STATE OF HAWAII — DEPARTMENT OF TAXATION

TAX CREDITS FOR HAWAII RESIDENTS

Both pages of Schedule X must be attached to Form N-11, N-13, or N-15



Caution: Before completing Schedule X, please read the Instructions on pages 32 - 36 of the Form N-11 booklet, pages 17 - 21 of the

	YCT131	Form N-13	booklet, or pages 36 - 40 of	f the Fo	rm N-15 bo	ookle	t.		
Nan	me(s) as shown on Form N-11, N-13, or N-15			Yo	our social secu	urity nu	ımber		
PAI	ART I: REFUNDABLE FOOD/EXCISE TAX	CREDIT		'					
2	Is your federal adjusted gross income less than However, you may claim the credit for a minor child receive List YOURSELF, YOUR SPOUSE, AND YOUR I months in 2013, c) Not in prison, youth corrections DO NOT list minor children receiving more than half of the second	ing support from the Department of DEPENDENTS that meet all of al facility, or jail for entire taxab	of Human Services, etc. In this situation, only of the following: a) Resident of Hawaii, le year, AND d) Cannot be claimed as	complete li b) Presen a depende	nes 3, 9, and 10. It in Hawaii for I	more th	nan 9 er.		
				ideni. List ti	lese minor childr				
2	2 Name	Relationship Self Spouse	Name				Relationship		
	Enter the number of qualified persons listed abo	ove				2			
2	List MINOR CHILDREN RECEIVING MORE TH				200				
	Services, who meet all the following requirement c) Not in prison, youth correctional facility, or jail for entire ta	nts and are NOT listed above	e on line 2: a) Resident of Hawaii, b) Prese	ent in Hawai	i for more than 9	months	in 2013,		
3	3 Cauti	on: DO NOT list any childre	en already listed on line 2 above.						
		curity Number Relationship	Name	Social Se	curity Number	Relati	onship		
l									
4 5 6 7	Enter the number of minor children receiving m space provided on Form N-11, line 28; Form N-Enter the amount of your federal adjusted gross If you are married filing a separate return, enter Add lines 4 and 5. Enter the total here and in the space Enter on line 7 the amount of the tax credit that of the Form N-11 booklet, page 18 of the Form Multiply line 2 by the amount of the tax credit or Multiply line 3 by \$85. Enter the total here	ne 45sted gross incomested Gro	4 5 6 3 7	I	3				
10	Add lines 8 and 9. Enter the result here and on	Form N-11, line 28; Form N-	-13, line 18; or Form N-15, line 45.						
	This is your refundable food/excise tax credit. (\	Whole dollars only)		10			00		
	ART II: CREDIT FOR LOW-INCOME HOUS								
2 3 4	Is your adjusted gross income (Form N-11, line If "No", STOP. You cannot claim this credit. If "Are you a resident who was present in Hawaii more than a Can you be claimed as a dependent by another. Enter required information for each rental unit that was fully more than one qualified unit, submit the required information Address (give Apt. No., if any) Occupied From	Yes", go to Question 2. nine months of the taxable year? If r taxpayer? If "Yes", STOP. Yo subject to real property tax. DO NO n for each additional unit on a separa	"No", STOP . You cannot claim this crucou cannot claim this credit. If "No", put I list rental units that were wholly or partially eate sheet. If you shared the unit with others, eater the unit with others, eater the unit with others, eater the unit with others.	edit. If "Yes roceed to xempt from r nter only YO	s", go to Ques line 4. real property tax. UR SHARE of the	If you oce rent.			
	month	ccupied From, 2013 , To, 2013 . Total rent paid for this period. \$							
	Owned by (or agent for owner)			W					
	name		address		(Hawaii Tax I.				
5	Add up YOUR SHARE of rent paid during the ta	axable year for all the units ye	ou have listed	5					
6	Enter the amount of your exclusions (e.g. utilities	6							

7 Line 5 minus line 6. If this amount is \$1,000, or less, STOP. You cannot claim this credit...... 8 Enter the number of qualified exemptions from the Qualified Exemptions worksheet in the Instructions......

9 Multiply the number of exemptions on line 8 by \$50 and enter the result here and on Form N-11, line 29; Form N-13,

line 19; or Form N-15, line 46. This is your low-income household renter's credit. (Whole dollars only).....

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9

2013

Your social security number

yom122

PART III - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Section A: Care Provider Information

Complete line 1 columns (a) through (e) for each person or organization that provided the care. If you do not give the information asked for in each column, or if the information you give is not correct, your credit and, if applicable, the exclusion of employer-provided dependent care benefits may be disallowed.

1	(a) Care (b) Address Provider's name (number, street, city, state and Postal/ZIP code)		(c) Identifi	(c) Identification number			(d) Hawaii Tax		(e) Amount paid	
) (SSN	(SSN or FEIN)		I.D. Number	I.D. Number			
						W				
						w				
<u></u>	ation D. Donondont	Care Bornefite (If you did not as a inchesse)	in alice to the c	4.0\		"				
	_	Care Benefits — (If you did not receive benefit			od oo oo a	amala, ra a				
2		of dependent care benefits you received in 2013.	-							
		10 of your W-2 form(s). If you were self-employed dent care assistance program from your sole prop	•			•	2			
2		, you carried over from 2012 and used in 2013 du					3			
		, you forfeited over from 2012 and used in 2013 daily, you forfeited or carried forward to 2014. (See the		•			4	1)	
	•	1 4					5	(
	•	Ilified expenses incurred in 2013 for the care of the qualifyin		6			3			
		e 5 or 6		7						
		ome		8			_			
		turn, enter YOUR SPOUSE'S earned income (if s		-			_			
3	• .	ctions); if married filing separately, see the Instruct								
		ers, enter the amount from line 8		9						
10		ne 7, 8, or 9		10			_			
		the amount of taxable benefits from the workshee			s. Also, inc	clude this				
• •		ine 7 or Form N-15, line 7. On the corresponding					11			
12		two or more qualifying persons)		12						
	•	e Taxable Benefits worksheet in the Instructions		13						
				vou	paid 2012					
		Line 12 minus line 13. If zero or less, STOP . You cannot take the credit. Exception . If you paid 2012 expenses in 2013 (See the Instructions)								
15		t include in column (d) any benefits shown on line								
	and enter the total here									
Se	ction C: Credit for C	Child and Dependent Care Expenses — (If	you are marr	ied, y	ou must fi	le a joint return to	clair	n the tax credit.)		
	(a) Qualifying person's name (b) Relationship (c) Qualifying person's so						(d) Qualified exp			
16	(a) Qualifying person's name (b)			ip		fying person's social curity number		you incurred and paid in 2013 for the person		
	56				carity Harriber		listed in column (a)			
17	Add the amounts in colu	ımn (d) of line 16. DO NOT enter more than \$2,400 for	r one qualifying							
	person or \$4,800 for two or mor	re persons. If you completed Section B, enter the smaller of line 1	14 or line 15	17						
18	Enter YOUR earned inc	ome		18						
19	If married filing a joint re	turn, enter YOUR SPOUSE'S earned income (if s	tudent or							
	disabled, see the Instruc	ctions); all others, enter the amount from line 18.		19				I		
		r the smallest of line 17, 18, or 19								
21		come from Form N-11, line 20; Form N-13, line 11;						·		
		Column A		21						
22		imal amount that applies to the amount on line 21				=				
		the Form N-11 booklet, page 21 of the Form N-13 booklet, or page 40 of the Form N-15 booklet)					22	X		
23	Multiply line 20 by the decimal amount on line 22. Enter the result here and on Form N-11, line 30;						22		00	