

STATE OF HAWAII
BASIC BUSINESS APPLICATION



For faster service apply online at <https://tax.hawaii.gov/eservices/business>
Online applications are processed in 2-4 business days.

TYPE OR PRINT LEGIBLY

UI No. _____

1. Purpose of Application — Check only one. For 1c and 1d, Complete ONLY the information you are deleting or changing

a. New b. Add c. Delete d. Change

2. FEIN PTIN SSN

3. Hawaii Tax I.D. No.

4. Taxpayer's/Employer's/Plan Manager's Legal Name

5. Trade name or doing business as (DBA) name, if any

6. Mailing address

7. Physical location of business in Hawaii

C/O

Street address

Street address or P.O. Box

City State

Postal/Zip Code

If none, provide name, phone number and address of the person performing services in HI.

8. Type of legal organization

Corporation S Corporation General Partnership Limited Partnership Nonprofit
 Sole Proprietorship Single-Member LLC LLC Government Other (Please specify)

9. Does all or part of this business qualify for a disability exemption? (See Instructions)

Yes No

10. Date Business Began in Hawaii

MM/DD/YYYY

11. Date of Organization

MM/DD/YYYY

12. State of Organization

II

13. Accounting period (check only one)

Calendar Year
 Fiscal Year ending MM/DD

14. Accounting method (check only one)

Cash Accrual

15. NAICS and business activity (See Instructions)

IIIIII

Effective date if changing accounting period

MM/DD/YYYY

Effective date if changing accounting method

MM/DD/YYYY

16. Business Phone

III - III - IIIII

Alternate Phone

III - III - IIIII

Fax Number

III - III - IIIII

E-mail address

17. Parent Corporation's FEIN

II - IIIIIII

18. Name of Parent Corporation

19. Parent Corporation's Mailing Address

20. List all sole proprietors, partners, members, or corporate officers (See Instructions) Attach a separate sheet of paper if more space is required.

FEIN/PTIN/SSN

Name (Individuals - Last, First, M.I.)

Title

Residential Address

Contact Phone No.

FEIN PTIN SSN

FEIN PTIN SSN

21. Registering for Unemployment Insurance (UI)? Yes No

23. No. of establishments or branches in Hawaii

II

22. (a) Did you acquire an existing business? Yes No

24. Date employment began in Hawaii

MM/DD/YYYY

(b) If yes, was all or part of the business acquired?

25. No. of employees on date employment began

IIII

(c) Date business was acquired? MM/DD/YYYY

26. Date first wages paid in Hawaii

MM/DD/YYYY

(d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)

27. If no employees, date you anticipate hiring employees?

MM/DD/YYYY

CERTIFICATION: The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.

Mail the completed application to:
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer, or Agent

Print Name

Title

Date

• ATTACH CHECK OR MONEY ORDER AND FORMS VP-1 AND VP-2 HERE •



28.	Select Tax Type(s):	Date Activity Began in Hawaii	-OR-			Filing Period	Fee	Fee Due
		Effective Date If Changing Filing Period*	Mo.	Qtr.	Semi			
28a.	<input type="checkbox"/> Withholding	MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>		no fee		
28b.	General Excise/Use — Select ONLY one type of GE/Use license:							
	<input type="checkbox"/> GET/Use Tax	MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$20.00	□□.□□	
	<input type="checkbox"/> GE One-Time Event	MM/DD/YYYY	<input type="checkbox"/>			\$20.00		
	Please enter the name of the One-time Event (See Instructions) <input type="text"/>							
	<input type="checkbox"/> Use Tax Only	MM/DD/YYYY				no fee		
	<input type="checkbox"/> Seller's collection	MM/DD/YYYY				no fee		
28c.	<input type="checkbox"/> Transient Accommodations ³⁰	MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-5 units - \$5.00 <input type="checkbox"/> 6 or more units - \$15.00	□□.□□	
28d.	<input type="checkbox"/> Timeshare Occupancy ³¹	MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Timeshare Plans represented <input type="text"/> X \$15.00	□□□□.□□	
28e.	<input type="checkbox"/> Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle ³⁰	MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$20.00	□□.□□	
28f.	<input type="checkbox"/> Liquid Fuel Distributor	MM/DD/YYYY				no fee		
	<input type="checkbox"/> Produce <input type="checkbox"/> Refine <input type="checkbox"/> Manufacture <input type="checkbox"/> Compound							
28g.	<input type="checkbox"/> Liquid Fuel Retail Dealer ³⁰	MM/DD/YYYY				\$5.00	□□.□□	
28h.	<input type="checkbox"/> Liquor ²⁹	Enter your county liquor license no. <input type="text"/>						
	<input type="checkbox"/> Manufacturer	MM/DD/YYYY				\$2.50	□□.□□	
	<input type="checkbox"/> Wholesaler	MM/DD/YYYY				\$2.50		
28i.	<input type="checkbox"/> Cigarette & Tobacco ²⁹	MM/DD/YYYY						
	<input type="checkbox"/> Non-Retail: <input type="checkbox"/> Dealer <input type="checkbox"/> Wholesaler					\$2.50	□□.□□	
	<input type="checkbox"/> Retail Tobacco Permit ³⁰					Number of retail locations <input type="text"/> X \$20.00	□□□□.□□	

29. Have you ever been cited for either a tobacco and/or liquor violation? Yes No

30. Check the appropriate tax type and list the address(es) of your transient accommodations (TA) rental real property; rental motor vehicle, tour vehicle, and/or car-sharing vehicle (RV); Liquid Fuel Retail Dealer's Permit (Fuel); and/or Retail Tobacco Permit (RTP) business locations. For Retail Tobacco locations, if location is a vehicle, include the Vehicle Identification Number (VIN), otherwise include the name of the retail location. *Attach a list if more space is needed.*

TA	RV	Fuel	RTP	Address	Name or VIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

31. **Resort Time Share Vacation Plan Information.** List each resort time share vacation plan represented by you. *Attach a list if more space is needed.*

New	Add	Cancel	DCCA Plan No.	Plan Name	Plan Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32. **TOTAL REGISTRATION FEE DUE.** See Instructions for Forms VP-1 & VP-2. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. Bank along with the appropriate Forms VP-1 and/or VP-2.

□□,□□□.□□

* NOTE: The requested change will take effect after the current filing period is over. The filing frequency cannot be changed retroactively.

STATE OF HAWAII
BASIC BUSINESS APPLICATION



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1. Purpose of Application — Check only one. For 1c and 1d, Complete ONLY the information you are deleting or changing
 a. New b. Add c. Delete d. Change

2. FEIN PTIN SSN

3. Hawaii Tax I.D. No. _____

4. Taxpayer's/Employer's/Plan Manager's Legal Name _____

5. Trade name or doing business as (DBA) name, if any _____

6. Mailing address _____
 C/O _____
 Street address or P.O. Box _____
 City State _____ Postal/Zip Code _____

7. Physical location of business in Hawaii _____
 Street address _____
 City State _____ Postal/Zip Code _____
 If none, provide name, phone number and address of the person performing services in HI. _____

8. Type of legal organization
 Corporation S Corporation General Partnership Limited Partnership Nonprofit
 Sole Proprietorship Single-Member LLC LLC Government Other (Please specify) _____

9. Does all or part of this business qualify for a disability exemption? (See Instructions)
 Yes No

10. Date Business Began in Hawaii

11. Date of Organization

12. State of Organization

13. Accounting period (check only one)
 Calendar Year Fiscal Year ending

14. Accounting method (check only one)
 Cash Accrual

15. NAICS and business activity (See Instructions)

Effective date if changing accounting period Effective date if changing accounting method

16. Business Phone Alternate Phone Fax Number E-mail address _____

17. Parent Corporation's FEIN 18. Name of Parent Corporation _____ 19. Parent Corporation's Mailing Address _____

20. List all sole proprietors, partners, members, or corporate officers (See Instructions) Attach a separate sheet of paper if more space is required.

FEIN/PTIN/SSN	Name (Individuals - Last, First, M.I.)	Title	Residential Address	Contact Phone No.
<input type="checkbox"/> FEIN <input type="checkbox"/> PTIN <input type="checkbox"/> SSN	_____	_____	_____	_____
<input type="checkbox"/> FEIN <input type="checkbox"/> PTIN <input type="checkbox"/> SSN	_____	_____	_____	_____

21. Registering for Unemployment Insurance (UI)? Yes No

22. (a) Did you acquire an existing business? Yes No
 (b) If yes, was all or part of the business acquired?
 (c) Date business was acquired?
 (d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A) _____

23. No. of establishments or branches in Hawaii

24. Date employment began in Hawaii

25. No. of employees on date employment began

26. Date first wages paid in Hawaii

27. If no employees, date you anticipate hiring employees?

CERTIFICATION: The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.

Mail the completed application to:
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer, or Agent _____
Print Name _____ Title _____ Date _____

STATE OF HAWAII — DEPARTMENT OF TAXATION
INSTRUCTIONS FOR FORM BB-1
BASIC BUSINESS APPLICATION

ABOUT THIS FORM

Form BB-1 is designed for electronic scanning that permits faster processing with fewer errors. To avoid delays:

1. Print amounts only on those lines that are applicable.
2. Use only black or dark blue ink pen. Do not use red ink, pencils, felt tip pens, or erasable pens.
3. Because this form is read by a machine, please print your numbers inside the boxes like this:

1	2	3	4	5	6	7	8	9	0	X
---	---	---	---	---	---	---	---	---	---	---

4. Do NOT print outside the boxes.

PURPOSE OF FORM

Use this form to:

1. Register for various tax licenses and permits with the Department of Taxation (DOTAX) and to obtain a corresponding Hawaii Tax Identification Number (Hawaii Tax I.D. No.).
2. Obtain an employer account identification number (also known as a Department of Labor (DOL) number) and to register for unemployment insurance (UI) with the DOL.
3. Add a license/permit/registration not applied for on your previously filed Form BB-1.
4. Make changes to a previously filed Form BB-1 or Form TA-40.
5. Delete information provided on a previously filed Form BB-1 or Form TA-40.

WHO MUST FILE

File this form if any of the following apply:

1. You plan on doing business in Hawaii, including self-employed individuals.
2. You have or plan to have employees in Hawaii.

SPECIFIC INSTRUCTIONS

(Note: Reference to "spouse" is also a reference to "civil union partner".)

Line 1. Check only 1 box. For Boxes 1c and 1d, in addition to lines 2 and 3 (if applicable), complete ONLY the information you are deleting or changing. If you wish to CANCEL a license or permit, complete and submit Form GEW-TA-RV-1.

Line 2. Enter your Federal Employer Identification Number (FEIN), Preparer Tax Identification Number (PTIN), or Social Security Number (SSN). All businesses (except sole proprietorships with no employees) and nonprofits must have a FEIN. If you are a subsidiary member of a controlled group of corporations, complete lines 17, 18, and 19. If you are a sole proprietorship or a single-member LLC, please complete line 20.

Line 3. New applications, leave blank. For all other uses of this form, enter your Hawaii Tax I.D. No. (e.g., GE/Use I.D. No., RV I.D. No., TA Reg. No.).

Line 4. Enter your legal name. Your name should match the name on your tax return.

- **Sole proprietorship.** Enter your last name, first name, and middle initial. If you changed your last name without informing the Social Security Administration (SSA), include your last name in parentheses as shown on your social security card. For example, Garcia (Smith), Maria K.
- **Corporation, S corporation, general or limited partnership, nonprofit, limited liability company (LLC) including a single-member LLC.** Enter the entity's legal name as shown on the entity's organizing document (such as your articles of incorporation, partnership agreement).
- **Disregarded entity.** Enter the disregarded entity's legal name on line 4 and the owner's name on line 20. The name on line 20 should match the owner's name on the owner's income tax return. For example, if an individual owns a single-member LLC that is disregarded for federal income tax purposes, report the individual owner's name on line 20. If the owner is also a disregarded entity, enter the first owner that is not disregarded for federal income tax purposes. Even though an entity may be disregarded for income tax purposes, it is treated as a separate entity and must obtain its own license and file its own tax returns for all other state taxes including general excise (GE), transient accommodations (TA), fuel, rental motor vehicle, tour vehicle, and car-sharing vehicle (RVST), liquor, and cigarette and tobacco tax.

Line 5. Enter your trade name or doing business as (DBA) name, if any.

Line 8. Check the box to indicate your type of legal organization. If you are a trust, an estate, limited liability partnership (LLP), or any other entity not listed, please check the "Other" box and write your business entity type.

Line 9. Disability Exemption — A blind, deaf, or totally disabled person may exempt \$2,000 of gross income from GE tax. All other gross income is subject to 0.5% GE tax. To apply, file Form N-172 with DOTAX.

- If Form N-172 was approved, check YES and attach a copy of your approval letter.
- If Form N-172 was not approved or not filed, check NO.

Line 13. Check the box to indicate your annual tax accounting period. If you use a fiscal year, enter the date your fiscal year ends (MM/DD).

- **Calendar Year** — 12 consecutive months (01/01 through 12/31).
- **Fiscal Year** — 12 consecutive months ending on the last day of any month except December. It also includes a fiscal year that varies from 52 to 53 weeks that may not end on the last day of the month.

If you are **changing** your accounting period, enter the effective date (MM/DD/YYYY) of the change.

Line 14. Check the box to indicate your accounting method.

- **Cash** — Check this box if you report your income when you actually or constructively receive it. For example, if you performed a service in March and received payment in May, you would report the income in May when you received the payment.
- **Accrual** — Check this box if you report your income when it is earned. For example, if you performed a service in February and received payment in April, you would report the income in February when you earned it.

If you are **changing** your accounting method, enter the effective date (MM/DD/YYYY) of the change.

Line 15. List your 6-digit North American Industry Classification System (NAICS) code and principal business activity. Your NAICS code is the business or professional activity code that you will report on your federal income tax return. The codes are online at <http://www.census.gov/eos/www/naics/> or in the federal income tax return instructions. If you have multiple activities, list the percentage of your gross receipts that each activity represents. If you need more space, attach a separate sheet.

- Example 1: 541110 Legal services
- Example 2: 236110 Building construction (single-family residential 70%, hotel 10%, commercial 10%, industrial 10%).

Line 20. Based on the type of legal organization selected on line 8, check the appropriate box and enter the FEIN, PTIN or SSN; then complete the title, residential address, and contact telephone number of the:

- Sole proprietor and spouse (if applicable)
- Corporate, Nonprofit or other officer
- Fiduciary
- Partner
- Member

For governmental entities, line 20 is optional. If more space is needed, attach a separate sheet of paper with the required information.

Line 21. Check the "Yes" box if you have, or plan to have, one or more employees. You must be registered with the UI Division of the DOL within twenty (20) days after services in employment are first performed.

Line 22. If you have succeeded to the business of another employer, you may acquire your predecessor's experience record for UI tax purposes if:

1. Form UC-86, "Waiver of Employer's Experience Record", is filed within sixty (60) days after the date of acquisition or by March 1 of the following year; and
2. The predecessor cleared all contributions and reports due to the UI Division.

If these conditions are met, the predecessor's rate is assigned immediately to your account. However, if the Form UC-86 is filed after sixty days but by March 1 of the next year, the experience record of the predecessor and successor employers will be combined to determine your rate for the following calendar year. Contact the nearest UI office to obtain Form UC-86.

Line 24. Enter the date you hired or anticipate hiring employees. If you do not anticipate hiring any employees, leave blank.

Line 28. Select the license(s)/permit(s) you are registering for or the license(s) whose filing period you are changing. Enter the applicable information, filing period(s), and fee(s) due.

Select Tax Type(s) — Check the box for each license/permit for which you are registering or for each license whose filing period you are changing.

Date Activity Began in Hawaii -OR- Effective Date If Changing Filing Period — If you are registering for a GE/Use, TA, RVST, Liquid Fuel, Liquor, or Cigarette & Tobacco license/permit, enter the date your activity began in Hawaii. If you are

Form BB-1 Instructions (Rev. 2016)

changing a filing period, enter the effective date of the change (Note: The requested change will take effect after the current filing period is over. The filing frequency cannot be changed retroactively).

Filing Period — Estimate your annual tax liability for each tax type you are registering for. Then use the table below to select a filing period. You may choose a more frequent filing period than required, but may not choose a less frequent filing period. You may find it convenient to use the same filing period for your GE/Use, TA, and RVST taxes. If you are **changing** a filing period, check the box of the new filing period.

Type	Annual Estimated Tax Liability	Filing period
GE/Use TA RVST	\$0 — \$2,000	Semiannually
	\$2,001 — \$4,000	Quarterly
	More than \$4,000	Monthly
GE One-Time Event		Monthly
Withholding	\$5,000 or less	Quarterly
	More than \$5,000	Monthly
Liquid Fuel, Liquor, and Cigarette & Tobacco		Monthly
UI Contributions		Quarterly

Fee Due — If you are registering for a GE/Use, TA, RVST, Liquid Fuel, Liquor, or Cigarette & Tobacco license/permit, enter the fee due (if any) for that license/permit. If you are **changing** a filing period, leave the fee due blank. There is no fee to make a change.

28a. Withholding — Check this box if you will be withholding Hawaii income tax from your employees' wages.

28b. General Excise (GE)/Use — Select ONLY one type of GE/Use license:

- **GE Tax/Use Tax** — Check this box if you intend to engage in business in Hawaii, including but not limited to manufacturing, producing, selling goods, providing services, leasing real or personal property, providing construction contracting services, licensing intangibles, or earning commissions.
- **GE One-Time Event** — Check this box if you are applying for a one-time event license such as a fundraiser, exhibition, or conference. Also, enter the name of your event (for example, XYZ Learning Center's Desktop Publishing Conference).
- **Use Tax Only** — Check this box if you are a business not subject to the GE tax, such as certain public service companies, but are subject to the use tax.
- **Seller's Collection** — Check this box if you are an out-of-state business not subject to the GE/Use taxes and volunteer to collect the 4% or 4.5% use tax from your Hawaii customers.

28c. Transient Accommodations (TA) — Check this box if you rent a transient accommodation (for example, a house, condominium, hotel room) to a transient for less than 180-consecutive days. Also, complete **line 30** with a list of the addresses of your TA rental real property. *If you are a time share plan manager, check the **Timeshare Occupancy** box to register for TA.*

28d. Timeshare Occupancy — Check this box if **1**) you are a time share plan manager and this is your initial registration of the resort time share vacation

plan(s) that you represent, or **2**) you are **adding** a new plan(s). A one-time \$15.00 fee must be paid for each plan you represent. Also, complete **line 31** with a list of the resort time share vacation plan(s) you represent.

28e. Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle (RVST) — Check this box if you intend to rent out motor and/or tour vehicles or operate a car-sharing organization. Also, complete **line 30** with a list of the addresses of your RVST business locations.

28f. Liquid Fuel Distributor — Check this box if you refine, manufacture, produce, or compound liquid fuel in the state or import liquid fuel into the state with the intention of selling or using the liquid fuel in the state. Also, check the box that indicates what you do.

28g. Liquid Fuel Retail Dealer — Check this box if you purchase liquid fuel from licensed distributors with the intention of selling the liquid fuel to consumers. Also, complete **line 30** with a list of the addresses of your Liquid Fuel Retail Dealer's Permit business locations.

28h. Liquor — Check this box and indicate if you intend to be a manufacturer or a wholesaler of liquor. Also, complete **line 29** on whether you have been cited for a liquor violation.

28i. Cigarette & Tobacco — Check this box and indicate how you intend to deal with cigarette and tobacco products:

- **Non-Retail** — Check this box and indicate if you intend to be a dealer or a wholesaler of cigarettes and tobacco products. Also, complete **line 29** on whether you have been cited for a tobacco violation.
- **Retail Tobacco Permit** — Check this box if you intend to sell cigarettes and tobacco products to consumers. You must obtain a separate retail tobacco permit for each retail location (including vehicles) where you sell retail tobacco products. You must conspicuously display your permit at your retail location at all times. If your retail location is a vehicle, you must have your permit in the vehicle. Also, complete **line 29** on whether you have been cited for a tobacco violation, and **line 30** with a list of the addresses of your business locations (if the location is a vehicle, include the Vehicle Identification Number).

32. Total Registration Fee Due — Add lines 28b thru 28i.

- Enter the total of lines 28b thru 28e on the Amount of Payment line for Form VP-1. See the Instructions for Form VP-1.
- Enter the total of lines 28f thru 28i on the Amount of Payment line for Form VP-2. See the Instructions for Form VP-2.

SIGNATURE LINE —

An owner, partner or member, corporate officer, or authorized agent (e.g., CPA or attorney) with a power of attorney, must sign and date the application.

SUBMITTAL OF FORM —

Please retain a copy of your application for your records.

If you file in person, you will receive a Hawaii Tax I.D. No. immediately.

To file by mail, mail the original application (both pages) to the DOTAX address noted on the Form BB-1. Your application will be processed in approximately 3 to 4 weeks. If you have or plan to have employees, your application will be forwarded to the Department of Labor and Industrial Relations' UI Division. The UI Division will send you an employer account identification number and post registration packet within two weeks.

UNEMPLOYMENT INSURANCE

If you have or plan to have employees, you must register with the UI Division within twenty (20) days after services in employment are first performed. An employing unit subject to Chapter 383, Hawaii Revised Statutes, will be assigned an employer account identification number (also known as a Department of Labor (DOL) number). A post registration packet will be issued which includes quarterly contribution forms.

FAMILY OWNED CORPORATIONS

A family-owned corporation with no more than two (2) family members related by blood or marriage who, as the only employees, each own fifty (50) percent of the

shares issued by the corporation, may apply for exclusion from UI coverage by filing Form UC-336 with the nearest UI office. The exclusion is effective the first day of the calendar quarter in which the application is filed with the DOL.

NONPROFIT ORGANIZATIONS

Internal Revenue Code section 501(c)(3) nonprofit organizations may self-finance benefits to their employees on a reimbursable basis. For further details, please contact the UI office in your county.

LIMITED LIABILITY COMPANIES (LLCs)

If IRS Forms 8832 and/or 2553 were filed, attach a copy of the form(s).

WHERE TO GET INFORMATION**HAWAII DEPARTMENT OF TAXATION**

P.O. Box 259
Honolulu, HI 96809-0259
Tel. No.: 808-587-4242
Toll-Free: 1-800-222-3229
Telephone for the hearing impaired: 808-587-1418
Toll-Free for the hearing impaired: 1-800-887-8974
tax.hawaii.gov

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Unemployment Insurance Division
830 Punchbowl St., Room 437
Honolulu, HI 96813
Tel. No.: 808-586-8913
808-586-8914
labor.hawaii.gov

STATE OF HAWAII — DEPARTMENT OF TAXATION
GENERAL EXCISE/USE, TRANSIENT
ACCOMMODATIONS AND RENTAL MOTOR VEHICLE,
TOUR VEHICLE & CAR-SHARING VEHICLE SURCHARGE

TAX PAYMENT VOUCHER
GENERAL INSTRUCTIONS

CHANGES YOU SHOULD NOTE

You must use **Form VP-1W** when you send a payment to the Department of Taxation for your **withholding tax**.

INTERNET FILING

Form VP-1 can be filed and paid electronically through the State's Internet portal. For more information, go to tax.hawaii.gov/eservices/.

PURPOSE OF FORM

Use this form if you are submitting Form BB-1 or when you send a payment to the Department of Taxation for your general excise/use, transient accommodations, and rental motor vehicle, tour vehicle & car-sharing vehicle surcharge taxes. Using Form VP-1 allows us to process your payment accurately and efficiently.

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
- 2) Check the appropriate "Tax Type" box.
- 3) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.
If you are filing Form BB-1, check the box "License Fee." Add lines 28b through 28e on Form BB-1 and enter the amount of payment in the space provided. Enter the last day of your first filing period. (e.g., you are a calendar year quarterly filer and began business on January 21, 2017, your first filing period end date is 03/31/17.
- 4) In the space provided print the last 4 digits of your FEIN

- or SSN; your Hawaii Tax I.D. No. starting with the tax type (i.e. GE, TA, or RV), your 10 digit account number with the 2 digit extension; and the amount of your payment.
- 5) Make your check or money order payable in U.S. dollars to the **"Hawaii State Tax Collector"**. Make sure your name, tax type, filing period, and Hawaii Tax I.D. No. appear on your check or money order. Do not postdate your check. **Do not send cash.**

WHERE TO FILE

Detach Form VP-1 along the dotted line. If you are filing Form BB-1, attach your payment and Form VP-1 to the front of your form and send it to the Form BB-1 mailing address below. If you are making a tax payment, send the Form VP-1 and your payment to the mailing address noted below for the type of tax you are paying. The mailing addresses are as follows:

General Excise/Use Tax
Hawaii Department Of Taxation
P.O. Box 1730
Honolulu, HI 96806-1730

**Transient Accommodations Tax And
Rental Motor Vehicle, Tour Vehicle & Car-Sharing
Vehicle Surcharge Tax**
Hawaii Department Of Taxation
P.O. Box 2430
Honolulu, HI 96804-2430

Form BB-1
Hawaii Department Of Taxation
P.O. Box 1425
Honolulu, HI 96806-1425

✂ — — — — — DETACH HERE — — — — — ✂
Form (Rev. 2016) STATE OF HAWAII — DEPARTMENT OF TAXATION DO NOT WRITE OR STAPLE IN THIS SPACE
VP-1 TAX PAYMENT VOUCHER



DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Name (Please print): _____

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order.

<p><u>Tax Type (check only 1)</u></p> <p><input type="checkbox"/> General Excise (GE)</p> <p><input type="checkbox"/> Transient Accommodations (TA)</p> <p><input type="checkbox"/> Rental Motor, Tour & Car-Sharing Vehicles (RV)</p>	<p><u>Filing Type (check only 1) Enter Date as MM DD YY</u></p> <p><input type="checkbox"/> License Fee 1st Period End <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p><input type="checkbox"/> Periodic Return Period Begin <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>Period End <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p><input type="checkbox"/> Annual Return Tax Year Begin <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>Tax Year End <input type="text"/>/ <input type="text"/>/ <input type="text"/></p>	<p>Last 4 Digits of Your FEIN or SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Hawaii Tax I.D. Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Payment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS TAXES PAYMENT VOUCHER
GENERAL INSTRUCTIONS

INTERNET FILING

Form VP-2 can be filed and paid electronically through the State's Internet portal. For more information, go to tax.hawaii.gov/eservices/.

PURPOSE OF FORM

Use this form when you send your payment to the Department of Taxation for:

- a) Registration fees to register for the:
 - Liquor Tax,
 - Cigarette and Tobacco Tax, or
 - Fuel Taxes
 on Form BB-1.
- b) Payment of taxes to specific periods for:
 - Liquor,
 - Tobacco,
 - Fuel,
 - Franchise,
 - Public Service Company, or
 - Estate Taxes

Using Form VP-2 allows us to process your payment accurately and efficiently.

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
- 2) Enter the last 4 digits of your FEIN or SSN in the space provided.
- 3) Check the appropriate "Tax Type" box.

- 4) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.
If you are filing a Form BB-1, check the box "License Fee." Add lines 28f through 28i on Form BB-1 and enter the amount of payment in the space provided. Enter the last day of your first filing period. (e.g., you are a calendar year quarterly filer and began business on January 21, 2017, your first filing period end date is 03/31/17).
- 5) Print your Hawaii Tax I.D. No. and the amount of your payment in the space provided. If you are applying for a new number, please leave this area blank.
- 6) Make your check or money order payable in U.S. dollars to the "**Hawaii State Tax Collector**". Make sure your name, tax type, filing period, Hawaii Tax I.D. No., and daytime phone number appear on your check or money order. Do not postdate your check. **Do not send cash.**

WHERE TO FILE

Detach Form VP-2 along the dotted line. Attach your payment and Form VP-2 to the front of your form and send to the following mailing address:

HAWAII DEPARTMENT OF TAXATION
P.O. Box 1530
HONOLULU, HI 96806-1530

✂ — — — — — DETACH HERE — — — — — ✂

Form
VP-2
(Rev. 2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS TAX PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPACE

Name (Please print): _____

Tax Type (check only 1)

- Liquor
- Cigarette & Tobacco Tax
- Fuel
- Liquid Fuel Retail Dealer
- Franchise Tax
- Public Service Company Tax
- Estate Tax

Filing Type (check only 1) Enter Date as MM/DD/YY

- License Fee
1st Period End ___/___/___
- Normal** Payment for:
Period Begin ___/___/___
Period End ___/___/___
- Bill** Payment for:
Period Begin ___/___/___
Period End ___/___/___
- Estate Extension Payment
Date of Death ___/___/___
Extension to Date ___/___/___

Last 4 Digits of Your FEIN or SSN

Hawaii Tax I.D. Number

W

Amount of Payment

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR". Write the tax and filing types, your Hawaii Tax I.D. Number, and daytime phone number on your check or money order.