FORM N-15 (Rev. 2022)

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT



• ATTACH COPY 2 OF FORM W-2 HERE •

ATTACH CHECK OR MONEY ORDER HERE

Calendar Year 2022

	MM D	D YY	OR	MM DD	YY			
5_I 2022A 01 VID01			thru			<u> </u>		_
Part-Year Resident (Enter period of Hawaii residency a AMENDED Return NOL Carryback		only	Nonres	sident Alien or	Dual-Status Alien	○ MSRRA		Compos
IRS Adjustment First Time Filer					T	HIS		
Please Write Using a Black Ink Pen. Enter One Letter Or Number In Each Box. Fill In Ovals Completely. Do NOT Submit a Photocopy!!				SPACE				
ATTACH A COPY INCOM	OF YOUI		EDERAL		RESI	ERVEI		
Your First Name	M.I.	Your Last Name		Suffix				
					◆ IMPORTA	NT — Complete	e this Sectio	n 🔷
Spouse's First Name	M.I.	Spouse's Last Na	ame	Suffix	Enter the first four le of your last name. Use ALL CAPITAL			
Care Of (See Instructions, page 8.)					Your Social Security Number			
					Deceased O Da	te of Death		
Present mailing or home address (NL	umber and street, i	ncluding Rural Rou	ute)		Enter the first four le of your Spouse's las Use ALL CAPITAL	etters st name.	M DD	YY
City, town or post office		State	Postal/ZIP code		Spouse's Social Security Number			
If Foreign address, enter Province an	nd/or State		Country		Deceased O Da	te of Death	M DD	YY
	/Eill is	only ONE or	 					
1 Single 2 Married filing joint 3 Married filing sepa the first four letters	return (even if arate return. E	only one had	income). SSN and	4	Head of household (w person is a child but r name.	ot your depender	nt, enter the chi	
name here.				5	Qualifying widow(er)	see page 9 of the	Instructions)	
CAUTION: If you can be claime 6a Yourself 6b Spouse If you filled ovals 3 and		Age	e 65 or over e 65 or over			Enter the num filled on 6a an	ber of ovals d 6b	ne 37.
60	more than 6 dependence use attachment		Dependent's security num	social	3. Relationship	Enter number	of 🛕	
						Enter number other depende	of	
					6a thru 6d above		. *	



NAT 1 00000 A 00 1/1/D0

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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 Wages, salaries, tips, etc. (attach Form(s) W-2) Interest income from the worksheet on page 38 of the Instructions Ordinary dividends 10 State income tax refund from the worksheet on page 38 of the Instructions..... Alimony received Business or farm income or (loss)..... Capital gain or (loss) from the worksheet on page 38 of the Instructions..... 13 Supplemental gains or (losses) (attach Schedule D-1) IRA distributions Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-15/N-40)..... 17 17 Rents, royalties, partnerships, estates, trusts, etc...... 18 Unemployment compensation (insurance)..... Other income (state nature and source) Add lines 7 through 19 Total Income 20 20 Certain business expenses of reservists, performing artists, and fee-basis government officials 21 22 IRA deduction Student loan interest deduction from the worksheet on page 42 of the Instructions..... Health savings account deduction..... 25 Moving expenses (attach Form N-139)..... 25 26 Deductible part of self-employment tax..... Self-employed health insurance deduction 27 Self-employed SEP, SIMPLE, and qualified plans 28 28 29 29 Penalty on early withdrawal of savings Alimony paid (Enter name and SS No. of recipient) 31 Payments to an individual housing account. 32 First \$7,345 of military reserve or Hawaii national guard duty pay

Form	N-15 (Rev. 2022)			Page 3 o
1019 9		Your Social Sec	urity Number	Your Spouse's	SSN
N15 I 20	22A 03	VID01 Name(s) as shown on	return		
33		eptional trees deduction (attach affidavit)		n [
	(see	page 21 of the Instructions)		33	V
34	Add	lines 21 through 33 Total Adjustments >	<u> </u>	34	0
35	Line	20 minus line 34Adjusted Gross Income >	0	35	0
36	Fede	eral adjusted gross income (see page 21 of the Instruction	ns)36		」.00
37		of Hawaii AGI to Total AGI. Divide line 35, Column B, by line 35, Col			
38	If you	do not itemize deductions, enter zero on line 39 and go to line 40a. O	therwise go to page 22 of the Instruction	ons and enter your H	lawaii itemized deductions here.
	38a	Medical and dental expenses		00	
		(from Worksheet NR-1 or PY-1)38a		.00	
	38b	Taxes (from Worksheet NR-2 or PY-2) 38b		.00	TOTAL ITEMIZED DEDUCTIONS
	38c	Interest expense (from Worksheet NR-3 or PY-3)38c		_()()	If your Hawaii adjusted gross
		, ,		00	income is above a certain amount, you may not be
	38d	Contributions (from Worksheet NR-4 or PY-4) 38d		.UU	able to deduct all of your itemized deductions. See the
	38e	Casualty and theft losses		nn l	Instructions on page 27. Enter
	005	(from Worksheet NR-5 or PY-5) 38e		ַן טט.	total here and go to line 41.
	38f	Miscellaneous deductions (from Worksheet NR-6 or PY-6)		n	
		,			<u> </u>
40a	-	u checked filing status box: 1 or 3 enter \$2,200;		.00	
	2 or	5 enter \$4,400; 4 enter \$3,212 40a		Γ	
40b	Multi	ply line 40a by the ratio on line 37 P	rorated Standard Deduction	➤ 40b	V
41	Line	35, Column B minus line 39 or 40b, whichever applies. (T	his line MUST be filled in)	41	
42a		oly \$1,144 by the total number of exemptions claimed on line 6e. If you	and/or your spouse are blind, deaf,		
	or dis	abled, fill in the applicable oval(s), and see the Instructions.		N	
		Yourself Spouse		·VV	
42b	Multi	ply line 42a by the ratio on line 37	Prorated Exemption(s)	➤ 42b	<u> </u>

43 Taxable Income. Line 41 minus line 42b (but not less than zero)......Taxable Income > 43 Tax. Fill in oval if from: Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 41 of the Instructions.

(Fill in oval if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405,

44a If tax is from the Capital Gains Tax Worksheet, enter

the net capital gain from line 8 of that worksheet......44a

Refundable Food/Excise Tax Credit 4545 (attach Form N-311) DHS, etc. exemptions

46 Credit for Low-Income Household Renters (attach Schedule X)46 Credit for Child and Dependent Care

Expenses (attach Schedule X)......47 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)48

Total refundable tax credits from Schedule CR (attach Schedule CR).....49



1875	נה	Manager / - Victorial and			
15_1 20	22A 04 VID01	Name(s) as shown on ref	turn		
52	Total nonrefundable ta	x credits (attach Schedule CR)		52	00.
		,			
53	Line 51 minus line 52.		Balance >	53	
54	Hawaii State Income ta	ax withheld (attach W-2s)		^	
	(see page 29 of the Ins	structions for other attachments) 54		U	
55	2022 estimated tax par	_		^	
	Forms N-200V	; N-288A 55	_	() _	
					TOTAL
56	Amount of estimated tax	x applied from 2021 return 56	_	()	PAYMENTS
				58	Add lines 54 through 57.
57	Amount paid with exter	nsion57		0	
59	If line 58 is larger than	line 53, enter the amount OVERPAID			
	•	(see Instructions)		59	
60		e page 30 of the Instructions):		_	
		Repairs and Maintenance Fund			
		raries Fund			
	60c Domestic and Sexua	ll Violence / Child Abuse and Neglect Funds			
61		e filled ovals on lines 60a through 60c and		61	00
62	Line 59 minus line 61.			62	
63	Amount of line 62 to be	e applied to		^	
		D TAX63	-	()	
64a	-	DED TO YOU (line 62 minus line 63) If filin	ng late, see page 30 of Instructio	ns. Fill in this	oval if this refund will
		d to a foreign (non-U.S.) bank. Do not con			
64b	Routing number	64c Ty	pe: Checking C	Savings	
	Ü		Ţ		
64d	Account number			64a	.00
65	AMOUNT YOU OWE	(line 53 minus line 58)		65	
66		Submit payment online at hitax.hawaii.gov			
	money order payable t	to "Hawaii State Tax Collector."		66	
67	Estimated tax penalty. (Se	ee page 31 of Instr.) Do not include this amount		Λ	
		oval if Form N-210 is attached > 67	U	U [
68	AMENDED RETURN ONLY	Y - Amount paid (overpaid) on original return. (See	Instructions) (attach Sch. AMD)	68	
69	AMENDED RETURN ONLY	Y - Balance due (refund) with amended return. (See	e Instructions) (attach Sch. AMD)	69	<u> </u>
		person to discuss this return with the Hav	vaii Department of Taxation, com	plete the follo	owing. This is not a full power of
	attorney. See page 32				<u> </u>
	Designee's name		Phone no.	Identification	T
	AII ELECTION PAIGN FUND	Indicate if you want \$3 to go to the Ha	1 0	Yes	Note: Filling in the "Yes" oval will not change your tax or refund.
See pa	age 32 of the Instructions)	If joint return, indicate if your spouse d		Yes	3 ,
	of my knowledge and belief,	, under the penalties set forth in section 231-36, HRS, th is a true, correct, and complete return, made in good fait	th, for the taxable year stated, pursuant to t	he Hawaii Income	Tax Law, Chapter 235, HRS.
	Your signature	Date	Spouse's signature		H must sign) Date
¥ II	Your Occupation	Daytime Phone	e Number Your Spouse's Occu	ıpation	Daytime Phone Number
					,
			Date	a	PTIN
	Paid Preparer's Signature	>	Date	Check if self-employed	
	Information —			F15,50	
	Print Preparer's Na	ame		Federal E.I.	No.
	Firm's name (
	if self-employ			Phone No.	