

Social Security Number:

CALENDAR YEAR

20

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

		Correcte	d
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included	in Total Wages
\$	\$	Φ Nature of Payment _	
EMPLOYER'S Name Address and Postal/ZIP Code		EMPLOYER:	See Instructions on reverse side.
Hawaii Tax I.D. No. WH			FORM HW-2
Human Readable text here X — — — — — — — — —	— — — CUT HERE — ID NO XX		×
	TE OF HAWAII — DEPARTMENT OF TAXATION EMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID		20
EMPLOYEE'S Name	Social Security	Number:	
Address and Postal/ZIP Code		Correcte	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included	
\$	\$	\$ Nature of Payment _	
EMPLOYER'S Name Address and Postal/ZIP Code		EMPLOYER:	See Instructions on reverse side.
Hawaii Tax I.D. No. WH			FORM HW-2
Human Readable text here	$ -$ CUT HERE $ \frac{\text{ID NO XX}}{-}$		>
FORM Place QR Code Here STAT	TE OF HAWAII — DEPARTMENT OF TAXATION EMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID	LD CALENDAR YEAR COPY A — For Hawaii S	20
EMPLOYEE'S Name	Social Security I	Number:	
Address and Postal/ZIP Code		Correcto	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included	
\$	\$	\$ Nature of Payment _	
Ψ EMPLOYER'S Name	_ ¥		
Address and Postal/ZIP Code		EMPLOYER:	See Instructions on reverse side.

TO EMPLOYER:

- 1. Prepare this form for each employee to whom wages have been paid.
- 2. Fill in
 - (a) The employee's name, address, postal/ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0."
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 11.)
 - (e) Your name, address, postal/ZIP Code and Hawaii Tax Identification Number.

- 3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- 4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- 5. For further information, see Booklet A Employer's Tax Guide.

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 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
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STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

20

COPY B — To Be Filed With Employee's Tax Return

Social Security Number:

EMPLOYEE'S Name

		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
\$	\$	\$	
Φ EMPLOYER'S Name	φ	Nature of Payment	
Address and Postal/ZIP Code		EMPLOYEE : This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. WH		FORM HW-2	
Human Readable text here	$ -$ CUT HERE $ \stackrel{\text{ID NO XX}}{-}$	×	
	ATE OF HAWAII — DEPARTMENT OF TAXATION		
HW-2	EMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID	LD CALENDAR YEAR 20	
(REV. 2019)		— To Be Filed With Employee's Tax Return	
EMPLOYEE'S Name	Social Security	Number:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
\$	\$	S Nature of Payment	
EMPLOYER'S Name Address and Postal/ZIP Code	*	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. WH Human Readable text here X — — — — — — — — —	$ -$ CUT HERE $ \frac{\text{ID NO XX}}{-}$	FORM HW-2	
FORM HW-2 (REV. 2019) FORM Place QR Code Here	ATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID COPY B	LD CALENDAR YEAR 20 — To Be Filed With Employee's Tax Return	
EMPLOYEE'S Name	Social Security	Number:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
\$	\$	Ψ Nature of Payment	
but r		EMPLOYEE : This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.	

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for that tax year. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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STATE OF HAWAII - DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

Social Security Number:

CALENDAR 20 YEAR COPY C — For Employee's Records

EMPLOYEE'S Name

Address and Postal/ZIP Code

EMPLOYEE'S Name	Social Secu	rity Number:
	TE OF HAWAII — DEPARTMENT OF TAXAT EMENT OF HAWAII INCOME TAX WITH AND WAGES PAID	
	ID NOX	× ×
Hawaii Tax I.D. No. WH Human Readable text here		FORM HW-2
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.
		EMPLOYEE : This is your receipt for your Hawaii Income Tax withheld.
\$ EMPLOYER'S Name	\$	Nature of Payment
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
		Corrected
Address and Postal/ZIP Code		
EMPLOYEE'S Name	Social Secu	
	TE OF HAWAII — DEPARTMENT OF TAXAT EMENT OF HAWAII INCOME TAX WITH AND WAGES PAID	
	ID NOX	× ×
Hawaii Tax I.D. No. WH		FORM HW-2
		DO NOT LOSE THIS STATEMENT.
Address and Postal/ZIP Code		Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT.
EMPLOYER'S Name		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.
\$	\$	\$ Nature of Payment
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
		Corrected

		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	Φ Nature of Payment
EMPLOYER'S Name		EMPLOYEE : This is your receipt for your Hawaii Income Tax withheld.
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.
Hawaii Tax I.D. No. WH Human Readable text here	ID NO	XX FORM HW-2

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for that tax year required to be filed on or before April 20, the following year, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for that tax year required to be filed on or before April 20, the following year, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for that tax year required to be filed on or before April 20, the following year, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT



STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

Social Security Number:

CALENDAR YEAR	20
COPY D	— For Employer

EMPLOYEE'S Name

		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	S Nature of Payment
EMPLOYER'S Name	¥	
Address and Postal/ZIP Code		EMPLOYER: This copy is for your records.
Hawaii Tax I.D. No. WH		FORM HW-2
Human Readable text here	ID NO XX	
*	— — — CUT HERE — — —	×
FORM Place STATE	TE OF HAWAII — DEPARTMENT OF TAXATION EMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID	
(REV. 2019)		COPY D — For Employer
EMPLOYEE'S Name	Social Security I	Number:
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$ Nature of Payment
EMPLOYER'S Name	•	
Address and Postal/ZIP Code		EMPLOYER: This copy is for your records.
Hawaii Tax I.D. No. WH		FORM HW-2
Human Readable text here	ID NO XX	•
~	— — — CUT HERE — — —	×
	TE OF HAWAII — DEPARTMENT OF TAXATION EMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID	
EMPLOYEE'S Name	Social Security I	. ,
Address and Postal/ZIP Code		
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Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
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EMPLOYER'S Name Address and Postal/ZIP Code		EMPLOYER: This copy is for your records.
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