

STATE OF HAWAII
DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30



WBF081

M M Y Y

Month Quarter Ending

HAWAII TAX I.D. NO.

W

Last 4 digits of your FEIN or SSN

NAME: _____

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

TOTAL WAGES PAID
(include COLA)

TOTAL TAXES WITHHELD

FOR LATE FILING ONLY PENALTY INTEREST

• ATTACH CHECK OR MONEY ORDER •

IF THERE IS AN AMOUNT IN "TOTAL TAXES WITHHELD", INDICATE THE METHOD OF YOUR PAYMENT. (Darken an oval)..... EFT CHECK or MONEY ORDER

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write "HW", the filing period, and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P.O. BOX 3827, HONOLULU, HI 96812-3827. **If you are NOT submitting a check with this return, please enter "0.00" here**

AMOUNT OF PAYMENT

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

*Electronic Filing & E-Pay at
www.ehawaii.gov/efile
Safe. Easy.*

SIGNATURE ➤	DATE ➤
TITLE ➤	
DAYTIME PHONE NUMBER ()	

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827