

FORM
HW-2
(REV. 2020)

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

CALENDAR
YEAR

20

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	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. WH		
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Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH		
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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 to Form HW-30, Employer's Annual Transmittal of Hawaii Income Tax Withheld from Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

TO EMPLOYER:

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
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COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
		Nature of Payment _____
EMPLOYER'S Name		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return. See reverse side of this copy & Copy C for Instructions.
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH		

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NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for that tax year. 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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COPY C — For Employee's Records

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
EMPLOYER'S Name		Nature of Payment _____
Address and Postal/ZIP Code		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. FORM HW-2
Hawaii Tax I.D. No. WH		
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EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

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EMPLOYEE'S Name

Social Security Number:

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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 that tax year required to be filed on or before April 20, the following year, 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 that tax year required to be filed on or before April 20, the following year, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	\$
		Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: This copy is for your records. FORM HW-2
Address and Postal/ZIP Code		
Hawaii Tax I.D. No. WH		

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
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EMPLOYEE'S Name

Social Security Number:

Address and Postal/ZIP Code

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