



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

HW30_I 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-2C	1	<input type="text"/>
2. TOTAL WAGES shown on these forms (include COLA, 3rd party sick leave, and other benefits)	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"/>
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"/>

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