19 of the Instructions) ..... 34
- 35 Add lines 21 through 34.....**Total Adjustments** > 35
- 36 Line 20 minus line 35.....**Adjusted Gross Income** > 36
- 37 **Ratio of Hawaii AGI to Total AGI.** Divide line 36, Column B, by line 36, Column A (Compute to 3 decimal places and round to 2 decimal places) 37  
**CAUTION:** *If you can be claimed as a dependent on another person's return, see the Instructions on page 20, and place an X here*
- 38 If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 20 of the Instructions and enter your Hawaii itemized deductions here.
- 38a Medical and dental expenses (from Worksheet NR-1 or PY-1) .....38a
- 38b Taxes (from Worksheet NR-2 or PY-2).....38b
- 38c Interest expense (from Worksheet NR-3 or PY-3) .....38c
- 38d Contributions (from Worksheet NR-4 or PY-4) .....38d
- 38e Casualty and theft losses (from Worksheet NR-5 or PY-5) .....38e
- 38f Miscellaneous deductions (from Worksheet NR-6 or PY-6) .....38f
- 40a If you checked filing status box: 1 or 3 enter \$2,000; 2 or 5 enter \$4,000; 4 enter \$2,920 .....40a
- 40b Multiply line 40a by the ratio on line 37 ..... > 40b
- 41 Line 36, Column B minus line 39 or 40b, whichever applies. (This line **MUST** be filled in) ..... 41
- 42a Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es)      Yourself      Spouse and see page 26 of the Instructions .....42a
- 42b Multiply line 42a by the ratio on line 37 .....**Prorated Exemption(s)** > 42b
- 43 **Taxable Income.** Line 41 minus line 42b (but not less than zero).....**Taxable Income** > 43
- 44 **Tax.** Place an X if from:    Tax Table;    Tax Rate Schedule;    Form N-168;    Form N-615; or    Capital Gains Tax Worksheet on page 41 of the Instructions. (    Place an X if tax from Forms N-2, N-103, N-152, N-312, N-318, N-338, N-405, N-586, or N-814 is included.) ..**Tax** > 44  
If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.....44a
- 45 Total nonrefundable tax credits (attach Schedule CR)..... 45
- 46 Line 44 minus line 45 (but not less than zero).....**Balance** > 46
- 47 Hawaii State Income tax withheld (attach W-2s) (see page 29 of the Instructions for other attachments) .....47
- 48 2007 estimated tax payments on      Forms N-1 \_\_\_\_\_ ; N-288A \_\_\_\_\_ .....48
- 49 Amount of estimated tax applied from 2006 return.....49
- 50 Amount paid with extension(s) .....50

**TOTAL ITEMIZED DEDUCTIONS**

39 If line 36, Column B is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 41 of the Instructions. If not, add lines 38a through 38f. Enter total here and go to line 41.

**Prorated Standard Deduction**



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- 51 Low-Income Refundable Tax Credit  
(attach Schedule X) **DHS, etc.** exemptions .....**51**
- 52 Credit for Low-Income Household  
Renters (attach Schedule X) .....**52**
- 53 Credit for Child and Dependent Care  
Expenses (attach Schedule X) .....**53**
- 54 Credit for Child Passenger Restraint  
System(s) (attach a copy of the invoice) .....**54**
- 55 Credit for General Income Tax  
(see Instructions) **Federal AGI** .....**55**
- 56 Total refundable tax credits from  
Schedule CR (attach Schedule CR).....**56**
- 57 Add lines 47 through 56 .....**Total Payments and Credits** ► **57**
- 58 If line 57 is larger than line 46, enter the amount **OVERPAID** (line 57 minus line 46) ..... **58**
- 59 **Contributions to** (see page 31 of the Instructions):..... **Yourself Spouse**
- 59a Hawaii Schools Repairs and Maintenance Fund ..... \$2 \$2
- 59b Hawaii Public Libraries Fund..... \$2 \$2
- 59c Domestic Violence / Child Abuse and Neglect Funds ..... \$5 \$5
- 60 Add the amounts of the Xs on lines 59a through 59c and enter the total here..... **60**
- 61 Line 58 minus line 60 ..... **61**
- 62 Amount of line 61 to be **applied to**  
your **2008 ESTIMATED TAX** .....**62**
- 63 Amount to be **REFUNDED TO YOU** (line 61 minus line 62) If filing late,  
see page 31 of Instructions ..... **63**
- 64 **AMOUNT YOU OWE** (line 46 minus line 57). Send Form N-200V with your payment.  
Make check or money order payable to the "Hawaii State Tax Collector"..... **64**
- 65 **Estimated tax penalty.** (See page 31 of Instr.) Do not include this amount  
in line 58 or 64. Place an X in this box if Form N-210 is attached ► ...**65**
- 66 **AMENDED RETURN ONLY** - Amount paid (overpaid) on original return. (See Instructions)..... **66**
- 67 **AMENDED RETURN ONLY** - Balance due (refund) with amended return. (See Instructions).... **67**
- 68 If you would like us to mail you a packet of forms for next year's filing, please place an X in this box .....

**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**

Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes No  
If joint return, does your spouse want \$2 to go to the fund? Yes No

Note: Placing an X in the "Yes" box 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.

<b>PLEASE SIGN HERE</b>	Your signature ►	Date	Your occupation	Daytime Phone Number ( )
	Spouse's signature (if filing jointly, BOTH must sign) ►	Date	Spouse's occupation	

<b>PAID PREPARER'S INFORMATION</b>	Preparer's Signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identification number
	Print Preparer's Name ►	Federal E.I. No. ►		

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