# FORM **HW-2** (REV. 2015)

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

2015

(REV. 2015)		COPY A	— For Hawaii S	tate Tax Collector
EMPLOYEE'S Name	Social Security Number:			
Address and Postal/ZIP Code				
			Correcte	ed
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld		nts Not Included	in Total Wages
2015 \$	\$	\$ Nature of Payment		
EMPLOYER'S Name	1 '		<u> </u>	
Address and Postal/ZIP Code			EMPLOYER:	See Instructions on reverse side.
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Hawaii Tax I.D. No. <b>W</b>	_			FORM HW-2
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FORM	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHE		CALENDAR	
HW-2	AND WAGES PAID	LU	YEAR	20 <b>15</b>
(REV. 2015)		COPY A	— For Hawaii S	tate Tax Collector
EMPLOYEE'S Name	Social Security I	Number:		
Address and Postal/ZIP Code				
			Correcte	ed
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld			in Total Wages
2015 \$	\$	\$ Nature of Payment		
EMPLOYER'S Name		11011		
Address and Postal/ZIP Code			EMPLOYER:	See Instructions on reverse side.
Address and Fostal/Zii Gode				
Hawaii Tax I.D. No. <b>W</b>				FORM HW-2
		I		I OINWITIW-2
TOD!	STATE OF HAWAII — DEPARTMENT OF TAXATION		041 511040	
HW-2	STATEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID	LD	CALENDAR YEAR	20 <b>15</b>
(REV. 2015)		COPY A	— For Hawaii S	tate Tax Collector
EMPLOYEE'S Name	Social Security I	Number:		
Address and Postal/ZIP Code				
			Correcte	ed
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages		
2015 \$	\$	\$ Nati	ure of Payment .	
EMPLOYER'S Name		Ivall	aro or r ayment	
			EMPLOYER:	See Instructions on reverse side.
Address and Postal/ZIP Code				

#### 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 "n"
  - (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.
- For further information, see Booklet A Employer's Tax Guide.

#### 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.

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- 5. For further information, see Booklet A Employer's Tax

# FORM **HW-2** (REV. 2015)

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

2015

(REV. 2015)	COPY B	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		
2015		\$		
\$	\$	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 for 2015. See reverse side of this copy & Copy C for Instructions.		
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2		
	STATE OF HAWAII — DEPARTMENT OF TAXATIO			
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE			
HW-2	AND WAGES PAID	YEAR 20 <b>15</b>		
(REV. 2015)	COPY B	— To Be Filed With Employee's Tax Return		
EMPLOYEE'S Name	Social Security	Social Security Number:		
Address and Postal/ZIP Code				
		Corrected		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages		
2015		\$		
\$	\$	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 for 2015. See reverse side of this copy & Copy C for Instructions.		
Hawaii Tax I.D. No. <b>W</b>	<del>-</del>	FORM HW-2		
FORM	STATE OF HAWAII — DEPARTMENT OF TAXATIO			
HW-2	AND WAGES PAID	YEAR 20 <b>15</b>		
(REV. 2015)		— To Be Filed With Employee's Tax Return		
EMPLOYEE'S Name	Social Security			
	•			
Address and Postal/ZIP Code				
		Corrected		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages		
2015 \$	\$	\$ Nature of Payment		
Ψ EMPLOYER'S Name	Ψ	, _		
Address and Postal/ZIP Code		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2015. 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 tax year 2015. 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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# **FORM**

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

(REV. 2015)		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		
2015 ©	Ф.	\$		
\$ EMPLOYER'S Name	\$	Nature of Payment		
LIM LOTER O Namo		<b>EMPLOYEE</b> : 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. <b>W</b>		FORM HW-2		
	STATE OF HAWAII — DEPARTMENT OF TAXAT			
FORM	STATEMENT OF HAWAII INCOME TAX WITH	HELD CALENDAR		
HW-2	AND WAGES PAID	YEAR 20 <b>15</b>		
(REV. 2015)  EMPLOYEE'S Name	Social Secur	COPY C — For Employee's Records		
EMPLOTEE 3 Name	Social Secui	ny Number.		
Address and Postal/ZIP Code				
		Corrected		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages		
2015 \$	\$	Nature of Payment		
EMPLOYER'S Name		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.		
Address and Postal/ZIP Code		Hawaii Income Tax withheld.		
Address and Fosial/Zii Gode		DO NOT LOSE THIS STATEMENT.		
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2		
		•		
FORM	STATE OF HAWAII — DEPARTMENT OF TAXAT			
HW-2	STATEMENT OF HAWAII INCOME TAX WITH AND WAGES PAID	HELD CALENDAR YEAR 20 <b>15</b>		
(REV. 2015)	AND WACESTAID	COPY C — For Employee's Records		
EMPLOYEE'S Name	Social Secur	rity Number:		
Address and Books 1/7/D Onda				
Address and Postal/ZIP Code				
Total Magaz / Pafara Payrall Daductions	Hawaii Income Tax Withheld	Corrected		
Total Wages (Before Payroll Deductions) 2015	Hawaii income lax vvithneid	Payments Not Included in Total Wages \$		
\$	\$	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.		

### **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 2015 required to be filed on or before April 20, 2016, 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 2015 required to be filed on or before April 20, 2016, and as evidence of tax withheld.

### DO NOT LOSE THIS STATEMENT

### **INSTRUCTIONS TO EMPLOYEE:**

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DO NOT LOSE THIS STATEMENT

# FORM HW-2

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

2015

(REV. 2015)		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		
2015 \$	\$	\$ Nature of Payment		
EMPLOYER'S Name		FMDLOVED. This serve		
Address and Postal/ZIP Code		<b>EMPLOYER:</b> This copy is for your records.		
		1000143.		
Hawaii Tax I.D. No. <b>W</b>	<del>-</del>	FORM HW-2		
	STATE OF HAWAII — DEPARTMENT OF TAXATIO	N		
FORM HW-2	STATEMENT OF HAWAII INCOME TAX WITHHI AND WAGES PAID	ELD CALENDAR YEAR 20 <b>15</b>		
(REV. 2015)	AND WAGES PAID	COPY D — For Employer		
EMPLOYEE'S Name	Social Security	Social Security Number:		
Address and Postal/ZIP Code				
Address and Fostal/211 Odde				
		Corrected		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages		
2015 ტ	φ.	\$		
\$ EMPLOYER'S Name	\$	Nature of Payment		
		<b>EMPLOYER:</b> This copy is for your		
Address and Postal/ZIP Code		records.		
Hawaii Tax I.D. No. <b>W</b>	·——-	FORM HW-2		
FORM	STATE OF HAWAII — DEPARTMENT OF TAXATIO STATEMENT OF HAWAII INCOME TAX WITHHI			
HW-2	AND WAGES PAID	YEAR 20 <b>15</b>		
(REV. 2015)		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		
2015 \$	\$	\$ Nature of Payment		
EMPLOYER'S Name	To the state of th			
Address and Postal/ZIP Code		EMPLOYER: This copy is for your		
		records.		
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