



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: HI
Hawaii General Information

- Mark if first time filer _____ [1]
- If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) _____ [2]
- Current year distributions from an individual housing account not used for home purchase _____ [3]
- Reservist or National Guard pay included in W-2 income _____ [4]
- Payments to an individual housing account _____ [5]

Contributions

Amount of contributions you wish to make to:

- Election campaign fund - taxpayer (Y, N) _____ [6]
- Election campaign fund - spouse (Y, N) _____ [7]
- \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [8]
- \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [9]
- \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____ [10]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

- Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____ [11]
- Address _____
- City _____
- State _____
- Zip _____
- Owner Information: Name _____
- Business Name _____
- Address _____
- City _____
- State _____
- Zip _____
- Foreign Providence/State _____
- Foreign Country Code _____
- Foreign Country _____
- Foreign Postal Code _____
- Tax ID # _____
- Total rents received for this unit _____

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 _____ [12]
- To _____ [13]

NOTES/QUESTIONS: