



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

HW30_F 2024A 01 VID01

FOR CALENDAR YEAR

NOTE: Use Form HW-30 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 (Check this box if attaching additional Forms HW-2 or federal forms W-2)

CORRECTED (Check this box if attaching CORRECTED Forms HW-2 or federal forms W-2C)

NAME: _____

HAWAII TAX I.D. NO. WH

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- 1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 1, corrected HW-2, or federal Form W-2C1
- 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 forms3

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 1425
Honolulu, HI 96806-1425