

STATE OF HAWAII — DEPARTMENT OF TAXATION
Hawaii Simple File Import (SFI)
Reporting Agent Registration



NEW Registration AMENDED Registration

PART I — PARTICIPANT INFORMATION

| | |
|---|-----------------------|
| Reporting Agent's Name | FEIN |
| Business Address (Number, Street, City, State, Postal/ZIP Code) | SSN |
| | VPID |
| | Business Phone Number |

PART II — TAX RETURNS SUPPORTED FOR SFI

Check all that apply:

Withholding Periodic Tax Return, HW-14

General Excise Taxes, G-45 Periodic Tax Return and G-49 Annual Return & Reconciliation

Transient Accommodations Taxes, TA-1 Periodic Tax Return and TA-2 Annual Return & Reconciliation

PART III — PRIMARY CONTACT INFORMATION

| | |
|----------------|--------------------------|
| Name and Title | Phone Number w/extension |
| E-mail Address | Fax Number |

PART IV — TECHNICAL CONTACT INFORMATION

| | |
|----------------|--------------------------|
| Name and Title | Phone Number w/extension |
| E-mail Address | Fax Number |

PART V — DECLARATION

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete and am authorized to make and sign this statement on behalf of the participant. I state that the participant and its employees will comply with all the requirements for the SFI and understand that acceptance for participation in SFI is not transferable. The participant and its employees further understand that non-compliance with any requirements will result in the cancellation of the approval to participate in the SFI program. The participants and its employees further understand that pursuant to section 231-8.5, Hawaii Revised Statutes, the act of electronically filing tax returns on behalf of any taxpayer shall have the same validity and consequences as the actual signing by the taxpayer. The State of Hawaii, Department of Taxation reserves the right to revoke or suspend participation in the SFI program.

| | |
|--------------------------------------|--|
| Print Name of Authorized Individual | Title |
| Signature | Date |
| Authorized Individual's Phone Number | SSN/PTIN/VPID of Authorized Individual |

Mail to:

Hawaii Department of Taxation
Electronic Processing Section
P. O. Box 259
Honolulu, HI 96809-0259

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Form EF-20 is used by a Reporting Agent to register to participate in the Hawaii Simple File Import (SFI). This program allows the mass filing of the following:

- Withholding Periodic Tax Return, Form HW-14
- General Excise Taxes, Form G-45 Periodic Tax Return and Form G-49 Annual Return & Reconciliation
- Transient Accommodations Taxes, Form TA-1 Periodic Tax Return and Form TA-2 Annual Return & Reconciliation

Taxpayers who wish to individually electronically file tax returns may use the Hawaii Tax Online service at hitax.hawaii.gov.

When we receive Form EF-20, we will phone and/or email the pre-certification requirements to the contact person listed on Form EF-20. Once the pre-certification requirements are met, the Participant will be approved to utilize the SFI.

WHERE TO FILE THIS FORM

Complete and submit Form EF-20 to Tax.Efile@hawaii.gov or mail to:

Hawaii Department of Taxation
Electronic Processing Section
P. O. Box 259
Honolulu, HI 96809-0259

WHERE TO OBTAIN INFORMATION

For information about the SFI program contact:

Hawaii Department of Taxation
Electronic Processing Section (SFI)
P. O. Box 259
Honolulu, HI 96809-0259

Website: tax.hawaii.gov/eservices
E-mail: Tax.Efile@hawaii.gov

SPECIFIC INSTRUCTIONS

Please type or print in blue or black ink only. All information on this form is required to be completed.

NOTE: *An incomplete and unsigned form will not be accepted.*

Please check whether this is an application for a new registration or an AMENDED registration.

NEW Form EF-20. A registration form is required to register a new participant. *Registration is NOT transferable.*

AMENDED Form EF-20. Participants must submit an amended Form EF-20 to DOTAX to update the information contained on their most current form when there are changes involving:

- the participant's name, the firm name, or doing business as (DBA) name(s);
- the participant's FEIN;
- the participant's address or telephone number;
- the participant's tax returns supported for SFI;
- the primary contact's information;
- the technical contact's information; or
- the authorized individual's information.

PART I — PARTICIPANT INFORMATION

This Part is to be completed with the **Reporting Agent**, Information. A **reporting agent** is an accounting service, property management company, payroll service provider,

franchiser, bank, preparer or person who is authorized to file and pay taxes for the taxpayer.

All applicable information must be completed. For a company, a FEIN is required. For an individual, a SSN or VPID is required.

PART II — TAX RETURNS SUPPORTED FOR SFI

Check all applicable boxes to indicate the tax returns that will be supported for SFI.

PART III — PRIMARY CONTACT INFORMATION

Enter the primary contact person's name and title, daytime telephone number, and fax number. This is the person who is the liaison for the participant in all matters relating to SFI.

IMPORTANT – Provide an e-mail address(es) where correspondence, including updates, should be sent.

PART IV — TECHNICAL CONTACT INFORMATION

Enter the technical contact person's name and title, daytime telephone number, and e-mail address. This is the person who should be contacted for technical related issues.

PART V — DECLARATION AND SIGNATURE

This area is to be completed by an individual who has the authority to sign on behalf of the participant. Carefully read the declaration and sign, date, and print name and title. This part must be fully completed and signed.