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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 quarter3	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. FOR LATE FILING ONLY  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. 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.gov8	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 1425
HONOLULU, HI 96806-1425