

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

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Address	and	Postal/ZIP	Code
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		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2017		\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMDLOVED. See Instructions
Address and Postal/ZID Code		EMPLOYER: See Instructions on reverse side.
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. <b>WH</b>		FORM HW-2
FORM S	STATE OF HAWAII — DEPARTMENT OF TAXA TATEMENT OF HAWAII INCOME TAX WITH	
HW-2	AND WAGES PAID	YEAR 2017
(REV. 2017)	AND WAGES FAID	COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name	Social Soci	irity Number:
EMIFLOTEES Name	Social Secu	inty Number.
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2017		\$
\$	\$	Nature of Payment
EMPLOYER'S Name		
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(REV. 2017)		COPY A — For Hawaii State Tax Collector
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		inty Number.
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2017		\$
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EMPLOYER'S Name		
		<b>EMPLOYER</b> : See Instructions on reverse side.
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH	·	FORM HW-2

#### 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.

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2017

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

EMPLOYEE'S Name

Social Security Number:

Addroop	and	Dootol/7ID	Code
Address	and	Postal/ZIP	Code

		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2017		\$
\$	\$	Nature of Payment
EMPLOYER'S Name 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 2017. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>WH</b>	<sup>_</sup>	FORM HW-2
	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHE	
HW-2	AND WAGES PAID	YEAR 20 <b>17</b>
(REV. 2017)	COPY B	— 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
2017		\$
\$	\$	Nature of Payment
EMPLOYER'S Name 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 2017. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>WH</b>	<sup>_</sup>	FORM HW-2
	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID COPY B	
EMPLOYEE'S Name	Social Security	Number:
Address and Postal/ZIP Code		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected     Payments Not Included in Total Wages
2017		\$
\$	\$	Nature of Payment
EMPLOYER'S Name	т	
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 2017. 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 2017. 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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Social Security Number:

Address and Postal/ZIP Code

		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2017 \$	\$	\$ Nature of Decement	
Ψ EMPLOYER'S Name	φ	Nature of Payment	
		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.	
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.	
		DO NOT LOSE THIS STATEMENT.	
Hawaii Tax I.D. No. <b>WH</b>		FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
FORM	STATEMENT OF HAWAII INCOME TAX WITHHEI	0017	
HW-2	AND WAGES PAID		
(REV. 2017)	Control Consumity N	COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security P	Social Security Number:	
Address and Postal/ZIP Code			
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2017 \$	\$	S Noture of Dourmont	
Ψ EMPLOYER'S Name	φ	Nature of Payment	
		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.	
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.	
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Hawaii Tax I.D. No. WH	<u>-</u>	FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE		
HW-2	AND WAGES PAID	year 20 <b>17</b>	
(REV. 2017)		COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security N	lumber:	
Address and Postal/ZIP Code			
Address and Fostal/ZIF Gode			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2017		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name		<b>EMPLOYEE</b> : 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 2017 required to be filed on or before April 20, 2018, and as evidence of tax withheld.

## DO NOT LOSE THIS STATEMENT

### INSTRUCTIONS TO EMPLOYEE:

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2017 \$	\$	\$
Ψ EMPLOYER'S Name	ψ	Nature of Payment
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	ATEMENT OF HAWAII INCOME TAX WITHHE	0017
HW-2 (REV. 2017)	AND WAGES PAID	YEAR 2017 COPY D — For Employer
EMPLOYEE'S Name	Social Security	
	Social Security	Number.
Address and Postal/ZIP Code		
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2017		\$
\$ EMPLOYER'S Name	\$	Nature of Payment
EMPLOTER 5 Name		EMPLOYER: This copy
Address and Postal/ZIP Code		is for your records.
Hawaii Tax I.D. No. <b>WH</b>		FORM HW-2
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	ATEMENT OF HAWAII INCOME TAX WITHHE	0017
HW-2 (REV. 2017)	AND WAGES PAID	
EMPLOYEE'S Name	Social Security	COPY D — For Employer
Address and Postal/ZIP Code		
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