



Hawaii Tax I.D. No. WH __ __ - __ -

HW2_I 2020A 01 VID01

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

CALENDAR YEAR

20

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name	Social S	Security Number:
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
Φ EMPLOYER'S Name	φ	Nature of Payment
Address and Postal/ZIP Code		EMPLOYER : See Instructions on reverse side.
Hawaii Tax I.D. No. WH	-	FORM HW-2
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	STATE OF HAWAII — DEPARTMENT OF TA ATEMENT OF HAWAII INCOME TAX W AND WAGES PAID	
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Address and Postal/ZIP Code Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected Payments Not Included in Total Wages
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		\$
\$ EMPLOYER'S Name	\$	Nature of Payment
Address and Postal/ZIP Code		EMPLOYER : See Instructions on reverse side.

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 to Form HW-30, Employer's Annual Transmittal 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

20

(REV. 2020) 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. See reverse side of Address and Postal/ZIP Code this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. **WH** ___ _ - _ HW2_I 2020A 01 VID01 ≫ STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **CALENDAR FORM HW-2 AND WAGES PAID YEAR** (REV. 2020) 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. See reverse side of Address and Postal/ZIP Code this copy & Copy C for Instructions. **FORM HW-2** Hawaii Tax I.D. No. WH ___ HW2_I 2020A 01 VID01 ≫ **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **CALENDAR FORM AND WAGES PAID** YEAR (REV. 2020) 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

Hawaii Tax I.D. No. **WH** _____ - ___ - ___ - ___ - ___ ID NO 01

Address and Postal/ZIP Code

FORM HW-2

Income Tax Return. 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 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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HW2_I 2020A 01 VID01

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

CALENDAR YEAR

20__

COPY C — For Employee's Records

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code		
	T	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.
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.
Hawaii Tax I.D. No. WH		FORM HW-2
HW2_I 2020A 01 VID01	CUT HERE	-
	STATE OF HAWAII — DEPARTMENT OF TAXATION ATEMENT OF HAWAII INCOME TAX WITHHEL AND WAGES PAID	D CALENDAR YEAR 20
(REV. 2020)		COPY C — For Employee's Records
EMPLOYEE'S Name	Social Security N	umber:
Address and Postal/ZIP Code		
Tatal Manage (Defense Bassell Destructions)	I Harris Income Town Williams	Corrected
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HW2_I 2020A 01 VID01	CUT HERE _ ID NO 01 _	*
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FORM STA	ATEMENT OF HAWAII INCOME TAX WITHHEL	.D CALENDAR
HW-2 igu	AND WAGES PAID	year 20
(REV. 2020)		COPY C — For Employee's Records
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Address and Postal/ZIP Code		
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\$	\$	Ψ 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.

ID NO 01

FORM HW-2

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

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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.

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

CALENDAR YEAR

(REV. 2020) 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 \$ 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 2020A 01 VID01 STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR HW-2 AND WAGES PAID YEAR** (REV. 2020) COPY D — For Employer **EMPLOYEE'S Name** Social Security Number: Address and Postal/ZIP Code Corrected Payments Not Included in Total Wages Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld \$ 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 2020A 01 VID01 ≫ **CUT HERE** STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **FORM CALENDAR AND WAGES PAID YEAR** (REV. 2020) 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 \$ Nature of Payment **EMPLOYER'S** Name

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EMPLOYER: