

FORM
HW-2
(REV. 2014)

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

CALENDAR
YEAR

2014

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) 2014 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name Address and Postal/ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYER: See Instructions on reverse side. FORM HW-2

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EMPLOYER'S Name Address and Postal/ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYER: See Instructions on reverse side. 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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1. Prepare this form for each employee to whom wages have been paid.
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 - (a) The employee's name, address, postal/ZIP code and social security number.
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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
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EMPLOYER'S Name Address and Postal/ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2014. See reverse side of this copy & Copy C for Instructions. FORM HW-2

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NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2014. 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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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 2014 required to be filed on or before April 20, 2015, 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 2014 required to be filed on or before April 20, 2015, and as evidence of tax withheld.

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