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STATE OF HAWAII—DEPARTMENT OF TAXATION
**EMPLOYER'S ANNUAL
TRANSMITTAL OF HAWAII
INCOME TAX WITHHELD FROM WAGES**

FOR CALENDAR YEAR 9999

NOTE: Use Form HW-30 to transmit Forms HW-2 and W-2. Annual reconciliation (Form HW-3) is not required. If you need to make any changes to the amount of withholding payments made and reported on this transmittal, amend Form HW-14 for the affected period.

AMENDED (Check this box if attaching additional Forms HW-2 or federal forms W-2)

CORRECTED (Check this box if attaching CORRECTED Forms HW-2 or federal forms W-2C)

NAME: NAME OF TAXPAYER

HAWAII TAX I.D. NO. WH 999-999-9999-99 **FEIN** 99-9999999

1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 1, corrected HW-2, or federal Form W-2C	1	99999999
2. TOTAL WAGES shown on these forms (include COLA, 3rd party sick leave, and other benefits)	2	99999999999999.99
3. TOTAL HAWAII INCOME TAX WITHHELD from wages shown on these forms	3	99999999999999.99

Please file 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).

I declare under the penalties set forth in section 231-36, HRS, that all information contained on this transmittal are true and correct prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE 99-99-9999
TITLE TITLE XXXXXXXXXXXXXXXXXXXX	DAYTIME PHONE NUMBER 999-999-9999

SIGN THIS FORM AND MAIL TO:

Hawaii Department of Taxation
P.O. Box 1425
Honolulu, HI 96806-1425