

STATE OF HAWAII  
BASIC BUSINESS APPLICATION  
(or Amended Application)



For faster service apply online at [tax.hawaii.gov/eservices](http://tax.hawaii.gov/eservices)  
Online applications are processed in 2-4 business days.

TYPE OR PRINT LEGIBLY

1. Purpose of Application — Check only one. For 1b, 1c and 1d, Complete lines 1 through 5 and ONLY the information you are adding, deleting or changing.  
a.  New b.  Add c.  Delete d.  Change (Use Form GEWTARV-1 to CANCEL any tax licenses, registrations or permits)

2.  FEIN  TIN  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 Care of:  
Mailing Street address or P.O. Box  
Mailing City State Postal/Zip Code  
7. Physical location street address of business in Hawaii (if different from mailing)  
Physical location 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

13. Accounting period (check only one)  
 Calendar Year  Fiscal Year ending (mm/dd)  
Effective (mm/dd/yyyy)  
14. Accounting method (check only one)  
 Cash  Accrual  
Effective (mm/dd/yyyy)  
15. NAICS and business activity (See Instructions)

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/TIN/SSN Name (Individuals - Last, First, M.I.) Title Residential Address Contact Phone No.  
 FEIN  TIN  SSN  
 FEIN  TIN  SSN

21. TOTAL REGISTRATION FEE DUE. Add the amounts from lines 22b through 22i. See Instructions for Forms VP-1 and 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

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 •

Date Activity Began in Hawaii

-OR-  
Effective Date If Changing Filing Period\*  
(mm/dd/yyyy)

Filing Period  
Mo. Qtr. Semi

Fee Fee Due

<b>22a.</b>	<input type="checkbox"/> <b>Withholding</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	(See also <a href="http://labor.hawaii.gov/ui/">http://labor.hawaii.gov/ui/</a> )	no fee	
<b>22b.</b>	<b>General Excise/Use</b> — Select ONLY one type of GE/Use license:				
	<input type="checkbox"/> GET/Use Tax	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20.00	<input type="text"/> . <input type="text"/>
	<input type="checkbox"/> GE One-Time Event	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$20.00	
	Please enter the name of the One-time Event ( <i>See Instructions</i> ) <input type="text"/>				
	<input type="checkbox"/> Use Tax Only	<input type="text"/> / <input type="text"/> / <input type="text"/>		no fee	
	<input type="checkbox"/> Seller's collection	<input type="text"/> / <input type="text"/> / <input type="text"/>		no fee	
<b>22c.</b>	<input type="checkbox"/> <b>Transient Accommodations</b> <sup>24</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<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	<input type="text"/> . <input type="text"/>
<b>22d.</b>	<input type="checkbox"/> <b>Timeshare Occupancy</b> <sup>25</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number of Timeshare Plans represented <input type="text"/> X \$15.00	<input type="text"/> . <input type="text"/>
<b>22e.</b>	<input type="checkbox"/> <b>Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle</b> <sup>24</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20.00	<input type="text"/> . <input type="text"/>
<b>22f.</b>	<input type="checkbox"/> <b>Liquid Fuel Distributor</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>		no fee	
	<input type="checkbox"/> Produce <input type="checkbox"/> Refine <input type="checkbox"/> Manufacture <input type="checkbox"/> Compound				
<b>22g.</b>	<input type="checkbox"/> <b>Liquid Fuel Retail Dealer</b> <sup>24</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$5.00	<input type="text"/> . <input type="text"/>
<b>22h.</b>	<input type="checkbox"/> <b>Liquor</b> <sup>23</sup>	Enter your county liquor license no. <input type="text"/>			
	<input type="checkbox"/> Manufacturer	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$2.50	<input type="text"/> . <input type="text"/>
	<input type="checkbox"/> Wholesaler	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$2.50	
<b>22i.</b>	<input type="checkbox"/> <b>Cigarette &amp; Tobacco</b> <sup>23</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>			
	<input type="checkbox"/> Non-Retail: <input type="checkbox"/> Dealer <input type="checkbox"/> Wholesaler			\$2.50	<input type="text"/> . <input type="text"/>
	<input type="checkbox"/> Retail Tobacco Permit <sup>24</sup>		Number of retail locations <input type="text"/>	X \$20.00	<input type="text"/> . <input type="text"/>

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

**24.** 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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**25. 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"/>



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

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. 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.

**SPECIFIC INSTRUCTIONS**

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

**Line 1.** Check only 1 box. For Boxes 1b, 1c and 1d, complete lines 2 through 5 and ONLY the information you are adding, 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), Tax Identification Number (TIN), 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, be sure to complete lines 17, 18, 19 and 20. 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 6.** Complete with your mailing address. To change your address, DO NOT use this form. Please complete Form ITPS-COA.

**Line 7.** Complete with the business' physical street address or location. If this address is the same as your mailing address, do not complete line 7.

**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 six-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, TIN or SSN; then complete the name 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. Total Registration Fee Due** — Add lines 22b thru 22i.

- Enter the total of lines 22b thru 22e on the Amount of Payment line for Form VP-1. See the Instructions for Form VP-1.
- Enter the total of lines 22f thru 22i on the Amount of Payment line for Form VP-2. See the Instructions for Form VP-2.

**Line 22.** 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 **changing** a filing period, enter the effective date of the change in the mm/dd/yyyy format.

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	\$0 — \$2,000	Semiannually
TA	\$2,001 — \$4,000	Quarterly
RVST	More than \$4,000	Monthly
GE One-Time Event		Monthly
Withholding		Quarterly
Liquid Fuel, Liquor, and Cigarette & Tobacco		Monthly

**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.

**22a. Withholding** — Check this box if you will be withholding Hawaii income tax from your employees' wages.

**22b. 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.

**22c. 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 24** 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.*

**22d. 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 25** with a list of the resort time share vacation plan(s) you represent.

**22e. 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 24** with a list of the addresses of your RVST business locations.

**22f. 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.

**22g. 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 24** with a list of the addresses of your Liquid Fuel Retail Dealer's Permit business locations.

**22h. Liquor** — Check this box and indicate if you intend to be a manufacturer or a wholesaler of liquor. Also, complete **line 23** on whether you have been cited for a liquor violation.

**22i. 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 23** 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 23** on whether you have been cited for a tobacco violation, and **line 24** with a list of the addresses of your business locations (if the location is a vehicle, include the Vehicle Identification Number).

#### 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.
- Online at [tax.hawaii.gov/eservices](http://tax.hawaii.gov/eservices), your application will be processed within two to four business days.
- By mail, your application will be processed in approximately three to four weeks. Mail the original application to:

DEPARTMENT OF TAXATION  
P.O. Box 1425  
Honolulu, HI 96806-1425

#### 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](http://tax.hawaii.gov)

#### UNEMPLOYMENT INSURANCE —

If you have or plan to have employees, you must register with the Unemployment Insurance Division within 20 days after services in employment are first performed. For more information:

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/ui/](http://labor.hawaii.gov/ui/)

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**

Form VP-1W is obsolete. Use Form VP-1 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/](http://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, withholding 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 22b through 22e 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, 2018, your first filing period end date is 03/31/18.
- 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, WH 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

**Hawaii Withholding**  
Hawaii Department of Taxation  
P.O. Box 3827  
Honolulu, HI 96812-3827

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

✂ — — — — — DETACH HERE — — — — — ✂

Form (Rev. 2017)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
TAX PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPACE

**VP-1**



DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Name (Please print): \_\_\_\_\_

Tax Type (check only 1)

- General Excise (GE)
- Transient Accommodations (TA)
- Hawaii Withholding (WH)
- Rental Motor, Tour & Car-Sharing Vehicles (RV)

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

- License Fee  
1st Period End / /
- Periodic Return  
Period end / /
- Annual Return  
Tax Year End / /

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.

Last 4 Digits of Your FEIN or SSN

Hawaii Tax I.D. Number

Amount of Payment

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/](http://tax.hawaii.gov/eservices/).

**PURPOSE OF FORM**

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

- a) Registration fees for:
  - 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 22f through 22i 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, 2018, your first filing period end date is 03/31/18).
- 5) Print your Hawaii Tax I.D. Number, starting with the tax type. For Liquor, Cigarette & Tobacco, Fuel, Liquid Fuel Retail Dealer and Estate Taxes print "W" and your 8 digit account number with the 2 digit extension. For Franchise (FR) and Public Service Company Taxes (PS) print "FR" or "PS" and your 10 digit account number with the 2 digit extension and the amount of your payment in the space provided. If you are applying for a new number, leave the Hawaii Tax I.D. Number box 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. 2017)

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
- Fuel
- Liquid Fuel Retail Dealer
- Franchise (FR)
- Public Service Company (PS)
- Estate

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

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.