

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

Addrass	and	Postal/ZIP	Code
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		Correcte	d
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included	in Total Wages
2010 ¢	¢	\$	
\$ EMPLOYER'S Name	\$	Nature of Payment _	
EMPLOYER 5 Name		EMPLOYER:	See Instructions
Address and Postal/ZIP Code			on reverse side.
Hawaii Tax I.D. No. <b>W</b>			FORM HW-2
HW-2	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID		20 <b>10</b>
(REV. 2010) EMPLOYEE'S Name	Social Security I		
Address and Postal/ZIP Code			
Total Wages (Before Payroll Deductions) 2010	Hawaii Income Tax Withheld	Payments Not Included	in Total Wages
\$	\$	Nature of Payment _	
EMPLOYER'S Name			
		EMPLOYER:	See Instructions on reverse side.
Address and Postal/ZIP Code			
Hawaii Tax I.D. No. <b>W</b>	<sup>_</sup>		FORM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
	STATEMENT OF HAWAII INCOME TAX WITHHE		0010
HW-2	AND WAGES PAID		20 <b>10</b>
(REV. 2010) EMPLOYEE'S Name	Social Security I	COPY A — For Hawaii Si	
	Social Security i	Number.	
Address and Postal/ZIP Code			
		Correcte	d
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included	
2010		\$	
\$	\$	Nature of Payment _	
EMPLOYER'S Name		EMPLOYER:	See Instructions
Address and Postal/ZIP Code			on reverse side.

### 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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CALENDAR YEAR

20**10** 

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	
2010		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name Address and Postal/ZIP Code		<b>EMPLOYEE</b> : This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2010. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2	
	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHE	LD CALENDAR	
HW-2	AND WAGES PAID	YEAR 20 <b>10</b>	
(REV. 2010)	COPY B	— To Be Filed With Employee's Tax Return	
EMPLOYEE'S Name	Social Security I	Number:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2010		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name Address and Postal/ZIP Code		<b>EMPLOYEE</b> : This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2010. See reverse side of this copy & Copy C for Instructions.	
Hawaii Tax I.D. No. <b>W</b>		FORM HW-2	
-	TATE OF HAWAII — DEPARTMENT OF TAXATION TEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID COPY B		
EMPLOYEE'S Name	Social Security I		
Address and Postal/ZIP Code			
	<b>—</b> ••••••••		
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2010 \$	\$	S Noture of Boumont	
Φ EMPLOYER'S Name	Ψ	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 for 2010. 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 2010. 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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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	
2010		\$	
\$	\$	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	
FORM <b>HW-2</b> (REV. 2010)	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID		
EMPLOYEE'S Name	Social Security N	Number:	
Address and Postal/ZIP Code		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2010		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name		<b>EMPLOYEE</b> : This is your receipt for your Hawaii Income Tax withheld.	
Address and Postal/ZIP Code		DO NOT LOSE THIS STATEMENT.	
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FORM <b>HW-2</b> (REV. 2010)	STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHE AND WAGES PAID		
EMPLOYEE'S Name	Social Security N	Number:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages	
2010		\$	
\$	\$	Nature of Payment	
EMPLOYER'S Name	l	-	
		<b>EMPLOYEE</b> : This is your receipt for your Hawaii Income Tax withheld.	
Address and Postal/ZIP Code		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 2010 required to be filed on or before April 20, 2011, 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 2010 required to be filed on or before April 20, 2011, and as evidence of tax withheld.

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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 Tota	l Wages
2010	•	\$	
\$ EMPLOYER'S Name	\$	Nature of Payment	
EMPLOYER S Name		EMPLOYER:	This copy
Address and Postal/ZIP Code			is for your records.
			1000100.
Hawaii Tax I.D. No. <b>W</b>	·	FOF	RM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION		
	TATEMENT OF HAWAII INCOME TAX WITHHEL	D CALENDAR	
HW-2	AND WAGES PAID	YEAR	20 <b>10</b>
(REV. 2010)		COPY D — Fo	r Employer
EMPLOYEE'S Name	Social Security N	Number:	
Address and Postal/ZIP Code			
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Tota	l Wages
2010 \$	\$	\$	
Φ EMPLOYER'S Name	Φ	Nature of Payment	
		EMPLOYER:	This copy
Address and Postal/ZIP Code			is for your records.
Hawaii Tax I.D. No. <b>W</b>		FO	RM HW-2
	STATE OF HAWAII — DEPARTMENT OF TAXATION	-	
	TATEMENT OF HAWAII INCOME TAX WITHHEL AND WAGES PAID		2010
HW-2 (REV. 2010)	AND WAGES PAID	YEAR COPY D — Fo	
EMPLOYEE'S Name	Social Security N		LIIIpioyei
Address and Postal/ZIP Code			
Total Wagoo (Roforo Pouroll Doductions)	Hawaii Income Tax Withheld	Corrected Payments Not Included in Tota	Wages
Total Wages (Before Payroll Deductions) 2010		S Payments Not Included in Tota	vages
\$	\$	Ψ Nature of Payment	
EMPLOYER'S Name	<u> </u>		
		EMPLOYER:	This copy
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