# FORM **HW-2** (REV. 2014)

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

2014

(REV. 2014)	AND WAGEO I AID	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
2014		\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMPLOYER: See Instructions
Address and Postal/ZIP Code		on reverse side.
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2
		ı
	STATE OF HAWAII — DEPARTMENT OF TAXATION	
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR YEAR 20 <b>14</b>
HW-2 (REV. 2014)	AND WAGES PAID	COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name	Social Security N	
Livi 201220 Namo	Coolai Coolain, i	tumbon.
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2014		\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMPLOYER: See Instructions
Address and Postal/ZIP Code		on reverse side.
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		EODM UNA O
Hawaii Tax I.D. No. <b>W</b>	—— <sup>-</sup> ——	FORM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION	
FORM	STATEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR
HW-2	AND WAGES PAID	year 20 <b>14</b>
(REV. 2014)		COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name	Social Security Number:	
Address and Postal/ZIP Code		
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions) 2014	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	Ψ Nature of Payment
EMPLOYER'S Name	1 *	
		EMPLOYER: See Instructions on reverse side.
Address and Postal/ZIP Code		on reverse side.

#### 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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- 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.)
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  - (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 "n"
  - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 11.)
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# FORM **HW-2** (REV. 2014)

Hawaii Tax I.D. No. **W** \_\_\_\_\_ - \_\_\_ - \_\_\_\_

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

CALENDAR YEAR

2014

(REV. 2014)	COPY B — To Be Filed With Employee's Tax Return	
EMPLOYEE'S Name	Social Security Number:	
Address and Postal/ZIP Code		
Address and Fostal/ZIF Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2014	Trawaii income tax witimed	\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMPLOYEE: This is not a tax return,
Address and Postal/ZIP Code		but must be filed with your Hawaii Income Tax Return for 2014. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. <b>W</b>	<u>-</u>	FORM HW-2
	TATE OF HAWAII — DEPARTMENT OF TAX ATEMENT OF HAWAII INCOME TAX WI AND WAGES PAID	
(REV. 2014)	Co	OPY B — To Be Filed With Employee's Tax Return
EMPLOYEE'S Name	Social Se	ecurity Number:
Address and Postal/ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages \$
2014 \$	\$	Nature of Payment
EMPLOYER'S Name		· · ·
Address and Postal/ZIP Code		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.
Hawaii Tax I.D. No. <b>W</b>	- <del>-</del>	FORM HW-2
_	TATE OF HAWAII — DEPARTMENT OF TAX ATEMENT OF HAWAII INCOME TAX WI AND WAGES PAID	
EMPLOYEE'S Name	Social Se	ecurity Number:
Address and Postal/ZIP Code		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2014	Taran moone tax vitiniou	\$
\$	\$	Nature of Payment
EMPLOYER'S Name	•	EMPLOYEE: This is not a tax return,
Address and Postal/ZIP Code		but must be filed with your Hawaii Income Tax Return for 2014. 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 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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# FORM

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR
For Emplo

2014

(REV. 2014)		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	
2014 \$	\$	\$ Nature of Payment	
EMPLOYER'S Name		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.	
Address and Postal/ZIP Code			
Additional and Additional Property of the Prop		DO NOT LOSE THIS STATEMENT.	
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2	
FORM <b>HW-2</b>	STATE OF HAWAII — DEPARTMENT OF TAXATIC STATEMENT OF HAWAII INCOME TAX WITHH AND WAGES PAID		
(REV. 2014)	7.1.12 1.7.1025 1.7.112	COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security	y Number:	
Address and Postal/ZIP Code			
Address and Fostal/ZII Gode			
		Composted	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected  Payments Not Included in Total Wages	
2014		\$	
\$	\$	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. <b>W</b>		FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATIO		
FORM	STATEMENT OF HAWAII INCOME TAX WITHH AND WAGES PAID	001/	
HW-2 (REV. 2014)	AND WAGES PAID	YEAR 2U 14 COPY C — For Employee's Records	
EMPLOYEE'S Name	Social Security		
Address and Postal/ZIP Code			
Total Manage (Defens Desmall Design Co.)	L Harris Income Territorial	Corrected	
Total Wages (Before Payroll Deductions) 2014	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			
Additional of the Following Control		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.

### 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.

### DO NOT LOSE THIS STATEMENT

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DO NOT LOSE THIS STATEMENT

### **FORM HW-2**

Hawaii Tax I.D. No. **W** \_\_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_

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

CALENDAR YEAR

2014

(REV. 2014)		COPY D — For Employer	
EMPLOYEE'S Name	Social Security Number:		
Address and Postal/ZIP Code			
7.00.000 0.10 1 00.00 2.11 00.00			
		Compated.	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected  Payments Not Included in Total Wages	
2014		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name		EMPLOYER: This copy	
Address and Postal/ZIP Code		is for you records.	
Hawaii Tax I.D. No. <b>W</b>	-	FORM HW-2	
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
FORM	STATEMENT OF HAWAII INCOME TAX WITHHEI	001/	
HW-2 (REV. 2014)	AND WAGES PAID	YEAR 2U ■ 4  COPY D — For Employer	
EMPLOYEE'S Name	Social Security N		
	•		
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2014 \$	\$	Nature of Payment	
EMPLOYER'S Name	*		
Address and Postal/ZIP Code		EMPLOYER: This copy is for you	
Address and Postal/ZIP Code		records.	
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2	
	CTATE OF HAWAII DEPARTMENT OF TAVATION		
FORM	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHEI	LD CALENDAR	
HW-2	AND WAGES PAID	year 20 <b>1</b> 4	
(REV. 2014)		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	
2014 C	<b>#</b>	\$	
\$ EMPLOYER'S Name	\$	Nature of Payment	
		EMPLOYER: This copy	
Address and Postal/ZIP Code		is for you records.	