

STATE OF HAWAII — DEPARTMENT OF TAXATION
**Hawaii Bulk Filing System
(HBFS) Registration**

PART I — PARTICIPANT INFORMATION

NEW Registration AMENDED Registration Hawaii Bulk Filer ID No. (Amended Only): _____

Business Name	FEIN
Business Address (Number, Street, City, State, Postal/ZIP Code)	Business Phone Number
Check all that apply: <input type="checkbox"/> Reporting Agent (Tax preparer, property management company, payroll company, and others who prepare returns for multiple clients or multiple locations for the same client.) <input type="checkbox"/> Direct Transmitter (Company that may “transmit” the bulk file to DOTAX for the Reporting Agent. A Reporting Agent may also be its own transmitter.) <input type="checkbox"/> Software Developer (Company that designs, researches, programs, tests, and maintains the software system.)	

PART II — TAX FORMS AND PAYMENT SUPPORTED FOR BULK FILING

Check all that apply: <input type="checkbox"/> HW-14, Withholding Periodic Tax Return	<input type="checkbox"/> W-2 Information <input type="checkbox"/> ACH Debit Bulk Withholding Payments
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PART III — CONTACT INFORMATION

Primary Contact Name and Title	Phone Number w/extension	Email Address
Secondary Contact Name and Title	Phone Number w/extension	Email Address

PART IV — TECHNICAL CONTACT INFORMATION

Name and Title	Phone Number w/extension	Email Address
Product Name		
List your other product names using the same calculation engines here:		

PART V — TECHNICAL REQUIREMENTS

Public-facing IP address(es) your servers will use to connect to DOTAX	
Public PGP key that DOTAX will use to encrypt acknowledgment files	
SSH2 public key to use for SFTP authentication	

PART VI — 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 HBFS and understand that acceptance for participation in HBFS 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 HBFS 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 HBFS program.	
Authorized Individual Printed Name	Authorized Individual Title
Authorized Individual Signature	Date
Authorized Individual Phone Number	Authorized Individual SSN/PTIN/VPID

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Form EF-2 is used by a Reporting Agent, Direct Transmitter, or Software Developer to register to participate in the Hawaii Bulk Filing System (HBFS). This program allows the mass filing of the following:

- Form HW-14, Withholding Periodic Tax Return
- Form W-2 Information
- ACH Debit Bulk Withholding Payments

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

Upon receipt of Form EF-2, Tax.Efile.Test.Bulk@hawaii.gov will send a confirmation email. If additional information is needed, it will be included in the confirmation email. Once the pre-certification requirements are met, the Participant will be approved to utilize the HBFS.

Note: Reporting agents must obtain Form EF-3, Hawaii Reporting Agent Authorization, from the taxpayer before submitting any returns on behalf of the taxpayer.

WHERE TO FILE THIS FORM

Complete and submit Form EF-2 to Tax.Efile.Test.Bulk@hawaii.gov.

WHERE TO OBTAIN INFORMATION

For information about the Bulk Filing program contact:

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

Website: tax.hawaii.gov/eservices
Email: Tax.Efile.Test.Bulk@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.*

PART I — PARTICIPANT INFORMATION

NOTE: A new EF-2 registration form is required to register a new participant. Registration is not transferable.

Please check whether this is an application for a new registration or an AMENDED registration. If this is an Amended registration, enter the participant's Hawaii Bulk Filer ID Number.

Part I is to be completed with the **Reporting Agent, Direct Transmitter, or Software Developer** Information.

- A **reporting agent** is an accounting service, payroll service provider, franchiser, bank, preparer or person who is authorized to file taxes for the taxpayer.
- The **direct transmitter** receives prepared returns and serves as a pass-through, transmitting the returns to the appropriate agencies on behalf of the taxpayer. The transmitter receives acknowledgments from taxing agencies which are forwarded on to their clients. The transmitter has authority to communicate with taxing agencies on behalf of their clients regarding the success of the transmission, but does not have authority to communicate with taxing agencies regarding the data that is transmitted.
- A **software developer** is a company that provides desktop or online software to aid taxpayers and reporting agents in filing taxes. The software user could then add on additional services such as a transmitter model to file their taxes electronically.

Amended Form EF-2. Participants must submit an amended Form EF-2 to DOTAX to update the information contained on their most current form when there are changes involving:

- the business name, the firm name, or doing business as (DBA) name(s);

- the participant's FEIN;
- the participant's address or telephone number;
- the transmitter/developer functions;
- contact's information;
- technical contact's information;
- technical requirements; or
- authorized individual's information.

PART II — TAX FORMS AND PAYMENT SUPPORTED FOR BULK FILING

Check boxes to indicate all that apply to this bulk filing application.

PART III — CONTACT INFORMATION

Enter the information of the liaison(s) who will be the contact for the participant in all matters relating to bulk filing.

PART IV — TECHNICAL CONTACT INFORMATION

Enter the information of the technical contact, this person will be contacted for all technical issues. Please let us know the product name or any other names using the same calculation engine.

PART V — TECHNICAL REQUIREMENTS

Provide information for all lines in this part. For the Public PGP and SSH2 Keys attach your files when submitting Form EF-2 via email at Tax.Efile.Test.Bulk@hawaii.gov. Enter ATTACHED in the space provided on the form.

PART VI — 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.