



EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2018 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
HW2_I 2018A 01 VID01 CUT HERE		ID NO 01



EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2018 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
HW2_I 2018A 01 VID01 CUT HERE		ID NO 01



EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2018 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
HW2_I 2018A 01 VID01		ID NO 01

**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.



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

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

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

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$	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. WH _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

HW2\_1 2018A 01 VID01

ID NO 01

✂ — — — — — CUT HERE — — — — — ✂



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

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

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

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$	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. WH _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

HW2\_1 2018A 01 VID01

ID NO 01

✂ — — — — — CUT HERE — — — — — ✂



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

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

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

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$	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. WH _____		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See reverse side of this copy & Copy C for Instructions.  <b>FORM HW-2</b>

HW2\_1 2018A 01 VID01

ID NO 01

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2018. 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 2018. 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 2018. 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) <b>2018</b> \$ _____	Hawaii Income Tax Withheld \$ _____	Payments Not Included in Total Wages \$ _____ Nature of Payment _____
EMPLOYER'S Name _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>
Address and Postal/ZIP Code _____		
Hawaii Tax I.D. No. WH _____ - _____ - _____ - _____		

HW2\_I 2018A 01 VID01

ID NO 01

✂ — — — — — CUT HERE — — — — — ✂



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

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

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

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$ _____	Hawaii Income Tax Withheld \$ _____	Payments Not Included in Total Wages \$ _____ Nature of Payment _____
EMPLOYER'S Name _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>
Address and Postal/ZIP Code _____		
Hawaii Tax I.D. No. WH _____ - _____ - _____ - _____		

HW2\_I 2018A 01 VID01

ID NO 01

✂ — — — — — CUT HERE — — — — — ✂



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

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

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

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$ _____	Hawaii Income Tax Withheld \$ _____	Payments Not Included in Total Wages \$ _____ Nature of Payment _____
EMPLOYER'S Name _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld.  DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>
Address and Postal/ZIP Code _____		
Hawaii Tax I.D. No. WH _____ - _____ - _____ - _____		

HW2\_I 2018A 01 VID01

ID NO 01

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 2018 required to be filed on or before April 20, 2019, 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 2018 required to be filed on or before April 20, 2019, 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 2018 required to be filed on or before April 20, 2019, 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) <b>2018</b> \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
<small>HW2_I 2018A 01 VID01</small> ✂ _____ CUT HERE _____ ID NO 01 _____ ✂		



EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
<small>HW2_I 2018A 01 VID01</small> ✂ _____ CUT HERE _____ ID NO 01 _____ ✂		



EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) <b>2018</b> \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		<b>EMPLOYER:</b> This copy is for your records.  <b>FORM HW-2</b>
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH _____		
<small>HW2_I 2018A 01 VID01</small> _____ ID NO 01 _____		