FORM HW-14 **WEB**
(Rev. 2008)

STATE OF HAWAII
DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

WBI081

DO NOT WRITE IN THIS AREA **30**

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 ☐☐☐,☐☐☐,☐☐☐.☐☐

FOR LATE FILING ONLY — INTEREST ☐☐☐,☐☐☐,☐☐☐.☐☐

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 ☐☐☐,☐☐☐,☐☐☐.☐☐

• ATTACH CHECK OR MONEY ORDER •

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 ( )	

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