

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA **30**



WBT141

X Place an X in this box ONLY if this is an AMENDED return M M Y Y

X Month **X** Quarter Ending 12 - 12

HAWAII TAX I.D. NO. **W** 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

NAME: TAXPAYER ' S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

• ATTACH CHECK OR MONEY ORDER •

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) 1 123456789 . 12

2. TOTAL HAWAII INCOME TAX WITHHELD 2 123456789 . 12

2a. PENALTIES PREVIOUSLY ASSESSED
(For Amended Return ONLY) 123456789 . 12

2b. INTEREST PREVIOUSLY ASSESSED
(For Amended Return ONLY)..... 123456789 . 12

2c. TOTAL AMOUNT DUE (Add Lines 2, 2a, and 2b)..... 2c 123456789 . 12

3. TOTAL PAYMENTS OF TAXES WITHHELD FOR THE PERIOD (including any penalty
or interest paid during the period) (For Amended Return ONLY) 3 123456789 . 12

4. AMOUNT OF CREDIT TO BE REFUNDED (Line 3 minus Line 2c)
(For Amended Return ONLY)..... 4 123456789 . 12

5. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 2c minus Line 3)
(For Amended Return ONLY)..... 5 123456789 . 12

6. **FOR LATE FILING ONLY** 6a. PENALTY... 123456789 . 12

6b. INTEREST. 123456789 . 12

7. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 2c, 6a, and 6b)
(For AMENDED returns, Add Lines 5, 6a, and 6b) 7 123456789 . 12

8. IF THERE IS AN AMOUNT DUE ON LINE 7, INDICATE THE METHOD OF YOUR
PAYMENT. 8 EFT **X** CHECK or MONEY ORDER **X**

9. **ENTER AMOUNT OF PAYMENT.** Attach your check or money order
payable to **"Hawaii State Tax Collector"** in U.S. dollars drawn on any
U.S. bank to Form HW-14. Write **"HW"**, the filing period, and your
Hawaii Tax I.D. No. on your check or money order. **IF NO PAYMENT,**
ENTER "00.00". You may also e-pay at: tax.hawaii.gov/eservices/ 9 123456789 . 12

AMOUNT OF PAYMENT

Electronic Filing & E-Pay at:
tax.hawaii.gov/eservices/
Safe. Easy.

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE ➤	DATE ➤ 12-12-12
TITLE ➤ TAXPAYER ' S TITLEXXXX	DAYTIME PHONE NUMBER (123) 123-4567

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827