Form ID: HI  Hawaii General Information	
Mark if first time filer  Mark if address has changed from prior year  If you (or spouse) are blind, deaf or totally disabled, has impairment been certicurrent year distributions from an individual housing account not used for homogeneous accounts or National Guard pay included in W-2 income  Payments to an individual housing account	
Contributions	
Amount of contributions you wish to make to:	
Election campaign fund - taxpayer (Y, N) Election campaign fund - spouse (Y, N) \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer,	[10]
Rental Credit Information	
Residence Information: Starting Month of Occupancy Address City State Zip Owner Information: Name Business Name Address City State Zip Foreign Providence/State Foreign Country Foreign Postal Code Tax ID # Total rents received for this unit	sidence of 9 or more months during the calendar year Ending Month of Occupancy  [12]
Part-year Resident Information	
If you were a part-year resident during the tax year, enter the dates you lived in Hawaii  Part-year residency dates: From To  [13] [14]	

NOTES/QUESTIONS: