DO NOT WRITE IN THIS AREA

(Rev. 2018)



DEPARTMENT OF TAXATION WITHHOLDING TAX RETURN

STATE OF HAWAII

			Fill in this ov	al ONLY if this is	an AMENDED re	eturn	ММ	Υ '	Y						
			Quarter Er	nding											•
			HAWAII TAX	I.D. NO.	WH —										
			Last 4 digits of your FEIN or SSN												
			NAME:												
			This return m	ust be filed on or b	efore the 15th d	ay of the month	following	g the cl	ose of t	he cal	enda	r qua	rter.		
 ATTACH CHECK OR MONEY ORDER 	1.			include COLA, 3rd party			_		Щ,[Щ	<u>, </u>	Π,[П],[Ц
	2.	TOTA	L HAWAII INCOM	1E TAX WITHHELD				2	Ш,І		<u> </u>	Ш,І	Ш	L	Ш
		2a.	PENALTIES PRE	EVIOUSLY ASSESSED	[2],[Щ								
		2b.	INTEREST PRE	VIOUSLY ASSESSED .			Ш, L								
	3.4.5.	paid of AMO line 3	AL PAYMENTS MAD during the period) UNT OF CREDIT In minus line 2c and AID TAXES due for the period of the period o	for this quarter (Add lin ADE for the quarter (incl	luding any penalty or line 2c is greater tha , 7 and 8.)	interest n line 3, skip to line	5. Otherwi	3 ise, 4	mus	MINDEF to be trained date of	nsmitte	ed by i	the pa	ymen	ent
		FILI	NG ONLY	6b. INTEREST		,	Ш,Ц	Ш		applied.			· 	, 	
	7.	TOTA	L AMOUNT now	due and PAYABLE (Add	l lines 5, 6a, and 6b)			7	ارككا		ــــــــــــــــــــــــــــــــــــــ	ا,لــــــــــــــــــــــــــــــــــــ	Ш		Ш
	8.			/ment. Attach your che lector " in U.S. dollars dr	•				A۱	MOUN	IT OI	F PA'	YME	NT	
		Write	ite the filing period and your Hawaii Tax I.D. No. on your check or money order. NO PAYMENT ATTACHED, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov8], 🗆	\square ,[],[
			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 provision of the Hawaii Income Tax Law and the rules issued thereunder.												S
			SIGNATURE							DATE					
		TITLE								DAYTIME PHONE NUMBER					
				- MAILING ADDRE						()				
			HAWAII	P.O. BOX 3827											

Form HW-14 **30** ID NO 01

HONOLULU, HI 96812-3827