

Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT



Calendar Year **2022**

MM DD YY OR MM DD YY

N15_I 2022A 01 VID01 Tax Year

thru

- Part-Year Resident** (Enter period of Hawaii residency above)
- AMENDED Return**
- NOL Carryback**
- IRS Adjustment**
- First Time Filer**
- Nonresident**
- Nonresident Alien or Dual-Status Alien**
- MSRRA**
- Composite**

FOR OFFICE USE ONLY

THIS
SPACE
RESERVED

Please Write Using a Black Ink Pen.
Enter One Letter Or Number In Each Box.
Fill In Ovals Completely. Do NOT Submit a Photocopy!!

**ATTACH A COPY OF YOUR 2022 FEDERAL
INCOME TAX RETURN**

• ATTACH COPY 2 OF FORM W-2 HERE •

Your First Name	M.I.	Your Last Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Care Of (See Instructions, page 8.)			
<input style="width: 95%;" type="text"/>			
Present mailing or home address (Number and street, including Rural Route)			
<input style="width: 95%;" type="text"/>			
City, town or post office	State	Postal/ZIP code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
If Foreign address, enter Province and/or State		Country	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

◆ IMPORTANT — Complete this Section ◆

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

Your Social Security Number

Deceased Date of Death
M M D D Y Y

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

Spouse's Social Security Number

Deceased Date of Death
M M D D Y Y

(Fill in only ONE oval)

- 1 Single
- 2 Married filing joint return (even if only one had income).
- 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here.
- 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name.
- 5 Qualifying widow(er) (see page 9 of the Instructions)

• ATTACH CHECK OR MONEY ORDER HERE •

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

6a Yourself..... Age 65 or over..... } Enter the number of ovals filled on 6a and 6b.....

6b Spouse..... Age 65 or over.....

If you filled ovals 3 and 6b above, see the Instructions on page 10 and if your spouse meets the qualifications, fill in this oval

6c and 6d	Dependents: 1. First and last name	If more than 6 dependents use attachment	2. Dependent's social security number	3. Relationship
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's Social Security Number

Name(s) as shown on return _____

N15_I 2022A 02 VID01

If amount is negative (loss), shade the minus (-) in the box. Example: -

Col. A - Total Income

Col. B - Hawaii Income

Table with 32 rows of income categories and input boxes for amounts in Col. A and Col. B.



Your Social Security Number

Input boxes for Social Security Number

Your Spouse's SSN

Input boxes for Spouse's SSN

Name(s) as shown on return

N15_I 2022A 03 VID01

Main form body with lines 33-51, including input boxes and labels for various tax items like Adjusted Gross Income, Deductions, and Taxable Income.

TOTAL ITEMIZED DEDUCTIONS box with line 39 instructions and input fields.



Your Social Security Number

SSN input boxes

Your Spouse's SSN

Spouse SSN input boxes

Name(s) as shown on return

N15_I 2022A 04 VID01

52 Total nonrefundable tax credits (attach Schedule CR) 52

00.00

53 Line 51 minus line 52 Balance 53

00.00

54 Hawaii State Income tax withheld (attach W-2s) (see page 29 of the Instructions for other attachments) 54

00.00

55 2022 estimated tax payments on Forms N-200V ; N-288A 55

00.00

56 Amount of estimated tax applied from 2021 return 56

00.00

57 Amount paid with extension 57

00.00

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

TOTAL PAYMENTS 58 Add lines 54 through 57. 00.00

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

00.00

62 Line 59 minus line 61 62

00.00

63 Amount of line 62 to be applied to your 2023 ESTIMATED TAX 63

00.00

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

Routing and account number input boxes

64d Account number 64a

00.00

65 AMOUNT YOU OWE (line 53 minus line 58) 65

00.00

66 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." 66

00.00

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

00.00

68 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD) 68

00.00

69 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD) 69

00.00

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 Indicate if you want \$3 to go to the Hawaii Election Campaign Fund. Yes If joint return, indicate if your spouse designates \$3 to go to the fund. Yes

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

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 Check if self-employed PTIN Print Preparer's Name Federal E.I. No. Firm's name (or yours if self-employed), Address, and ZIP Code Phone No.