



WCB141

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


FOR CALENDAR YEAR

NAME:

☐ **AMENDED Return**

HAWAII TAX I.D. NO. W **FEDERAL I.D. NO.**

FOR AMENDED RETURNS, ATTACH ANY CORRECTED FORMS HW-2 (OR FEDERAL FORMS W-2C)

1. NUMBER OF HW-2 FORMS, COPY A, or FEDERAL FORM W-2, COPY 1 1
2. TOTAL WAGES SHOWN ON THESE FORMS (include COLA, 3rd party sick leave, and other benefits) 2
3. TOTAL HAWAII INCOME TAX WITHHELD FROM WAGES SHOWN ON THESE FORMS 3
- 3a. PENALTIES ASSESSED ON PERIODIC RETURNS ...
- 3b. INTEREST ASSESSED ON PERIODIC RETURNS
- 3c. TOTAL AMOUNT DUE (Add Lines 3, 3a, and 3b)..... 3c
4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with the periodic returns; Amended Returns, also include amount paid with original HW-3) . 4
5. AMOUNT OF CREDIT TO BE REFUNDED (Line 4 minus Line 3c) 5
6. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 3c minus Line 4)..... 6
7. **FOR LATE FILING ONLY**  7a. PENALTY... 7b. INTEREST.
8. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 6, 7a, and 7b) 8
9. IF THERE IS AN AMOUNT DUE ON LINE 8, INDICATE THE METHOD OF YOUR PAYMENT. (Darken an oval)..... 9 EFT ☐ CHECK or MONEY ORDER ☐
10. **ENTER AMOUNT OF PAYMENT.** Attach your check or money order payable to **"Hawaii State Tax Collector"** in U.S. dollars drawn on any U.S. bank to Form HW-3. Write **"HW"**, the filing period, and your Hawaii Tax I.D. No. on your check or money order. **IF NO PAYMENT, ENTER "00.00"**. You may also e-pay at: tax.hawaii.gov/eservices/ 10

• ATTACH CHECK OR MONEY ORDER •

Please file two copies of 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).

THE SPACE BELOW RESERVED FOR DEPARTMENTAL USE

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE
TITLE	DAYTIME PHONE NUMBER

SIGN THE RETURN AND MAIL TO:

Hawaii Department of Taxation
P.O. Box 3827
Honolulu, HI 96812-3827