



2020

General Information:

County of residence

Jury duty pay returned to employer

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as deaf or disabled?

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Residency Information:

If you did not live in Hawaii for all of 2020, enter the dates you did live in Hawaii

Enter the state names other than Hawaii where you had income

Voluntary Contributions:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$2 to the Hawaii Public Libraries Fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Low-Income Household Renters:

Address

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Dates occupied

Owner's name

Owner's address

Owner's tax ID number

Enter total rent paid

Enter Any Additional Hawaii Information:
