Hawaii Tax I.D. No. WH Human Readable text here

Place QR Code Here

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

CALENDAR YEAR

2018

FORM HW-2

COPY A — For Hawaii State Tax Collector

| EMPLOYEE'S Name | Social Security Number: | | |
|---|--|---|-----------------------------------|
| Address and Postal/ZIP Code | | | |
| | | Corrected | |
| Total Wages (Before Payroll Deductions) 2018 | Hawaii Income Tax Withheld | Payments Not Included in | |
| \$ | \$ | 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 | | × |
| ç | STATE OF HAWAII — DEPARTMENT OF TAXATION | | |
| | ATEMENT OF HAWAII INCOME TAX WITHHEI AND WAGES PAID | | 2018 |
| EMPLOYEE'S Name | Social Security N | | te lax collector |
| Total Wages (Before Payroll Deductions) | Hawaii Income Tax Withheld | Corrected Payments Not Included in | |
| \$ EMPLOYER'S Name | \$ | Nature of Payment | |
| EMPLOYER'S Name Address and Postal/ZIP Code | | EMPLOYER: | See Instructions on reverse side. |
| Hawaii Tax I.D. No. WH Human Readable text here | ID NO XX | | FORM HW-2 |
| × | — — CUT HERE — — — - | | × |
| 70 | STATE OF HAWAII — DEPARTMENT OF TAXATION ATEMENT OF HAWAII INCOME TAX WITHHEI AND WAGES PAID | | 2018 te Tax Collector |
| EMPLOYEE'S Name | Social Security N | Number: | |
| Address and Postal/ZIP Code | | | |
| Total Wages (Before Payroll Deductions) | Hawaii Income Tax Withheld | Corrected Payments Not Included in Total Wages | |
| 2018 \$ | \$ | \$ Nature of Payment | i iolai wages |
| EMPLOYER'S Name Address and Postal/ZIP Code | | EMPLOYER: | See Instructions on reverse side. |

ID NO XX

TO EMPLOYER:

- 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.

- 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

TO EMPLOYER:

- 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.

- 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.
- 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

TO EMPLOYER:

- 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.

- 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.
- 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.

Place QR Code Here

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

CALENDAR YEAR

2018

COPY B — 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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** OR Code **HW-2 AND WAGES PAID YEAR** Here (REV. 2018) COPY B — 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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** OR Code 2018 HW-2 **AND WAGES PAID** YEAR Here (REV. 2018) COPY B — 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 \$ \$ \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for Instructions.

Hawaii Tax I.D. No. WH Human Readable text here

ID NO XX

FORM HW-2

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2018. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2018. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2018. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

Place QR Code Here

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

CALENDAR YEAR

2018

COPY C — For Employee's Records

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 \$ 2018 \$ 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. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** OR Code **HW-2 AND WAGES PAID YEAR** Here (REV. 2018) COPY C — For Employee's Records **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 \$ 2018 \$ 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. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX **CUT HERE -**STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** OR Code 2018 HW-2 **AND WAGES PAID YEAR** Here (REV. 2018) COPY C — For Employee's Records **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 2018 \$ \$ 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 tax year 2018 required to be filed on or before April 20, 2019, 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 tax year 2018 required to be filed on or before April 20, 2019, 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 tax year 2018 required to be filed on or before April 20, 2019, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

Hawaii Tax I.D. No. WH Human Readable text here

Place QR Code Here

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

CALENDAR YEAR

2018

FORM HW-2

COPY D — For Employer

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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** This copy is for your Address and Postal/ZIP Code records. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** OR Code **HW-2 AND WAGES PAID YEAR** Here (REV. 2018) COPY D — For Employer **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 \$ 2018 \$ Nature of Payment _ **EMPLOYER'S** Name **EMPLOYER:** This copy is for your Address and Postal/ZIP Code records. **FORM HW-2** Hawaii Tax I.D. No. WH Human Readable text here ID NO XX CUT HERE — STATE OF HAWAII — DEPARTMENT OF TAXATION Place STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** 2018 OR Code HW-2 **AND WAGES PAID** YEAR Here (REV. 2018) COPY D — For Employer **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 \$ 2018 \$ \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** This copy is for your Address and Postal/ZIP Code records.

ID NO XX