

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

PART I — PARTICIPANT INFORMATION

NEW Registration AMENDED Registration

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 RETURNS AND PAYMENTS SUPPORTED FOR BULK FILING

Check all that apply:	
<input type="checkbox"/> HW-14, Withholding Periodic Tax Return	<input type="checkbox"/> W-2 Information

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
Product Name	Hawaii Bulk Filer ID Number (For Amended Only)	

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 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.	
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 - Bulk Filing
P. O. Box 259
Honolulu, HI 96809-0259

Department Use Only	
Registration Date _____	Hawaii Bulk Filer ID Number _____
Added to Test _____	_____
PGP Key _____	IRS-assigned EFIN or ETIN _____
Added to Prod _____	_____
PGP Key _____	Employee Initials _____

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

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-2, we will phone and/or email the pre-certification requirements to the contact person listed on Form EF-2. 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

Please mail the completed Form EF-2 to:
Hawaii Department of Taxation
Electronic Processing Section - Bulk Filing
P. O. Box 259
Honolulu, HI 96809-0259

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
E-mail: 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.

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 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 electronic filing functions performed;
- primary contact's information;
- technical contact's information; or
- authorized individual's information.

This Part 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.

PART II — TAX RETURNS SUPPORTED FOR BULK FILING

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

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 bulk filing.

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. If the technical contact is a direct transmitter or software developer, enter the product name and Hawaii Bulk Filer ID Number.

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.