

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

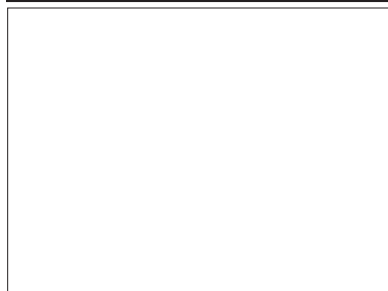
Name	SSN or FEIN
Spouse's Name	Spouse's SSN
Contact Phone Number (daytime) ()	

PLEASE CHANGE MY:

<input type="checkbox"/> MAILING ADDRESS TO: c/o or "In care of" (If this is to be deleted, please write "Delete") Street City, State, Postal/Zip Code	<input type="checkbox"/> BUSINESS ADDRESS (PHYSICAL LOCATION) TO: Street (This address cannot be a P.O. Box.) City, State, Postal/Zip Code Business Phone Number () Residence Phone Number ()
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THE ADDRESS CHANGE IS FOR THE ACCOUNT(S), PERMIT OR LICENSE SHOWN BELOW:

<input type="checkbox"/> MY NET INCOME ACCOUNT	For Hawaii Tax I.D. No. GE ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. GE ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. GE ____ - ____ - ____ - ____
<input type="checkbox"/> MY GENERAL EXCISE ACCOUNT(S)	For Hawaii Tax I.D. No. W ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. W ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. W ____ - ____ - ____ - ____
<input type="checkbox"/> MY EMPLOYER'S WITHHOLDING ACCOUNT(S)	For Hawaii Tax I.D. No. TA ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. TA ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. TA ____ - ____ - ____ - ____
<input type="checkbox"/> MY TRANSIENT ACCOMMODATIONS ACCOUNT(S)	For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____
<input type="checkbox"/> MY RENTAL MOTOR VEHICLE, TOUR VEHICLE AND CAR-SHARING VEHICLE ACCOUNT(S)	For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____ For Hawaii Tax I.D. No. RV ____ - ____ - ____ - ____
<input type="checkbox"/> MY _____ PERMIT/LICENSE (Enter the type of permit or license. For example, liquor, liquid fuel distributor, liquid fuel retail dealer, cigarette & tobacco (non-retail), or retail tobacco.)	Permit/License Number _____ For Hawaii Tax I.D. No. _____



THIS SPACE FOR DATE RECEIVED STAMP

Signature	Title	Date
Spouse's Signature		Date

— MAILING ADDRESS —
 HAWAII DEPARTMENT OF TAXATION
 P.O. BOX 259
 HONOLULU, HI 96809-0259