



STATE OF HAWAII—DEPARTMENT OF TAXATION  
**EMPLOYER'S ANNUAL  
TRANSMITTAL OF HAWAII  
INCOME TAX WITHHELD FROM WAGES**

FOR CALENDAR YEAR

**NOTE:** Beginning January 1, 2020 (Calendar Year 2020), Form HW-30 will be used to transmit Forms HW-2 and W-2. Annual reconciliation (Form HW-3) is not required. If you need to make any changes to the amount of withholding payments made and reported on this transmittal, amend Form HW-14 for the affected period.

**AMENDED** (For an AMENDED Form HW-30, attach ONLY the CORRECTED Forms HW-2 or federal forms W-2C)

NAME: \_\_\_\_\_

HAWAII TAX I.D. NO. WH    -    -     -

FEIN   -

- 1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 1 .....1
- 2. TOTAL WAGES shown on these forms (include COLA, 3rd party sick leave, and other benefits) .....2
- 3. TOTAL HAWAII INCOME TAX WITHHELD from wages shown on these forms .....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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please file this form together with the Statements of Hawaii Income Tax Withheld and Wages Paid (copy A of Form HW-2 or copy 1 of federal Form W-2).**

I declare under the penalties set forth in section 231-36, HRS, that all information contained on this transmittal are true and correct prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE		DATE	
TITLE		DAYTIME PHONE NUMBER	

**SIGN THIS FORM AND MAIL TO:**

**Hawaii Department of Taxation**  
P.O. Box 3827  
Honolulu, HI 96812-3827