



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

AMENDED return

Y Y Y Y

Quarter Ending Mar Jun Sep Dec

HAWAII TAX I.D. NO.

Last 4 digits of your FEIN

NAME: _____

This return must be filed on or before the **15th** day of the month following the close of the calendar quarter.

Check here if this is your FINAL return and you are cancelling this withholding account as of

- 1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) Enter "0" if no wages were paid or no tax withheld.....1
- 2. TOTAL HAWAII INCOME TAX WITHHELD2
- 3. TOTAL PAYMENTS MADE for the quarter3
- 4. AMOUNT OF CREDIT TO BE REFUNDED (If line 2 is greater than line 3, skip to line 5. Otherwise, line 3 minus line 2 and enter "0.00" on lines 5, 7 and 8.)4
- 5. ADDITIONAL TAXES DUE for this quarter (line 2 minus line 3)5
- 6. **FOR LATE FILING ONLY**
 - 6a. PENALTY.....
 - 6b. INTEREST.....
- 7. TOTAL AMOUNT now due and PAYABLE (Add lines 5, 6a, and 6b).....7
- 8. **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-14. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. **IF NO PAYMENT ATTACHED, ENTER "0.00."** You may also e-pay at: hitax.hawaii.gov.....8

REMINDER: All EFT payments must be transmitted by the payment due date or a 2% EFT penalty will be applied.

AMOUNT OF PAYMENT

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

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

• ATTACH CHECK OR MONEY ORDER •