



General Information:			
County of residence			
Jury duty pay returned to employer			
	Taxpayer	Spouse	
	Yes No	Yes No	
Do you qualify as deaf or disabled?			
Residency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Hawaii for all of 2023, enter the dates you did live in Hawaii			
Enter the state names other than Hawaii where you had income			
Voluntary Contributions:			
		Taxpayer	Spouse
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund		Yes No	Yes No
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?			
Do you wish to contribute \$5 to the Hawaii Public Libraries Fund?			
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Fund	ds?		
Low-Income Household Renters:			
Address			
From To (Mo/Da/Yr)			
Dates occupied			
Owner's name			
Owner's address			
Owner's tax ID number			
Enter total rent paid			
Enter Any Additional Hawaii Information:			