(Rev. 2019)



STATE OF HAWAII DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

X	$\Delta M = N$	IDED	return
21	AIVILI	NDED	return

YYYY

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

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

	2	Check here if this is your FINAL return and you are cancelling this withholding account as		account as of	12-12-2019	
	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	1234567890.12
3DER •	2.	2. TOTAL HAWAII INCOME TAX WITHHELD			2	1234567890.12
NEY OF	3.	3. TOTAL PAYMENTS MADE for the quarter			3	1234567890.12
OR MO	4.	4. AMOUNT OF CREDIT TO BE REFUNDED (If line 2 is greater than line 3, skip to line 5. Otherwise, line 3 minus line 2 and enter "0.00" on lines 5, 7 and 8.)			4	1234567890.12
KEC	5.	ADDITIONAL TAXES [DUE for this quarter (line 2 minus li	ine 3)	5	1234567890.12
 ATTACH CHECK OR MONEY ORDER 	6.	FOR LATE FILING ONLY	6a. PENALTY 6b. INTEREST	1234567890.12 1234567890.12	must be	DER: All EFT payments transmitted by the payment e or a 2% EFT penalty will ed.
	7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b)				7	1234567890.12
	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.				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					1234567890.12
				11-36, HRS, that this is a true e withholding provisions of the under.		
				SIGNATURE		12-12-2019
TITLE				DAY	TIME PHONE NUMBER	

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

TAXPAYER'S TITLEXXXX

123-456-7890