

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:

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Net Income | <input type="checkbox"/> Franchise | <input type="checkbox"/> Public Service Company | <input type="checkbox"/> Estate |
| <input type="checkbox"/> General Excise/Use | <input type="checkbox"/> Transient Accommodations | <input type="checkbox"/> Withholding | <input type="checkbox"/> Liquor |
| <input type="checkbox"/> Rental Motor Vehicle, Tour Vehicle and Car-Sharing Vehicle | <input type="checkbox"/> Cigarette and Tobacco | <input type="checkbox"/> Fuel | |

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 _____
3. Mailing Address on the Return _____	4. New Mailing Address (if different) _____
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 box applies 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 Direct Deposit Recall

Was your ACH information correct on your return? Yes No

If "No," enter the correct bank information:
 Account No. _____
 Routing No. _____

Amount of Refund \$ _____

Part IV 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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GENERAL INFORMATION

NOTE: Civil unions are recognized in Hawaii. 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.

Same sex marriages are recognized in Hawaii. 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.

PURPOSE OF THIS FORM

Use Form L-80 to trace a refund check or to request a recall of a refund issued by direct deposit.

INSTRUCTIONS

1. Enter the tax year for which the refund was due at the top of the Form L-80 **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, you must complete a separate Form L-80 for each request.
2. If you are using Form L-80 to trace a refund check, complete Parts I, II and IV of the Form. A "**STOP PAYMENT**" will be issued on the original check after you send in Form L-80. If you receive or find your original check after submitting the Form, **DO NOT CASH THE ORIGINAL CHECK**. You must return the check to the Department of Taxation.

If you are using Form L-80 to request a recall of a direct deposit that was sent to the wrong account, complete Parts I, III and IV of the Form.

In the case of a corporation, partnership or trust, an officer, a partner or member, executor, trustee or duly authorized agent must sign Form L-80. **Be sure to complete Part IV, 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.

If you provided a new mailing address on Form L-80, the Department of Taxation will update its records with the new mailing address that you provided. Any future correspondences will be mailed to the new mailing address that you provided. If you need to change your mailing address again in the future, please complete and submit Form ITPS-COA. Forms are available online at tax.hawaii.gov/forms.

3. Send the completed Form L-80 (and ITPS-COA, if applicable) to:
Hawaii Department of Taxation
Attention: Revenue Accounting
P.O. Box 259
Honolulu, HI 96809-0259

You should receive information about your refund in four to six weeks.

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.