

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.

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

1. APPLICANT INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name _____

Address _____

City/State/Postal/Zip Code _____

DBA/Trade Name _____

2. TAX IDENTIFICATION NUMBER:

HAWAII TAX I.D. # _____

FEDERAL EMPLOYER I.D. # (FEIN) _____ - _____

SOCIAL SECURITY # (SSN) _____ - _____

3. APPLICANT IS A/AN: (Check only ONE box)

- CORPORATION
- INDIVIDUAL
- LIMITED LIABILITY COMPANY
- Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____
- Subsidiary Corporation; enter parent corporation's name and FEIN _____
- S CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY PARTNERSHIP
- TAX EXEMPT ORGANIZATION
- ESTATE
- TRUST

4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box)

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII *
- REAL ESTATE LICENSE
- FINANCIAL CLOSING
- HAWAII STATE RESIDENCY
- SUBCONTRACT
- OTHER _____
- LIQUOR LICENSE *
- BULK SALES¹
- PERSONAL
- CONTRACTOR LICENSE
- PROGRESS PAYMENT
- FEDERAL CONTRACT
- LOAN

* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

¹ ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. NO. OF CERTIFIED COPIES REQUESTED:



6. **DECLARATION** - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE / /
HAWAII RETURNS FILED IF APPLICABLE 20____ 20____ 20____ ____
STATE APPROVAL STAMP (Not valid unless stamped)
*IRS APPROVAL STAMP
CERTIFIED COPY STAMP

SIGNATURE

DATE

() _____
TELEPHONE

() _____
FAX

PRINT NAME

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** Bid/Entering Into or Ongoing Contract Completion/Final Payment
 For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.
 Name: _____ Agency: _____ Telephone Number: _____
8. **LIQUOR LICENSING:** Initial Renewal Transfer-Seller Transfer-Buyer Special Event
9. **CONTRACTOR LICENSING:** Initial Renewal
10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII _____
11. **ACCOUNTING PERIOD:** Calendar year Fiscal year ending (MM/DD) _____
12. **TAX EXEMPT ORGANIZATION:**
 A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)).
 B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? YES NO
 C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax? YES NO
 If "YES," your organization is required to obtain a general excise tax license. Go to line 13.
 If "NO," go to line 12D.
 D) Does your organization have fundraising income? YES NO
 If "YES," your organization is required to obtain a general excise tax license.
13. **INDIVIDUAL:** Spouse's Name _____ SSN _____
14. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:**
 A) Description of your firm's business _____
 B) Has your firm had any business income in Hawaii? YES NO
 C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii? YES NO
 D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)? YES NO
Note: If you answer "Yes" to any of the above questions, you are required to apply for a general excise tax license.

FILING THE APPLICATION FOR TAX CLEARANCE

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you need to get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation
 TAXPAYER SERVICES BRANCH
 P.O. BOX 259
 HONOLULU, HI 96809-0259
 TELEPHONE NO.: 808-587-4242
 TOLL FREE: 1-800-222-3229
 FAX NO.: 808-587-1488
 or
 830 PUNCHBOWL STREET, RM 124
 HONOLULU, HI 96813-5094

Internal Revenue Service
 W&I FIELD ASSISTANCE
 300 ALA MOANA BLVD., #1-128
 HONOLULU, HI 96850
 (By appointment only. To make an appointment, please call 844-546-5640.)
 TELEPHONE NO.: 808-566-2748
 FAX NO.: 855-877-0789

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at tax.hawaii.gov

-----FOR OFFICE USE ONLY-----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE/ COUNTY SURCHARGE TAX			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR/TOUR VEHICLE/ CAR-SHARING VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			