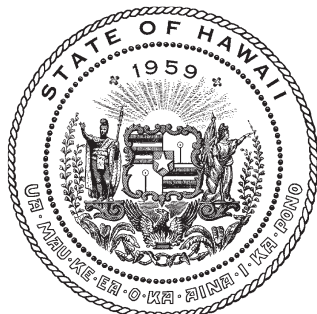


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form HW-30 (Rev. 2024)**

**Contact Information for General Questions**

Hawaii Department of Taxation  
Technical Section  
Attn: Sharlene Tagami, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: [Tax.Technical.Section@hawaii.gov](mailto:Tax.Technical.Section@hawaii.gov)

**Contact Information for Mailing  
Test Packages and Testing Inquiries**

Hawaii Department of Taxation  
Attn: Document Processing — Quality  
Assurance Test Team  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Email: [tax.dp.qa@hawaii.gov](mailto:tax.dp.qa@hawaii.gov)

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

**Form HW-30 (Rev. 2024)**

## General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form HW-30. Form HW-30 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form HW-30 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**

- We highly recommend you use the Department's official Form HW-30 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- 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.
- Substitute scannable forms must be proofread prior to submission.

**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. Fonts**

- The form was designed using the following font:
  1. Arial
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
  1. FORM HW-30: 8 pt Arial
  2. Rev. 2024: 8 pt Arial
- The following font and size should be used for the form number located at the bottom right corner of the form:
  1. FORM HW-30 (REV. 2024): 10 pt Arial

**4. Variable Data**

- All variable data fields must utilize 12 pt Courier New font.

- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

**5. Variable Data Delimiters**

- Tax Year Ending must be printed YYYY.
- Taxpayer's Hawaii Tax Identification Number must be printed with the dash (-) delimiters. For example:  
WH-123-456-7890-01

(WH, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

Note: The Taxpayer's Hawaii Tax ID Number begins with a "WH."

- Taxpayer's Federal Employer Identification Number should be printed with the dash (-) delimiter. For example:  
12-1234567  
(2 digits, followed by a dash (-), followed by 7 digits).

**6. Dollar Amounts**

123456789.12

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- 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.

**7. Testing and Approval of the Scannable Form**

- 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.

**General Information and Scannable Specifications**

- 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.
- Form HW-30 (Rev. 2024) cannot be filed until 2025.

**SCANNABLE SPECIFICATIONS****1. Layout**

- The form was designed on a 6x10 grid. See exhibit.
- Open space around variable data fields should be adhered to as much as possible. 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 (see exhibit for exact placement).

1. Page 1: The 2-digit Hawaii Vendor ID Number should begin at column 42, row 64.

**3. QR Code**

- A QR code is specific to the form. The property of the 2D symbology QR code is measure in CM.
- Placement of the QR code is as follows (see exhibit for exact placement)

1. Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 10.

- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is HW30\_T 2024A 01 VIDXX

The QR code includes the form number (HW30), an underscore, type of form (T), space, 4-digit form

year (2024), 1-letter revision indicator (A), space, 2-digit page number (01), and vendor ID number. There are no hyphens.

- The human readable text for the QR code **MUST** be printed below the QR Code at column 6, row 11 utilizing 6 pt Arial font (see exhibits for exact placement).
- Please do not print the outline around the human readable text and QR code. The outline is used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

**4. Form Serial Number**

- The form serial number **MUST** be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number is:  
HW30K1W3

**5. Acetate overlays**

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form HW-30. If you did not receive the acetate overlays, please contact the Forms Coordinator.

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

Place  
QR Code  
Here

Human Readable text here

FOR CALENDAR YEAR 9999

**NOTE:** Use Form HW-30 to transmit Forms HW-2 and W-2. Annual reconciliation (Form HW-3) is not required. If you need to make any changes to the amount of withholding payments made and reported on this transmittal, amend Form HW-14 for the affected period.

**AMENDED** (Check this box if attaching additional Forms HW-2 or federal forms W-2)

**CORRECTED** (Check this box if attaching CORRECTED Forms HW-2 or federal forms W-2C)

NAME: NAME OF TAXPAYER

**HAWAII TAX I.D. NO. WH** 999-999-9999-99 **FEIN** 99-9999999

1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 1, corrected HW-2, or federal Form W-2C .....	1	99999999
2. TOTAL WAGES shown on these forms (include COLA, 3rd party sick leave, and other benefits) .....	2	9999999999999.99
3. TOTAL HAWAII INCOME TAX WITHHELD from wages shown on these forms .....	3	9999999999999.99

**Please file 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).**

I declare under the penalties set forth in section 231-36, HRS, that all information contained on this transmittal are true and correct prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE		DATE
		99-99-9999
TITLE		DAYTIME PHONE NUMBER
TITLE XXXXXXXXXXXXXXXXXXXX		999-999-9999

**SIGN THIS FORM AND MAIL TO:**

Hawaii Department of Taxation  
P.O. Box 1425  
Honolulu, HI 96806-1425

Place QR Code Here
Human Readable text here

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

FOR CALENDAR YEAR 9999

**NOTE:** Use Form HW-30 to transmit Forms HW-2 and W-2. Annual reconciliation (Form HW-3) is not required. If you need to make any changes to the amount of withholding payments made and reported on this transmittal, amend Form HW-14 for the affected period.

**X AMENDED** (Check this box if attaching additional Forms HW-2 or federal forms W-2)

**X CORRECTED** (Check this box if attaching CORRECTED Forms HW-2 or federal forms W-2C)

NAME: NAME OF TAXPAYER

**HAWAII TAX I.D. NO. WH** 999-999-9999-99 **FEIN** 99-9999999

1. Number of HW-2 forms, COPY A, or federal Form W-2, COPY 1, corrected HW-2, or federal Form W-2C .....	1	99999999
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SIGNATURE	DATE
	99-99-9999
TITLE	DAYTIME PHONE NUMBER
TITLE XXXXXXXXXXXXXXXXXXXX	999-999-9999

**SIGN THIS FORM AND MAIL TO:**  
**Hawaii Department of Taxation**  
 P.O. Box 1425  
 Honolulu, HI 96806-1425