



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

FOR CALENDAR YEAR

DO NOT WRITE IN THIS AREA

36

NAME: _____

HAWAII TAX I.D. NO. WH

____ - ____ - ____ - ____

☐ AMENDED Return

FEIN

____ - _____

FOR AMENDED RETURNS, ATTACH ANY CORRECTED FORMS HW-2 (OR FEDERAL FORMS W-2C)

1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 11
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
- 3a. PENALTIES ASSESSED
ON PERIODIC RETURNS
3b. INTEREST ASSESSED
ON PERIODIC RETURNS.....

____,____,____,____,____

____,____,____,____,____


- 3c. TOTAL AMOUNT DUE (Add lines 3, 3a, and 3b)3c
4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with
the periodic returns; Amended Returns, also include amount paid with original HW-3)4
5. AMOUNT OF CREDIT TO BE REFUNDED (line 4 minus line 3c)5
6. AMOUNT OF TAXES now due and PAYABLE (line 3c minus line 4)6

____,____,____,____,____

____,____,____,____,____

____,____,____,____,____

____,____,____,____,____

7. **FOR LATE FILING ONLY**  7a. PENALTY
7b. INTEREST

____,____,____,____,____

____,____,____,____,____

REMINDER: All EFT payments
must be transmitted by the payment
due date or a 2% EFT penalty will
be applied.

8. TOTAL AMOUNT now due and PAYABLE (Add lines 6, 7a, and 7b)8
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-3.
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.gov9

____,____,____,____,____

AMOUNT OF PAYMENT

____,____,____,____,____

**Please file two copies of 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).**

THE SPACE BELOW RESERVED FOR DEPARTMENTAL USE

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 ()

SIGN THE RETURN AND MAIL TO:

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

ID NO 01

Form HW-3 36