

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN
CALENDAR YEAR _____

DO NOT WRITE IN THIS AREA

30

NAME: _____

HAWAII WITHHOLDING ID. NO. _____

MONTH OF _____
(Do not combine your reporting for more than one month, if filing monthly.)

QUARTER OF _____
(Do not combine your reporting for more than one quarter, if filing quarterly.)

- If your annual withholding tax liability is more than \$100,000, your payment must be made by electronic funds transfer.
- If your annual withholding tax liability is \$100,000 or more, this return must be filed on or before the **10th** day of the month following the close of the filing period.
- If your annual withholding tax liability is less than \$100,000, this return must be filed on or before the **15th** day of the month following the close of the filing period.

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO
"HAWAII STATE TAX COLLECTOR" AND PAYABLE IN U.S.
DOLLARS DRAWN ON ANY U.S. BANK.
WRITE YOUR HAWAII WITHHOLDING ID. NO. ON THE
CHECK.

• ATTACH CHECK OR MONEY ORDER HERE •

TOTAL WAGES PAID (include COLA)			
TOTAL TAXES WITHHELD			
FOR LATE FILING ONLY	PENALTY		
	INTEREST		
AMOUNT OF PAYMENT			

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 provisions of the Withholding Tax Laws and the rules issued thereunder.

SIGNATURE

DATE

TITLE

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESSES

OAHU DISTRICT OFFICE
P.O. BOX 3827
HONOLULU, HI 96812-3827

MAUI DISTRICT OFFICE
P.O. BOX 923
WAILUKU, HI 96793-0923

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1686
LIHUE, HI 96766-5686