FORM HW-14

(Rev. 2019)



ATTACH CHECK OR MONEY ORDER

STATE OF HAWAII DEPARTMENT OF TAXATION

WITHHOLDING TAX RETURN

	AMENDED ret	urn					YYYY	
	Quarter Endi	ng	Mar	Jun	Sep	Dec		
	HAWAII TAX	I.D. NO.		1	WH			
	Last 4 digits	of your FEIN						
	NAME:							
	This return m	ust be filed or	n or before the 1	15th day of	the month following	ng the close o	of the calendar quarter.	
1.	Fill in this oval TOTAL WAGES PAID (i were paid or no tax with	include COLA, 3r	d party sick leave, a	and other bene		ges	unt as of	
2.	. TOTAL HAWAII INCOME TAX WITHHELD					2		
3.	3. TOTAL PAYMENTS MADE for the quarter							
4.	AMOUNT OF CREDIT line 3 minus line 2 and							
5.	ADDITIONAL TAXES DUE for this quarter (line 2 minus line 3)					5		
6.	6a. PENALTY 6b. INTEREST					REMINDER: All EFT payments must be transmitted by the payment due date or a 2% EFT penalty will be applied.		
	TOTAL AMOUNT now of Enter AMOUNT of pay					7		
	"Hawaii State Tax Coll Write the filing period a IF NO PAYMENT ATTA	and your Hawaii Ta	ax I.D. No. on your o	check or mone	y order.	8	AMOUNT OF PAYMENT	
			·	I decl	are under the penaltic	es set forth in se d in accordance	ction 231-36, HRS, that this is a true with the withholding provisions of the d thereunder.	

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