

STATE OF HAWAII — DEPARTMENT OF TAXATION
**Hawaii Bulk Electronic Filing
System (HiBEFS) Registration**

PART I — PARTICIPANT INFORMATION

NEW Registration AMENDED Registration

| | | |
|--|-----------------------------|---------------------------|
| FEIN | Hawaii Bulk Filer ID Number | IRS-assigned EFIN or ETIN |
| Test Site User ID | Production Site User ID | |
| Check all that apply: <input type="checkbox"/> Reporting Agent <input type="checkbox"/> Software Developer <input type="checkbox"/> Transmitter | | |
| Business Name | Business Phone Number | |
| Business Address (Number, Street, Box Number, City, State, ZIP Code) | | |

PART II — PRIMARY CONTACT INFORMATION

| | |
|----------------|--------------------------|
| Name and Title | Phone Number w/extension |
| E-mail Address | Fax Number |

PART III — TECHNICAL CONTACT INFORMATION

| | | |
|----------------|--------------------------|----------------|
| Name and Title | Phone Number w/extension | E-mail Address |
|----------------|--------------------------|----------------|

PART IV — DECLARATION

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete and am authorized to make and sign this statement on behalf of the participant. I state that the participant and its employees will comply with all the requirements for the HiBEFS and understand that acceptance for participation in HiBEFS is not transferable. The participant and its employees further understand that non-compliance with any requirements will result in the cancellation of the approval to participate in the HiBEFS program. The participants and its employees further understand that pursuant to section 231-8.5, Hawaii Revised Statutes, the act of electronically filing tax returns on behalf of any taxpayer shall have the same validity and consequences as the actual signing by the taxpayer. The State of Hawaii, Department of Taxation reserves the right to revoke or suspend participation in the HiBEFS program.

| | |
|--------------------------------------|--|
| Print Name of Authorized Individual | Title |
| Signature | Date |
| Authorized Individual's Phone Number | SSN/PTIN/VPID of Authorized Individual |

Mail to:

Hawaii Department of Taxation
Electronic Processing Section - Bulk Filing
P. O. Box 259
Honolulu, HI 96809-0259

| | |
|-------------------------|-------------------------|
| Department Use Only | |
| Registration Date _____ | Added to Prod _____ |
| Added to Test _____ | PGP Key: _____ |
| PGP Key: _____ | Employee Initials _____ |

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Form EF-2 is used by a Reporting Agent, Software Developer, or Transmitter to register to participate in the State of Hawaii Department of Taxation's (DoTax) Bulk Electronic Filing System (HiBEFS). This program allows the mass filing of the following:

- Form HW-14, Withholding Periodic Tax Return
- Form HW-3, Withholding Annual Return and Reconciliation
- Form W-2 Information
- Withholding Tax Payments

Taxpayers who wish to individually electronically file tax returns may use the Hawaii Tax Online service at <http://hitax.hawaii.gov>.

When we receive Form EF-2, we will phone and/or email the pre-certification requirements to the contact person listed on Form EF-2. Once the pre-certification requirements are met, the Participant will be approved to utilize the HiBEFS.

Note: Reporting agents must obtain Form EF-3, Hawaii Reporting Agent Authorization, from the taxpayer before

submitting any returns or payments on behalf of the taxpayer.

WHERE TO FILE THIS FORM

Please mail the completed Form EF-2 to:
Hawaii Department of Taxation
Electronic Processing Section - Bulk Filing
P. O. Box 259
Honolulu, HI 96809-0259

WHERE TO OBTAIN INFORMATION

For information about the Bulk Filing program contact:

Hawaii Department of Taxation
Electronic Processing Section
P. O. Box 259
Honolulu, HI 96809-0259

Website: tax.hawaii.gov/eservices
E-mail: Tax.Efile@hawaii.gov
Telephone: (808) 543-6814
Toll Free: 1-800-222-3229
Fax: (808) 587-1488

SPECIFIC INSTRUCTIONS

Please type or print in blue or black ink only. All information on this form is required to be completed.

NOTE: *An incomplete and unsigned form will not be accepted.*

PART I — PARTICIPANT INFORMATION

NOTE: A new EF-2 registration form is required to register a new participant. Registration is not transferable.

Please check whether this is an application for a new registration or an AMENDED registration.

If you are a new registrant, your Bulk Filer ID and your User IDs will be completed by DoTax as you go through the certification process.

Amended Form EF-2. Participants must submit an amended Form EF-2 to DoTax to update the information contained on their most current form when there are changes involving:

- the participant's name, the firm name, or doing business as (DBA) name(s);
- the participant's address or telephone number;
- primary contact's information;
- technical contact's information;
- authorized individual's information;
- any identification numbers provided (FEIN, IRS-assigned EFIN or ETIN); or
- the participant's electronic filing functions performed.

This Part is to be completed with the **Reporting Agent, Software Developer, or Transmitter** Information.

- A **reporting agent** is an accounting service, payroll service provider, franchiser, bank, preparer or person who is authorized to file and pay taxes for the taxpayer.

- A **software developer** is a company that provides desktop or online software to aid taxpayers and reporting agents in filing and paying taxes. The software user could then add on additional services such as a transmitter model to file and pay their taxes electronically.
- The **transmitter** receives prepared returns and serves as a pass-through, transmitting the returns to the appropriate agencies on behalf of the taxpayer. The transmitter receives acknowledgments from taxing agencies which are forwarded on to their clients. The transmitter has authority to communicate with taxing agencies on behalf of their clients regarding the success of the transmission, but does not have authority to communicate with taxing agencies regarding the data that is transmitted.

PART II — PRIMARY CONTACT INFORMATION

Enter the primary contact person's name and title, daytime telephone number, and fax number. This is the person who is the liaison for the participant in all matters relating to bulk filing.

IMPORTANT – Provide an e-mail address(es) where correspondence, including updates, should be sent.

PART III — TECHNICAL CONTACT INFORMATION

Enter the technical contact person's name and title, daytime telephone number, and e-mail address. This is the person who should be contacted for technical related issues.

PART IV — DECLARATION AND SIGNATURE

This area is to be completed by an individual who has the authority to sign on behalf of the participant. Carefully read the declaration and sign, date, and print name and title. This part must be fully completed and signed.