



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

☐ Fill in this oval **ONLY** if this is an **AMENDED** return

M M Y Y

Quarter Ending

HAWAII TAX I.D. NO.

WH — — — —

Last 4 digits of your FEIN or SSN

NAME: _____

This return must be filed on or before the **15th** day of the month following the close of the calendar quarter.

• ATTACH CHECK OR MONEY ORDER •

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) Enter "0" if no wages were paid or no tax withheld.....1

2. TOTAL HAWAII INCOME TAX WITHHELD2

2a. PENALTIES PREVIOUSLY ASSESSED

2b. INTEREST PREVIOUSLY ASSESSED

2c. TOTAL AMOUNT DUE for this quarter (Add lines 2, 2a, and 2b).....2c

3. TOTAL PAYMENTS MADE for the quarter (including any penalty or interest paid during the period)3

4. AMOUNT OF CREDIT TO BE REFUNDED (If line 2c is greater than line 3, skip to line 5. Otherwise, line 3 minus line 2c and enter "0.00" on lines 5, 7 and 8.).....4

5. UNPAID TAXES due for this quarter (line 2c minus line 3).....5

 6. **FOR LATE FILING ONLY**

6a. PENALTY.....

6b. INTEREST.....

7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b).....7

 8. **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-14.

AMOUNT OF PAYMENT

Write the filing period and your Hawaii Tax I.D. No. on your check or money order.

 IF NO PAYMENT ATTACHED, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov.....8

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 ()	

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID NO 01

Form HW-14

30