

Hawaii Tax I.D. No. WH _

HW2_I 2018A 01 VID01



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

CALENDAR YEAR

2018

COPY A - For Hawaii State Tax Collector

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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** See Instructions on reverse side. Address and Postal/ZIP Code **FORM HW-2** Hawaii Tax I.D. No. **WH** ___ _ _ - _ HW2_I 2018A 01 VID01 ≫ STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR HW-2 AND WAGES PAID** (REV. 2018) COPY A — For Hawaii State Tax Collector **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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** See Instructions on reverse side. Address and Postal/ZIP Code **FORM HW-2** Hawaii Tax I.D. No. WH _ HW2_I 2018A 01 VID01 ≫ **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** 2018 **AND WAGES PAID YEAR** (REV. 2018) COPY A — For Hawaii State Tax Collector **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 \$ \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER**: See Instructions on reverse side. Address and Postal/ZIP Code

ID NO 01

FORM HW-2

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.

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

CALENDAR YEAR

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

(REV. 2018) **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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. **WH** __ _ _ - _ HW2_I 2018A 01 VID01 **CUT HERE** ≫ STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR HW-2 AND WAGES PAID YEAR** (REV. 2018) 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 \$ 2018 \$ Nature of Payment _ **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. WH ____ HW2_I 2018A 01 VID01 ≫ **CUT HERE -**STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **CALENDAR FORM** 2018 **AND WAGES PAID** YEAR (REV. 2018) 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 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2018. See Address and Postal/ZIP Code reverse side of this copy & Copy C for

ID NO 01

FORM HW-2

Instructions.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2018. 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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STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **AND WAGES PAID**

CALENDAR YEAR

DO NOT LOSE THIS STATEMENT.

FORM HW-2

(REV. 2018) 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 \$ 2018 \$ 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. **FORM HW-2** Hawaii Tax I.D. No. **WH** __ _ _ - _ HW2_I 2018A 01 VID01 STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR HW-2 AND WAGES PAID YEAR** (REV. 2018) 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 \$ 2018 \$ 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. **FORM HW-2** Hawaii Tax I.D. No. WH ___ HW2_I 2018A 01 VID01 ≫ **CUT HERE -**STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** 2018 **AND WAGES PAID YEAR** (REV. 2018) 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 \$ Nature of Payment _ **EMPLOYER'S** Name EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.

Hawaii Tax I.D. No. WH _ ID NO 01 HW2_I 2018A 01 VID01

Address and Postal/ZIP Code

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 2018 required to be filed on or before April 20, 2019, 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 2018 required to be filed on or before April 20, 2019, and as evidence of tax withheld.

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

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2018

(REV. 2018) 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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** This copy is for your Address and Postal/ZIP Code records. **FORM HW-2** Hawaii Tax I.D. No. **WH** ___ _ _ - _ HW2_I 2018A 01 VID01 **CUT HERE** ≫ STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR HW-2 AND WAGES PAID** YEAR (REV. 2018) 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 \$ 2018 \$ Nature of Payment _ **EMPLOYER'S** Name **EMPLOYER:** This copy is for your Address and Postal/ZIP Code records. **FORM HW-2** Hawaii Tax I.D. No. WH _ HW2_I 2018A 01 VID01 ≫ CUT HERE — STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR** 2018 **AND WAGES PAID** YEAR (REV. 2018) 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 \$ 2018 \$ Nature of Payment **EMPLOYER'S** Name **EMPLOYER:** This copy is for your

ID NO 01

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