Hawaii Tax I.D. No. **W** _____ - ____ - ____

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

CALENDAR YEAR

2016

FORM HW-2

(REV. 2016)		COPY A — For Hawaii State Tax Collector
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
2016 c	Φ	\$
\$ EMPLOYER'S Name	\$	Nature of Payment
Lini 2012II O Name		EMPLOYER: See Instructions
Address and Postal/ZIP Code		on reverse side.
Hawaii Tax I.D. No. W		FORM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION	I
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR
HW-2	AND WAGES PAID	year 20 16
(REV. 2016)		COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name	Social Security f	Number:
Address and Destal/ZID Code		
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2016 \$	\$	Ψ Nature of Payment
EMPLOYER'S Name		Nation of Faymont
		EMPLOYER : See Instructions on reverse side.
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. W	-	FORM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION	ı
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR
HW-2	AND WAGES PAID	year 20 16
(REV. 2016)		COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name	Social Security I	Number:
Address and Postal/ZIP Code		
Address and Festal/En Code		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected Payments Not Included in Total Wages
2016	Hawaii income tax withheld	\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMDLOVED: See Instructions
Address and Postal/ZIP Code		EMPLOYER : See Instructions on reverse side.
Mudiess and Fusial/ZIF 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 "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.)
 - 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.
- 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.
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 - (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.
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- 5. For further information, see Booklet A Employer's Tax

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

Hawaii Tax I.D. No. **W** _____ - ___ - ____

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

CALENDAR YEAR

2016

FORM HW-2

(REV. 2016)	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	
2016	ф.	\$	
\$ EMPLOYER'S Name	\$	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 for 2016. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. W		FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR	
HW-2	AND WAGES PAID	YEAR 20 16	
(REV. 2016)	COPY B	— To Be Filed With Employee's Tax Return	
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	
2016	Φ.	\$	
\$ EMPLOYER'S Name	\$	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 for 2016. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. W	-	FORM HW-2	
FORM	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHE		
HW-2	AND WAGES PAID	YEAR 20 16	
(REV. 2016)		— To Be Filed With Employee's Tax Return	
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	
2016		\$	
\$	\$	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 2016. 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 2016. 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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Hawaii Tax I.D. No. **W** __ _ _ _ _ _ _ _ - _ _ _ _ - _ _ _

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

CALENDAR YEAR

2016

FORM HW-2

COPY C — For Employee's Records

EMPLOYEE'S Name	Social Security Number:		
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions) 2016		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.	
Hawaii Tax I.D. No. W	-	FORM HW-2	
FORM	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHEL	D CALENDAR	
HW-2	AND WAGES PAID	YEAR 20 16	
(REV. 2016)	AND WAGES FAID	COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security N	<u> </u>	
LIVIFLOTEL S Name	Social Security is	umber.	
Address and Postal/ZIP Code			
radiood and robtanzii oodo			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2016		\$	
\$	\$	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. W	-	FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
FORM	STATEMENT OF HAWAII INCOME TAX WITHHEL		
HW-2	AND WAGES PAID	year 20 16	
(REV. 2016)		COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security N	lumber:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2016		\$	
\$	\$	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. DO NOT LOSE THIS STATEMENT.	
		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 2016 required to be filed on or before April 20, 2017, 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 2016 required to be filed on or before April 20, 2017, 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 2016 required to be filed on or before April 20, 2017, 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

CALENDAR
YEAR
COPY D.— For

20**16**

COPY D — For Employer

(REV. 2016)		COPY D — For Employer	
EMPLOYEE'S Name	Social Security Number:		
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions) 2016	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
\$	\$	Nature of Payment	
EMPLOYER'S Name		EMPLOYER: This cop	
Address and Postal/ZIP Code		is for you records.	
Hawaii Tax I.D. No. W	·	FORM HW-2	
	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHEL	D CALENDAR	
HW-2	AND WAGES PAID	YEAR 20 1	
(REV. 2016)		COPY D — For Employer	
EMPLOYEE'S Name	Social Security N	umber:	
Address and Postal/ZIP Code			
T	T 1000	Corrected	
Total Wages (Before Payroll Deductions) 2016	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
\$	\$	Nature of Payment	
EMPLOYER'S Name	'		
Address and Postal/ZIP Code		EMPLOYER: This cop is for you records.	
Hawaii Tax I.D. No. W		FORM HW-2	
	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHEL AND WAGES PAID	D CALENDAR YEAR 20 1	
(REV. 2016)		COPY D — For Employer	
EMPLOYEE'S Name	Social Security N	umber:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2016 \$	\$	Φ Nature of Payment	
EMPLOYER'S Name		•	
Address and Postal/ZIP Code		EMPLOYER: This cop is for you records.	
Hawaii Tax I.D. No. W	·	FORM HW-2	