

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> See Instructions on reverse side.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> See Instructions on reverse side.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> See Instructions on reverse side.  <b>FORM HW-2</b>

**TO EMPLOYER:**

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
  - (a) The employee's name, address, postal/ZIP code and social security number.
  - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
  - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0."
  - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 11.)
  - (e) Your name, address, postal/ZIP Code and Hawaii Tax Identification Number.
3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

**TO EMPLOYER:**

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
  - (a) The employee's name, address, postal/ZIP code and social security number.
  - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
  - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0."
  - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 11.)
  - (e) Your name, address, postal/ZIP Code and Hawaii Tax Identification Number.
3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

**TO EMPLOYER:**

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
  - (a) The employee's name, address, postal/ZIP code and social security number.
  - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
  - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0."
  - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 11.)
  - (e) Your name, address, postal/ZIP Code and Hawaii Tax Identification Number.
3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

FORM  
**HW-2**  
(REV. 2017)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
STATEMENT OF HAWAII INCOME TAX WITHHELD  
AND WAGES PAID

CALENDAR  
YEAR

**2017**

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2017. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

FORM  
**HW-2**  
(REV. 2017)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
STATEMENT OF HAWAII INCOME TAX WITHHELD  
AND WAGES PAID

CALENDAR  
YEAR

**2017**

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2017. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

FORM  
**HW-2**  
(REV. 2017)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
STATEMENT OF HAWAII INCOME TAX WITHHELD  
AND WAGES PAID

CALENDAR  
YEAR

**2017**

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2017. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2017. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2017. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2017. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
<b>EMPLOYER'S Name</b>  Address and Postal/ZIP Code _____  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
<b>EMPLOYER'S Name</b>  Address and Postal/ZIP Code _____  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
<b>EMPLOYER'S Name</b>  Address and Postal/ZIP Code _____  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2017 required to be filed on or before April 20, 2018, and as evidence of tax withheld.

**DO NOT LOSE THIS STATEMENT**

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2017 required to be filed on or before April 20, 2018, and as evidence of tax withheld.

**DO NOT LOSE THIS STATEMENT**

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2017 required to be filed on or before April 20, 2018, and as evidence of tax withheld.

**DO NOT LOSE THIS STATEMENT**

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2017 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name  Address and Postal/ZIP Code  Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>