

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRACER REQUEST FOR TAX YEAR _____
(See back for Instructions)

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

Check One Tax Type for this tracer request:

- Net Income
- General Excise/Use
- Withholding
- Transient Accommodations
- Rental Motor Vehicle, Tour Vehicle and Car-Sharing Vehicle

Part I General Information (Complete lines 1 through 5)

1. Taxpayer's Name(s): Primary Taxpayer _____ Spouse _____	2. Social Security No(s). or Federal Employer I.D. No.: Primary Taxpayer _____ Spouse _____ Hawaii Tax I.D. Number for the tax account indicated above _____
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3. Mailing Address on the Return _____	4. New Mailing Address (if different) _____
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5. Daytime Telephone Number: Residence (_____) _____ Business (_____) _____

Part II Reason For Tracer Request

1. Did you receive the refund check? Yes No
If "No", stop here, otherwise continue to line 2.

2. The refund check was received but was (check ONE of the following boxes):
 Lost Stolen Destroyed Other _____

AND
Was the check endorsed? Yes No
If "No," stop here, otherwise continue to line 3.

3. The refund check was endorsed, check which boxes apply to your endorsement:
 All required signatures Taxpayer's signature only Spouse's signature only
 Payee's signature Officer, Partner or Member, Executor, Trustee, or Authorized Agent signature
 For Deposit Only Pay to the Order of _____

NOTE: A "STOP PAYMENT" will be issued on the original refund check upon receipt of this form. If you receive/find your original check after submitting this form, DO NOT CASH THE ORIGINAL CHECK. You must return the check to the Department of Taxation.

Part III Declaration

I hereby declare, under the penalties provided by sections 231-34, 231-35, and 231-36, HRS, that I have examined this request and, to the best of my knowledge and belief, it is true, correct, and complete.

Print or Type Your Name	Signature	Title (if applicable)	Date
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For Office Use Only

Check/Warrant# _____	Period _____
Amount _____	Tax I.D.# _____
Issued Date _____	Tax Office VO# _____
COMPT VO# _____	Post Date _____

GENERAL INSTRUCTIONS

NOTE: Effective January 1, 2012, civil unions are recognized in Hawaii (Act 1, Session Laws of Hawaii 2011). Hawaii's laws that apply to a husband and wife, spouses, or person in a legal marital relationship shall be deemed to apply to partners in a civil union with the same force and effect as if they were "husband and wife," "spouses," or other terms that describe persons in a legal marital relationship.

Effective December 2, 2013, same sex marriages are recognized in Hawaii (Act 1, Second Special Sessions Laws of Hawaii 2013). Hawaii law recognizes marriages between individuals of the same sex and extends to such same-sex couples the same rights, benefits, protections, and responsibilities of marriage that opposite-sex couples receive.

1. Enter the tax year for which the refund was due at the top of the form **and** check the appropriate box to indicate the type of tax the tracer request is for. If you are requesting a tracer for more than one refund check, you must complete a separate Form L-80 for each request.
2. Complete Parts I through III of the Tracer Request Form.

In the case of a corporation, partnership or trust, an officer, a partner or member, executor, trustee or duly authorized agent must sign this request. **Be sure to complete Part III, Declaration, print or type your name, include title (if applicable) and date in the spaces provided. You must include your signature.** Your request will not be processed if any requested information is missing.

Important Note: If your address has changed since your refund was issued, you must also complete and sign Form ITPS-COA, "Change of Address," and enclose it with your Tracer Request so that your correct address is in our system. You may download Form ITPS-COA from our website at tax.hawaii.gov, under "Forms and Publications," and under the letter "I."

3. Send the completed Tracer Request Form to:
Hawaii Department of Taxation
Attention: Revenue Accounting
P.O. Box 259
Honolulu, HI 96809-0259
4. A "**STOP PAYMENT**" will be issued on the original check after you send in this form. If you receive or find your original check after submitting this form, **DO NOT CASH THE ORIGINAL CHECK**. You must return the check to the Department of Taxation.
5. You should receive information about your refund in 4 - 6 weeks.
6. If you have any questions, please call the Department of Taxation at (808) 587-4242 or toll-free at 1-800-222-3229. For hearing impaired access, please call (808) 587-1418 or toll-free at 1-800-887-8974.