FORM HW-3
(REV. 2018)

Place QR Code Here

DO NOT WRITE IN THIS AREA **36**

STATE OF HAWAII—DEPARTMENT OF TAXATION

EMPLOYER'S ANNUAL RETURN AND RECONCILIATION OF HAWAII INCOME TAX WITHHELD FROM WAGES

FOR CALENDAR YEAR 1234

TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXX

X **AMENDED Return**

HAWAII TAX I.D. NO. WH-999-999-9999-99

FEIN 12-3456789

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 1 1	123456
2.	TOTAL WAGES shown on these forms (include COLA, 3rd party sick leave, and other benefits) 2	123456789.00
3.	TOTAL HAWAII INCOME TAX WITHHELD from wages shown on these forms 3	123456789.00
3a.	PENALTIES ASSESSED ON PERIODIC RETURNS 123456789.00	
3b.	INTEREST ASSESSED ON PERIODIC RETURNS..... 123456789.00	
3c.	TOTAL AMOUNT DUE (Add lines 3, 3a, and 3b) 3c	123456789.00
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	123456789.00
5.	AMOUNT OF CREDIT TO BE REFUNDED (line 4 minus line 3c) 5	123456789.00
6.	AMOUNT OF TAXES now due and PAYABLE (line 3c minus line 4) 6	123456789.00
7.	**FOR LATE FILING ONLY** 7a. PENALTY..... 123456789.00	
	7b. INTEREST..... 123456789.00	
8.	TOTAL AMOUNT now due and PAYABLE (Add lines 6, 7a, and 7b) 8	123456789.00
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.gov** 9	AMOUNT OF PAYMENT 123456789.00

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

• ATTACH CHECK OR MONEY ORDER •

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
	12-12-12
TITLE	**DAYTIME PHONE NUMBER**
TAXPAYER'S TITLEXXXXX	(123) 123-1234

SIGN THE RETURN AND MAIL TO:

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

ID NO XX

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