

FORM
HW-2
(REV. 2015)

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

CALENDAR
YEAR

2015

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2015 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side. FORM HW-2
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

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EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side. FORM HW-2
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

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.

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.
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1. Prepare this form for each employee to whom wages have been paid.
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COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2015 \$ _____	Hawaii Income Tax Withheld \$ _____	Payments Not Included in Total Wages \$ _____ Nature of Payment _____
EMPLOYER'S Name _____ Address and Postal/ZIP Code _____ Hawaii Tax I.D. No. W _____ - _____		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. FORM HW-2

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Social Security Number: _____

Address and Postal/ZIP Code _____

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

EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

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EMPLOYER'S Name _____ Address and Postal/ZIP Code _____ Hawaii Tax I.D. No. W _____ - _____		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. FORM HW-2

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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COPY C — For Employee's Records

EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2015 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name Address and Postal/ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. FORM HW-2

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EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

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EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

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EMPLOYER'S Name Address and Postal/ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. 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 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:

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.

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
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EMPLOYER'S Name		EMPLOYER: This copy is for your records. FORM HW-2
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
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EMPLOYER'S Name		EMPLOYER: This copy is for your records. FORM HW-2
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