STATE OF HAWAII
DEPARTMENT OF TAXATION

General Information and Scannable Specifications for Form HW-14 (Rev. 2018)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation
Attn: Document Processing — Quality Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

Form HW-14 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form HW-14. Form HW-14 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form HW-14 must create the form so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms MUST meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Form HW-14 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Fonts

- The form was designed using the following fonts:
  1. Helvetica
  2. Times New Roman
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
  1. Form HW-14: 10 pt Helvetica bold
  2. Rev. 2018: 8 pt Helvetica
- The following font and size should be used for the form number located at the bottom right corner of the form:
  1. Form HW-14: 8 pt Helvetica

4. Variable Data

- All variable data fields must utilize 12 pt Courier font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. Variable Data Delimiters

- Tax Period Ending must be printed with a dash (-) delimiter. For example:

  MM-YY

  (2 digits for month, followed by a dash (-), followed by 2 digits for the tax period ending).
- Taxpayer's Hawaii Tax I.D. Number must be printed with the dash (-) delimiters. For example:

  WH-123-456-7890-01

  (WH, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

  Note: The Taxpayer's Hawaii Tax I.D. Number begins with a "WH." "WH" must be included in the variable data field.

6. Dollar Amounts

123456789.12

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified.
- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents if the amount is a whole dollar value.

7. Testing and Approval of the Scannable Form

- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.

- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form HW-14 (Rev. 2018) cannot be filed until 2019.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibit.
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label (see exhibit for exact placement).
  1. Page 1: The 2-digit Hawaii Vendor ID Number should begin at column 60, row 63.

3. Anchors

- Anchors are required on the form. The scanning equipment looks for "L" anchors, printed on the form. Exact placement of the anchors are required.
- The vertical and horizontal edges of the anchors must be the same length of 0.5 inch long and 0.0278 inch thick.
- There are **two** anchors on each page.
  1. The top right anchor should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 12.

  2. The bottom left anchor should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64.

- The tolerance is 1mm (¼ of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the anchor.

4. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):
  1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is
  HW14_T 2018A 01 VIDXX

  The QR code includes the form number (HW14), an underscore, type of form (T), space, 4-digit form year (2018), 1-letter revision indicator (A), space, 2-digit page number (01), and vendor ID number. There are no hyphens.
- The human readable text for the QR code MUST be printed at the bottom of each page at column 6 row 64 utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form HW-14. If you did not receive the acetate overlays, please contact the Forms Coordinator.

FORM HW-14
(Rev. 2018)

Place QR Code Here

STATE OF HAWAII
DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA **30**

X Place an X in this box ONLY if this is an AMENDED return

Quarter Ending **M M** **Y Y** 12-12

HAWAII TAX I.D. NO. WH-123-456-7890-12

Last 4 digits of your FEIN or SSN 1234

NAME: TAXPAYER'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXX

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	123456789.12
2.	TOTAL HAWAII INCOME TAX WITHHELD	123456789.12
2a.	PENALTIES PREVIOUSLY ASSESSED	123456789.12
2b.	INTEREST PREVIOUSLY ASSESSED	123456789.12
2c.	TOTAL AMOUNT DUE for this quarter (Add lines 2, 2a, and 2b)	123456789.12
3.	TOTAL PAYMENTS MADE for the quarter (including any penalty or interest paid during the period)	123456789.12
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.)	123456789.12
5.	UNPAID TAXES due for this quarter (line 2c minus line 3)	123456789.12
6.	**FOR LATE FILING ONLY** 6a. PENALTY	123456789.12
	6b. INTEREST	123456789.12
7.	TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b)	123456789.12
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. 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**	AMOUNT OF PAYMENT 123456789.12

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

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
	12-12-12
TITLE	**DAYTIME PHONE NUMBER**
TAXPAYER'S TITLEXXXX	(123) 123-4567

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

ID NO XX

Form HW-14 **30**

Human Readable text here

FORM HW-14
(Rev. 2018)

Place QR Code Here

STATE OF HAWAII
DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

X Place an X in this box ONLY if this is an AMENDED return

Quarter Ending **M M Y Y** 12-12

HAWAII TAX I.D. NO. WH-123-456-7890-12

Last 4 digits of your FEIN or SSN 1234

NAME: TAXPAYER'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXX

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	123456789.12
2. TOTAL HAWAII INCOME TAX WITHHELD	2	123456789.12
2a. PENALTIES PREVIOUSLY ASSESSED		123456789.12
2b. INTEREST PREVIOUSLY ASSESSED		123456789.12
2c. TOTAL AMOUNT DUE for this quarter (Add lines 2, 2a, and 2b)	2c	123456789.12
3. TOTAL PAYMENTS MADE for the quarter (including any penalty or interest paid during the period)	3	123456789.12
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	123456789.12
5. UNPAID TAXES due for this quarter (line 2c minus line 3)	5	123456789.12
6. **FOR LATE FILING ONLY** 6a. PENALTY		123456789.12
6b. INTEREST		123456789.12
7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b)	7	123456789.12
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. 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	AMOUNT OF PAYMENT 123456789.12

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SIGNATURE	DATE
	12-12-12
TITLE	**DAYTIME PHONE NUMBER**
TAXPAYER'S TITLEXXXX	(123) 123-4567

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

Human Readable text here

ID NO XX

Form HW-14 **30**