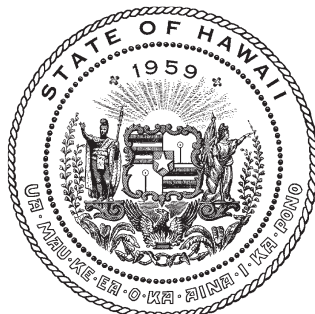


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form HW-14 (Rev. 2010)**

**Contact Information**

Hawaii Department of Taxation  
Technical Section  
Attn: Alexis Shiohira, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: Tax.Technical.Section@hawaii.gov

**Hawaii Software Vendor Website  
Address:**

[www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm)

**Note:** Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

**Form HW-14 (Rev. 2010)****General Information and Scannable Specifications**

This document provides software vendors with the requirements for reproducing Form HW-14. Form HW-14 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form HW-14 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms **MUST** meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

**GENERAL INFORMATION****1. Substitute Form**

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

**2. Paper and Ink**

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

**3. Variable Data**

- All variable data fields must utilize 12 pt Courier font, and all variable text data must be in uppercase letters. Text labels must not touch variable data.
- All variable data fields require exact placement.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

**4. Variable Data Delimiters**

- Tax Period Ending must be printed with spaces between the dash (-) delimiter. For example:  
MM - YY  
(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the tax period ending).
- Taxpayer's Hawaii Tax I.D. N. should be printed with spaces between the dash (-) delimiters. For example:  
12345678 - 01  
(8 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits)  
Note: The Taxpayer's Hawaii Tax ID Number begins with a "W". The W should be hardcoded on the form. If the "W" is not hardcoded on the form, the W must be included in the variable data field.

**5. Dollar Amounts**

123456789.00

- Do not use commas as thousand separators.
- Amounts are right justified.
- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents if the amount is a whole dollar value.
- A horizontal line must be present below the dollar amounts. The placement of the horizontal line must not touch the dollar amounts.

**6. Method of Payment Indicator**

- Indicate the method of payment (EFT or Check or Money Order) by placing a bold X (**X**) where indicated on the exhibits.

**7. Testing and Approval of the Scannable Form**

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed on our Hawaii software vendor website at [www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm). If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16", do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

## SCANNABLE SPECIFICATIONS

### 1. Layout

- The form was designed on a 6x10 grid. See exhibits.
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

### 2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label on row 63 at column 60 and 61.
- See Appendix A for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

### 3. Registration Marks

- Registration marks are required on every page. The scanning equipment looks for "Ls", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of .5 inch long and .0278 inch thick.
- There are **two** registration marks on each page.
  1. The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 12.



2. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64.



- The tolerance is 1mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



### 4. Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows: Page 1, approximately at the top of row 7 and at the beginning of column 6;
- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- A 1/4 inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
- DO NOT stretch the barcode image.
- The required barcode is WBT101 for page 1:



WBT101

The barcode includes the form number code (WB), type of form (T), form year (10), and page number (1). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

### 5. Acetate overlays

- Acetate overlays will be mailed to vendors listed on our Hawaii software vendor website at [www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm) who previously reproduced Form HW-14. If you are now reproducing Form HW-14, contact the Forms Coordinator for the acetate overlays. If your company is not listed and you are reproducing Form HW-14, please contact the Forms Coordinator.

FORM HW-14

(Rev. 2010)

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30



WBT101

X Place an X in this box ONLY if this is an AMENDED return M M Y Y

X Month X Quarter Ending 12 - 12

HAWAII TAX I.D. NO. W 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

NAME: TAXPAYER'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) ..... 1 123456789.12

2. TOTAL HAWAII INCOME TAX WITHHELD ..... 2 123456789.12

2a. PENALTIES PREVIOUSLY ASSESSED (For Amended Return ONLY) ..... 123456789.12

2b. INTEREST PREVIOUSLY ASSESSED (For Amended Return ONLY)..... 123456789.12

2c. TOTAL AMOUNT DUE (Add Lines 2, 2a, and 2b)..... 2c 123456789.12

3. TOTAL PAYMENTS OF TAXES WITHHELD FOR THE PERIOD (including any penalty or interest paid during the period) (For Amended Return ONLY) ..... 3 123456789.12

4. AMOUNT OF CREDIT TO BE REFUNDED (Line 3 minus Line 2c) (For Amended Return ONLY)..... 4 123456789.12

5. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 2c minus Line 3) (For Amended Return ONLY)..... 5 123456789.12

6a. PENALTY... 123456789.12

FOR LATE FILING ONLY

6b. INTEREST. 123456789.12

7. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 2c, 6a, and 6b) (For AMENDED returns, Add Lines 5, 6a, and 6b) ..... 7 123456789.12

8. IF THERE IS AN AMOUNT DUE ON LINE 7, INDICATE THE METHOD OF YOUR PAYMENT. .... 8 EFT X CHECK or MONEY ORDER X

9. 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-14. 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 www.ehawaii.gov/efile ..... 9 123456789.12

Electronic Filing & E-Pay at www.ehawaii.gov/efile Safe. Easy.

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 12-12-12 TITLE TAXPAYER'S TITLEXXXX DAYTIME PHONE NUMBER (123) 123-4567

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

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
**WITHHOLDING TAX RETURN**

DO NOT WRITE IN THIS AREA

**30**



WBT101

**X** Place an X in this box ONLY if this is an AMENDED return M M Y Y

**X** Month **X** Quarter Ending 12 - 12

HAWAII TAX I.D. NO. **W** 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

NAME: TAXPAYER ' S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

• ATTACH CHECK OR MONEY ORDER •

- 1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits) ..... 1 123456789 . 12
- 2. TOTAL HAWAII INCOME TAX WITHHELD ..... 2 123456789 . 12
  - 2a. PENALTIES PREVIOUSLY ASSESSED  
(For Amended Return ONLY) ..... 123456789 . 12
  - 2b. INTEREST PREVIOUSLY ASSESSED  
(For Amended Return ONLY)..... 123456789 . 12
- 2c. TOTAL AMOUNT DUE (Add Lines 2, 2a, and 2b)..... 2c 123456789 . 12
- 3. TOTAL PAYMENTS OF TAXES WITHHELD FOR THE PERIOD (including any penalty  
or interest paid during the period) (For Amended Return ONLY) ..... 3 123456789 . 12
- 4. AMOUNT OF CREDIT TO BE REFUNDED (Line 3 minus Line 2c)  
(For Amended Return ONLY)..... 4 123456789 . 12
- 5. AMOUNT OF TAXES NOW DUE AND PAYABLE (Line 2c minus Line 3)  
(For Amended Return ONLY)..... 5 123456789 . 12
- 6. **FOR LATE FILING ONLY**
  - 6a. PENALTY... 123456789 . 12
  - 6b. INTEREST. 123456789 . 12
- 7. TOTAL AMOUNT NOW DUE AND PAYABLE (Add Lines 2c, 6a, and 6b)  
(For AMENDED returns, Add Lines 5, 6a, and 6b) ..... 7 123456789 . 12
- 8. IF THERE IS AN AMOUNT DUE ON LINE 7, INDICATE THE METHOD OF YOUR  
PAYMENT. .... 8 EFT **X** CHECK or MONEY ORDER **X**
- 9. **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-14. 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 www.ehawaii.gov/efile ..... 9 123456789 . 12

AMOUNT OF PAYMENT

*Electronic Filing & E-Pay at  
www.ehawaii.gov/efile  
Safe. Easy.*

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 12-12-12
TITLE TAXPAYER ' S TITLEXXXX	DAYTIME PHONE NUMBER ( 123 ) 123-4567

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