



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 _____ | | |
| <small>HW2_I 2020A 01 VID01</small> <small>✂</small> _____ CUT HERE _____ <small>ID NO 01</small> _____ <small>✂</small> | | FORM HW-2 |



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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.

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| 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 _____ | | |

HW2_I 2020A 01 VID01

ID NO 01

CUT HERE

FORM HW-2



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FORM HW-2

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

EMPLOYEE'S Name _____

Social Security Number: _____

Address and Postal/ZIP Code _____

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| Address and Postal/ZIP Code | | |
| Hawaii Tax I.D. No. WH _____ - _____ - _____ | | |
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STATE OF HAWAII — DEPARTMENT OF TAXATION
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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

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