



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

Fill in this oval ONLY if this is an AMENDED return

M M Y Y

Quarter Ending

/

HAWAII TAX I.D. NO.

WH ---

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. TOTAL HAWAII INCOME TAX WITHHELD	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a. PENALTIES PREVIOUSLY ASSESSED (For Amended Return ONLY)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b. INTEREST PREVIOUSLY ASSESSED (For Amended Return ONLY)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2c. TOTAL AMOUNT DUE (Add lines 2, 2a, and 2b)	2c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. TOTAL PAYMENTS OF TAXES WITHHELD for the period (including any penalty or interest paid during the period) (For Amended Return ONLY)	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. AMOUNT OF CREDIT TO BE REFUNDED (line 3 minus line 2c) (For Amended Return ONLY)	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. AMOUNT OF TAXES now due and PAYABLE (line 2c minus line 3) (For Amended Return ONLY)	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. FOR LATE FILING ONLY									
6a. PENALTY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6b. INTEREST		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. TOTAL AMOUNT now due and PAYABLE (Add lines 2c, 6a, and 6b) (For AMENDED returns, Add lines 5, 6a, and 6b)	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. If there is an AMOUNT DUE on line 7, indicate the method of your payment. (Darken an oval)	8	EFT	<input type="radio"/>	CHECK or MONEY ORDER	<input type="radio"/>				
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 the filing period and your Hawaii Tax I.D. No. on your check or money order. IF NO PAYMENT, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov	9								

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

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

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 ()	