



WCF141

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

FOR CALENDAR YEAR

AMENDED Return

NAME: _____

HAWAII TAX I.D. NO. W

FEDERAL I.D. NO.

FOR AMENDED RETURNS, ATTACH ANY CORRECTED FORMS HW-2 (OR FEDERAL FORMS W-2C)

- 1. NUMBER OF HW-2 FORMS, COPY A, or FEDERAL FORM W-2, COPY 1 1
- 2. TOTAL WAGES SHOWN ON THESE FORMS (include COLA,
3rd party sick leave, and other benefits) 2
- 3. TOTAL HAWAII INCOME TAX WITHHELD FROM WAGES
SHOWN ON THESE FORMS 3
 - 3a. PENALTIES ASSESSED
ON PERIODIC RETURNS ...
 - 3b. INTEREST ASSESSED
ON PERIODIC RETURNS
- 3c. TOTAL AMOUNT DUE (Add Lines 3, 3a, and 3b)..... 3c
- 4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with
the periodic returns; Amended Returns, also include amount paid with original HW-3) . 4
- 5. AMOUNT OF CREDIT TO BE REFUNDED (Line 4 minus Line 3c) 5
- 6. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 3c minus Line 4)..... 6

• ATTACH CHECK OR MONEY ORDER •

- 7. **FOR LATE FILING ONLY**
 - 7a. PENALTY...
 - 7b. INTEREST .
- 8. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 6, 7a, and 7b) 8
- 9. IF THERE IS AN AMOUNT DUE ON LINE 8, INDICATE THE METHOD OF YOUR
PAYMENT. (Place an X in a box) 9

EFT CHECK or MONEY ORDER

- 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: tax.hawaii.gov/eservices/ 10

AMOUNT OF PAYMENT

**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	
		()	

SIGN THE RETURN AND MAIL TO:

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