

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form HW-3 (Rev. 2008)**

Contact Information

Hawaii Department of Taxation
Technical Section
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**Hawaii Software Vendor Website
Address:**

www.hawaii.gov/tax/vendor/vendor.htm

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

Form HW-3 (Rev. 2008)**General Information and Scannable Specifications**

This document provides software vendors with the requirements for reproducing Form HW-3. Form HW-3 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form HW-3 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms **MUST** meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

GENERAL INFORMATION**1. Substitute Form**

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Variable Data

- All variable data fields must utilize 12 pt Courier Font.
- All variable data fields require exact placement.

4. Variable Data Delimiters

- Tax Year Ending must be printed YYYY.
- Taxpayer's Hawaii Tax I.D. N. should be printed with spaces between the dash (-) delimiters. For example:
12345678 - 01
(8 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits)
Note: The Taxpayer's Hawaii Tax ID Number begins with a "W". The W should be hardcoded on the form. If the "W" is not hardcoded on the form, the W must be included in the variable data field.

5. Dollar Amounts

123456789 .00

- Do not use commas as thousand separators.
- Amounts are right justified.

- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents if the amount is a whole dollar value.
- A horizontal line must be present below the dollar amounts. The placement of the horizontal line must not touch the dollar amounts.

6. Method of Payment Indicator

- Indicate the method of payment (EFT or Check or Money Order) by placing a bold X (X) where indicated on the exhibits.

7. Testing and Approval of the Scannable Form

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed in Appendix A. If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16", do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibits.
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label on row 63 at column 40 and 41.
- See Appendix A for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

3. Registration Marks

- Registration marks are required on every page. The scanning equipment looks for "Ls", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of .5 inch long and .0278 inch thick.
- There are **two** registration marks on each page.
 1. The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 10.



2. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64.



- The tolerance is 1mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



4. Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows: Page 1, approximately at the top of row 9 and at the beginning of column 6;
- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A 1/4 inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.
- The required barcode is WCT081 for page 1:



WCT081

The barcode includes the form number code (WC), type of form (T), form year (08), and page number (1). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. Acetate overlays

- Acetate overlays will be mailed to vendors listed in Appendix A who previously reproduced Form HW-3. If you are now reproducing Form HW-3, contact the Forms Coordinator for the acetate overlays. If your company is not listed in the Hawaii Vendor I.D. Number Table and you are reproducing Form HW-3, please contact the Forms Coordinator.

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Appendix A
HAWAII VENDOR I.D. NUMBER

Company	HI Vendor I.D. No.
2nd Story Software, Inc.	90
Aatrix Software, Inc.	11
AccountantsWorld	18
ACOM Solutions, Inc.	34
ADP Taxware	33
ADP, Inc.	21
Advanced Micro Solutions	29
Advantage Payroll	28
AME Software Products, Inc.	36
ATX II, LLC	10
Business Software, Inc.	22
CBIZ – Century Business Services	26
CCH Incorporated (CA)	16
CCH Incorporated (IL)	17
CCH Incorporated (KS)	15
Ceridian	27
Condominium Rentals Hawaii	32
CORPTax, LLC	25
CS Professional Suite	20
Data Technology Group	24
Destination Resorts Hawaii	39
Drake Software	30
H&R Block	40
H&R Block Digital Tax Solutions	19
IntelliTax	58
Intuit	50
iSystems LLC	38

Company	HI Vendor I.D. No.
Jackson Hewitt Tax Service	55
Liberty Tax Service	54
MasterTax	57
Nelco	56
Oishi Property Management	64
On-Line Taxes, Inc.	68
Pacific Data Services, Inc.	63
Paychex, Inc.	62
Payroll Tax People LLC	61
Petz Enterprises, Inc.	59
PrimePay, Inc.	67
Rhodes Computer Services, Inc.	60
Sage Software	23
STF Services Corporation	70
Tax\$imple, Inc.	74
TaxSation, Inc.	71
Taxware Systems Inc.	73
TaxWorks LLC	75
Thomson Tax & Accounting	65
TriTech Software Development	77
Trust Tax Services of America (TTSOA)	78
Universal Tax Systems, Inc.	79
Vertex Inc. – Sarasota	80
Wal-Mart Stores, Inc., Financial Support Division	85
Wolters Kluwer North America Shared Services (IL)	89
WSN Systems Corporation	37

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STATE OF HAWAII—DEPARTMENT OF TAXATION
**EMPLOYER'S ANNUAL RETURN
AND RECONCILIATION OF HAWAII
INCOME TAX WITHHELD FROM WAGES**



WCT081

FOR CALENDAR YEAR 1234

NAME: TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HAWAII TAX I.D. NO. W 12345678 - 12 Last 4 digits of your FEIN or SSN 1234

ATTACH CHECK OR MONEY ORDER

1. NUMBER OF HW-2 FORMS, COPY A, or FEDERAL FORM W-2, COPY 1	1	123456
2. TOTAL WAGES SHOWN ON THESE FORMS (include COLA, 3rd party sick leave, and other benefits)	2	123456789.12
3. TOTAL HAWAII INCOME TAX WITHHELD FROM WAGES SHOWN ON THESE FORMS	3	123456789.12
3a. PENALTIES ASSESSED ON PERIODIC RETURNS ...	123456789.12	
3b. INTEREST ASSESSED ON PERIODIC RETURNS ...	123456789.12	
3c. TOTAL AMOUNT DUE (Add Lines 3, 3a, and 3b).....	3c	123456789.12
4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with the periodic returns)	4	123456789.12
5. AMOUNT OF CREDIT TO BE REFUNDED (Line 4 minus Line 3c)	5	123456789.12
6. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 3c minus Line 4).....	6	123456789.12
7. FOR LATE FILING ONLY		
7a. PENALTY...	123456789.12	
7b. INTEREST.	123456789.12	
8. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 6, 7a, and 7b)	8	123456789.12
9. IF THERE IS AN AMOUNT DUE ON LINE 8, INDICATE THE METHOD OF YOUR PAYMENT. (Place an X in a box).....	9	EFT <input checked="" type="checkbox"/> CHECK or MONEY ORDER <input checked="" type="checkbox"/>
10. ENTER AMOUNT OF 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-3. Write "HW", the filing period, and your Hawaii Tax I.D. No. on your check or money order. IF NO PAYMENT, ENTER "00.00". You may also e-pay at www.ehawaii.gov/efile	10	AMOUNT OF PAYMENT 123456789.12

Please file two copies of this form together with the Statements of Hawaii Income Tax Withheld and Wages Paid (copy A of Form HW-2 or copy 1 of federal Form W-2).

THE SPACE BELOW RESERVED FOR DEPARTMENTAL USE

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.

SIGNATURE	DATE
TITLE	DAYTIME PHONE NUMBER
TAXPAYER'S TITLEXXXXX	(123) 123-1234

SIGN THE RETURN AND MAIL TO:

Hawaii Department of Taxation
P.O. Box 3827
Honolulu, HI 96812-3827



WCT081

STATE OF HAWAII—DEPARTMENT OF TAXATION
**EMPLOYER'S ANNUAL RETURN
AND RECONCILIATION OF HAWAII
INCOME TAX WITHHELD FROM WAGES**

FOR CALENDAR YEAR 1234

NAME: TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HAWAII TAX I.D. NO. W 12345678 - 12 Last 4 digits of your FEIN or SSN 1234

• ATTACH CHECK OR MONEY ORDER •

1. NUMBER OF HW-2 FORMS, COPY A, or FEDERAL FORM W-2, COPY 1	1	123456
2. TOTAL WAGES SHOWN ON THESE FORMS (include COLA, 3rd party sick leave, and other benefits)	2	123456789.12
3. TOTAL HAWAII INCOME TAX WITHHELD FROM WAGES SHOWN ON THESE FORMS	3	123456789.12
3a. PENALTIES ASSESSED ON PERIODIC RETURNS ...	123456789.12	
3b. INTEREST ASSESSED ON PERIODIC RETURNS ...	123456789.12	
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4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with the periodic returns)	4	123456789.12
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SIGNATURE 	DATE 12-12-12
TITLE TAXPAYER'S TITLEXXXXX	DAYTIME PHONE NUMBER (123) 123-1234

SIGN THE RETURN AND MAIL TO:

Hawaii Department of Taxation
P.O. Box 3827
Honolulu, HI 96812-3827