FORM HW-14
(Rev. 2014)

STATE OF HAWAII
DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

WBB141

DO NOT WRITE IN THIS AREA **30**

Fill in this oval ONLY if this is an AMENDED return

Month Quarter Ending M M / Y Y

HAWAII TAX I.D. NO. **W** —

Last 4 digits of your FEIN or SSN

NAME: _____

(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
2. TOTAL HAWAII INCOME TAX WITHHELD 2
   2a. PENALTIES PREVIOUSLY ASSESSED (For Amended Return ONLY) .....
   2b. INTEREST PREVIOUSLY ASSESSED (For Amended Return ONLY).....

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

3. TOTAL PAYMENTS OF TAXES WITHHELD FOR THE PERIOD (including any penalty or interest paid during the period) (For Amended Return ONLY) 3
4. AMOUNT OF CREDIT TO BE REFUNDED (Line 3 minus Line 2c) (For Amended Return ONLY)..... 4
5. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 2c minus Line 3) (For Amended Return ONLY)..... 5
6. **FOR LATE FILING ONLY** ➤ 6a. PENALTY... 6b. INTEREST.
7. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 2c, 6a, and 6b) (For AMENDED returns, Add Lines 5, 6a, and 6b) 7
8. IF THERE IS AN AMOUNT DUE ON LINE 7, INDICATE THE METHOD OF YOUR PAYMENT. (Darken an oval)..... 8 EFT CHECK or MONEY ORDER
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

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 ➤
TITLE ➤	DAYTIME PHONE NUMBER ( )

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