

STATE OF HAWAII — DEPARTMENT OF TAXATION  
STATEMENT OF HAWAII INCOME TAX WITHHELD  
AND WAGES PAIDCALENDAR  
YEAR**20**

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYER:</b> See Instructions on reverse side.
Hawaii Tax I.D. No. <b>WH</b> _____		
HW2_I 2019A 01 VID01		<b>FORM HW-2</b>
CUT HERE		ID NO 01

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Hawaii Tax I.D. No. <b>WH</b> _____		
HW2_I 2019A 01 VID01		<b>FORM HW-2</b>
		ID NO 01

**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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2. Fill in —
  - (a) The employee's name, address, postal/ZIP code and social security number.
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YEAR**20**

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

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>WH</b> _____		
HW2_I 2019A 01 VID01		
CUT HERE		ID NO 01

**FORM HW-2**STATE OF HAWAII — DEPARTMENT OF TAXATION  
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YEAR**20**

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

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>WH</b> _____		
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COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYEE:</b> This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>WH</b> _____		
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**FORM HW-2**

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for that tax year. 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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YEAR **20**\_\_\_\_\_  
COPY C — For Employee's Records

EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$ _____	\$ _____	\$ _____
EMPLOYER'S Name _____		Nature of Payment _____
Address and Postal/ZIP Code _____		<b>EMPLOYEE:</b> This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT.  <b>FORM HW-2</b>
Hawaii Tax I.D. No. <b>WH</b> _____ - _____ - _____ - _____		
HW2_I 2019A 01 VID01 _____ ID NO 01 _____		
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EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
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EMPLOYER'S Name _____		Nature of Payment _____
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EMPLOYEE'S Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address and Postal/ZIP Code \_\_\_\_\_

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
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EMPLOYER'S Name _____		Nature of Payment _____
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HW2_I 2019A 01 VID01 _____ ID NO 01 _____		

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 that tax year required to be filed on or before April 20, the following year, 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 that tax year required to be filed on or before April 20, the following year, and as evidence of tax withheld.

**DO NOT LOSE THIS STATEMENT**

INSTRUCTIONS TO EMPLOYEE:

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYER:</b> This copy is for your records.
Hawaii Tax I.D. No. <b>WH</b> _____		
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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
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EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		<b>EMPLOYER:</b> This copy is for your records.
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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
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