

INFORMATION REQUIRED TO FILE FOR AN EXEMPTION FROM GENERAL EXCISE TAXES

PLEASE READ THE INSTRUCTIONS (FORM G-6A) BEFORE FILING FORM G-6 ELECTRONICALLY AT hitax.hawaii.gov

1. Federal employer identification number	2. Hawaii Tax I.D. number (if any) GE _____ - _____ - _____ - _____
3. Full name of organization (exactly as it appears in your organizing document)	
4. Care of (if applicable)	
5. Mailing address (number and street), city or town, state, and postal/ZIP code	
6. Business address (number and street), city or town, state, and postal/ZIP code	
7. Organization's website	8. Date organization's Hawaii activity began
9. Primary contact	
a. Name and title	b. Telephone number ()
c. E-mail address	
10. Organization is applying for a GET exemption as an organization described under Hawaii Revised Statutes (check one):	
<input type="checkbox"/> § 237-23(a)(3) <input type="checkbox"/> § 237-23(a)(4) <input type="checkbox"/> § 237-23(a)(5) <input type="checkbox"/> § 237-23(a)(6) <input type="checkbox"/> § 237-23(a)(7)	
11. Organization has received/applied for a federal income tax exemption as an organization described under Internal Revenue Code (check one):	
<input type="checkbox"/> §501(c)(3) <input type="checkbox"/> §501(c)(4) <input type="checkbox"/> §501(c)(5) Agricultural or horticultural organization <input type="checkbox"/> §501(c)(6)	
<input type="checkbox"/> §501(c)(8) <input type="checkbox"/> §501(c)(12) Potable water company <input type="checkbox"/> Other: _____ (specify)	

12. The following items MUST be submitted with the completed application: (See instructions for more information.)

- A. Twenty dollars (\$20) registration fee when filing the application for a new general excise tax account. Please make sure you do not already have an active general excise tax account.
- B. An IRS determination letter granting federal tax exemption (check one):
 - Is attached.
 - Was requested on (MM/DD/YY) _____, but has not been received. Attach a statement to explain.
 - Was not requested or required. Attach a statement to explain why.
- C. Statement to request retroactive approval - If you are requesting retroactive approval, see the instructions.
- D. Articles of Organization
- E. Amendments to articles of organization (if any)
- F. Bylaws and amendments – If the organization has not adopted bylaws, enclose a statement to that effect.

SCHEDULE A

STATEMENT OF ORGANIZATION

Date of Inception: _____

Under the Laws of: _____

If Part of a Central (National) Organization, Indicate Name of the Central Organization: _____

Month of Organization's Accounting Year End: _____

Character of Organization: _____

Purpose for Which Organized (describe fully): _____

SCHEDULE D

COMPARATIVE STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR HAWAII ACTIVITIES

Complete the comparative statement of receipts and disbursements for the organization's Hawaii activities for the last two completed tax years. If the organization recently started its activity in Hawaii or was recently formed (less than two complete years of activity in Hawaii), prepare a projected budget of anticipated income and related expenses for the organization's Hawaii activities for 2 years.

ITEMS	(A) For Year Ending ____ / ____ / ____ (Year before the last completed tax year)	(B) For Year Ending ____ / ____ / ____ (Last completed tax year)
HAWAII RECEIPTS		
Gifts/contributions received		
Grants		
Unusual grants		
Membership dues/fees		
Fundraising/special events (attach an itemized list)		
Gross receipts from admissions		
Gross receipts from the sale of merchandise		
Gross receipts from services performed		
Gross rental income		
Other revenue (attach an itemized list)		
TOTAL RECEIPTS		
HAWAII DISBURSEMENTS		
Fundraising expenses		
Contributions/gifts/grants paid out (attach an itemized list)		
Salaries and wages		
Occupancy (rent, utilities, etc.)		
Supplies		
Insurance		
Professional fees		
Other disbursements (attach an itemized list)		
TOTAL EXPENSES		
RECEIPTS OVER DISBURSEMENTS		

Do Not File This Copy
Form G-6 must be filed at
litax.hawaii.gov