



AUTHORIZATION TO ORDER AND RECEIVE CIGARETTE TAX STAMPS

Where to submit Form M-100B

Form M-100B can be filed electronically through the State's Internet portal. For more information, go to tax.hawaii.gov/eservices/.
You may also mail Form M-100B to the Hawaii Department of Taxation, Taxpayer Services Branch,
P. O. Box 259, Honolulu, Hawaii 96809-0259.

PURCHASER MUST COMPLETE THIS FORM FOR EACH PICK UP LOCATION

Part I - Licensee Information

Name _____ Branch/Location _____

Hawaii Tax I.D. No.: TO _____

Part II - Contact Information - Provide all requested information.

Primary contact:

Name: _____

Telephone: _____ Fax: _____

E-mail address: _____

Secondary Contact:

Name: _____

Telephone: _____ Fax: _____

E-mail address: _____

Part III - Pick Up Location

For the island of _____ Pick up at First Hawaiian Bank _____ Branch.
(Available at all Oahu branches and at the Lihue, Kahului, Lahaina, Hilo, and Kona branches.)

~ CONTINUED ON BACK OF FORM ~

DEPARTMENT OF TAXATION USE ONLY	
APPROVED BY:	
_____ Signature	_____ Date
_____ Print Name of Signatory	_____ Title

Licensee Name _____ Branch/Location _____

Hawaii Tax I.D. No.: TO _____

Part IV - Persons Authorized to Order and Receive Hawaii Cigarette Tax Stamps

Add	Delete	Correct	Printed Name	Signature*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. _____	_____

* A signature is not required for a person being deleted.

I declare, under the penalties set forth in section 231-36, HRS, that the information contained above has been examined by me and, to the best of my knowledge and belief, is true and correct. I further declare that the individuals listed in Part IV above (except for the individuals being deleted) are authorized to order and receive Hawaii Cigarette Tax Stamps on behalf of the licensee and I further acknowledge and agree that the receipt of said stamps by any of these authorized individuals shall constitute a waiver and release of any and all claims of liability against the State of Hawaii for the loss or theft of said stamps.

Signature of Owner, Partner, Member, or Principal Corporate Officer _____

Print Name of Signatory _____

Title _____

Date _____