

**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form HW-14 (Rev. 2019)**

**Contact Information for General Questions**

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**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](mailto: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. 2019)**

## 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 font:
  1. Helvetica
- 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. 2019: 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 (Rev. 2019): 10 pt Helvetica bold

**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**

- Quarter Ending must be printed with 4 digits. For example:

YYYY

- 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.

- Final return date must be printed with the dash (-) delimiters. For example:

MM-DD-YYYY

(2 digits for month, followed by a dash (-), followed by 2 digits for day, followed by a dash (-), followed by 4 digits for year).

**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 trailing 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. 2019) cannot be filed until 2020.

## **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. 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 2019A 01 VIDXX

The QR code includes the form number (HW14), an underscore, type of form (T), space, 4-digit form year (2019), 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.

### **4. 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.

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

Place QR Code Here

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 NAMEXX

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

Table with 2 columns: Description and Amount. Rows include: 1. TOTAL WAGES PAID (1234567890.12), 2. TOTAL HAWAII INCOME TAX WITHHELD (1234567890.12), 3. TOTAL PAYMENTS MADE for the quarter (1234567890.12), 4. AMOUNT OF CREDIT TO BE REFUNDED (1234567890.12), 5. ADDITIONAL TAXES DUE for this quarter (1234567890.12), 6a. PENALTY (1234567890.12), 6b. INTEREST (1234567890.12), 7. TOTAL AMOUNT now due and PAYABLE (1234567890.12), 8. Enter AMOUNT of payment (1234567890.12).

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 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

Place  
QR Code  
Here

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
**WITHHOLDING TAX RETURN**

AMENDED return

Y Y Y Y

Quarter Ending  Mar  Jun  Sep  Dec 1234

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


Last 4 digits of your FEIN 1234

NAME: TAXPAYER ' S NAMEXX

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

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 •

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
2. TOTAL HAWAII INCOME TAX WITHHELD .....2	1234567890.12
3. TOTAL PAYMENTS MADE for the quarter .....3	1234567890.12
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
5. ADDITIONAL TAXES DUE for this quarter (line 2 minus line 3) .....5	1234567890.12
6. <b>FOR LATE FILING ONLY</b>  6a. PENALTY.....	1234567890.12
6b. INTEREST.....	1234567890.12
7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b).....7	1234567890.12
8. <b>Enter AMOUNT of payment.</b> 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. <b>IF NO PAYMENT ATTACHED, ENTER "0.00."</b> You may also e-pay at: <a href="http://hitax.hawaii.gov">hitax.hawaii.gov</a> .....8	AMOUNT OF PAYMENT 1234567890.12

**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 12-12-2019
TITLE TAXPAYER ' S TITLEXXXX	DAYTIME PHONE NUMBER 123-456-7890

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

ID NO XX

Human Readable text here