



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

X AMENDED return

Y Y Y Y

Quarter Ending X Mar X Jun X Sep X Dec 1234

HAWAII TAX I.D. NO. WH-123-456-7890-01

Last 4 digits of your FEIN 1234

NAME: TAXPAYER ' S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

X Check here if this is your FINAL return and you are cancelling this withholding account as of 12-12-2019

• ATTACH CHECK OR MONEY ORDER •

Table with 2 columns: Description and Amount. Rows include: 1. TOTAL WAGES PAID, 2. TOTAL HAWAII INCOME TAX WITHHELD, 3. TOTAL PAYMENTS MADE for the quarter, 4. AMOUNT OF CREDIT TO BE REFUNDED, 5. ADDITIONAL TAXES DUE for this quarter, 6a. PENALTY, 6b. INTEREST, 7. TOTAL AMOUNT now due and PAYABLE, 8. Enter AMOUNT of payment.

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 and Date box: SIGNATURE, DATE 12-12-2019, TITLE TAXPAYER ' S TITLEXXXX, DAYTIME PHONE NUMBER 123-456-7890

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