

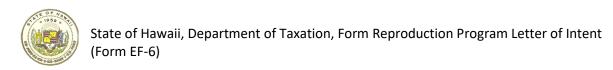
STATE OF HAWAII DEPARTMENT OF TAXATION

REVISED FORM REPRODUCTION PROGRAM LETTER OF INTENT

Tax Year 2024



Due Date: October 31, 2024



2024 REPRODUCTION PROGRAM STATE OF HAWAII DEPARTMENT OF TAXATION LETTER OF INTENT

By submitting this Letter of Intent (LOI) to the State of Hawaii Department of Taxation, you are agreeing to meet our standards for form reproduction and the utilizations of substitute form(s). For more information regarding standards, please refer to Publication EF-4 which can be found at https://tax.hawaii.gov/forms.

Failure to meet any of the standards or requirements set forth in this LOI and/or Publication EF-4 may result in the denial of your application or the removal of your organization as an approved third-party vendor.

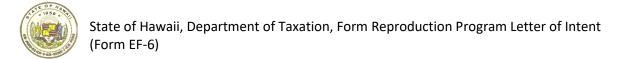
You must complete a separate LOI form for each unique product your company offers. If you submit an incomplete form, your request to participate in form reproduction may be denied.

REMINDER:

- * Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Form QA-1 Form Testing Approval Transmittal must be submitted with the test samples. Form can be found on https://tax.hawaii.gov/forms.
- Test forms can be mailed or emailed in a PDF format.
- A minimum of 5 hardcopy test samples populated with the variable data from the test cases in Appendix B must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- ❖ It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.

This form must be completed and submitted to tax.dp.qa@hawaii.gov no later than October 31, 2024.

Check the box that applies to yo	ou. If you are submitting an amended l	LOI please highlight changed information.
Original LOI	Amended LOI Cancel L	.OI
Name of Company	Product Name	Vendor ID (Enter N/A if a new vendor ID needs to be obtained)
Address		
City	State	Zip Code
		<u> </u>
Primary FRP Contact	Phone	Email Address
Secondary FRP Contact	Phone	Email Address
Third FRP Contact	Phone	Email Address



Authorized access to the State Exchange System

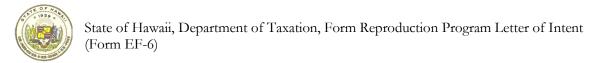
Please provide information for the employees you are authorizing to have access to the State Exchange System.

NOTE: Even if the individuals are the same as what you've listed in the first page, please also include them here.

First and Last name	Phone	Email Address
First and Last Name	Phone	Email Address
First and Last Name	Phone	Email Address

Modernized e-File:

Hawaii Department of Taxation participates in the Modernized e-filing. More information on that process can be found at tax.hawaii.gov/eservices/developers/



Forms Reproduction Supported Documents

Form No.	Description	Checkmark
A-6	Tax Clearance Application	
CM-1	Offer in Compromise	
CM-2	Statement of Financial Condition and Other Information - For Individuals	
CM-2B	Statement of Financial Condition and Other Information - For Corporations, Partnerships, etc.	
D-30	Personal Assessment/Liability Questionnaire	
D-37	Notice of Mortgage, Pledge, or Purchase	
D-100	Request for an Installment Plan Agreement	
F-1	Franchise Tax Return	
FP-1	Franchise Tax or Public Service Company Tax Installment Payment Voucher	
G-8A	Report of Bulk Sale or Transfer	
G-26	Use Tax Return – Imports for Consumption	
G-45	Periodic General Excise/Use Tax Return	
G-49	Annual Return & Reconciliation General Excise/Use Tax Return	
G-50	General Excise Branch License Maintenance Form	
G-75	Schedule of assignment of General Excise/Use Taxes by District	
Sch GE	General Excise/Use Tax Schedule of Exemptions & Deductions	
GEW-TA-RV-1	Notification of Cancellation of Tax Licenses and Tax Permits	
GEW-TA-RV-6	Application for Extension of Time to File the GE/Use Tax Annual Return & Reconciliation (Form G-49), the TA Tax Annual Return & Reconciliation (Form TA-2), or the RVST Annual Return & Reconciliation (Form RV-3)	
HW-2	Statement of Hawaii Income Tax Withheld and Wages Paid	
HW-4	Employee's Withholding Allowance and Status Certificate	
HW-6	Employee's Statement to Employer Concerning Non-Residence in the State of Hawaii	
HW-7	Exemption from Withholding on Nonresident Employee's Wages	
HW-14	Periodic Withholding Tax Return	
HW-30	Employer's Annual Transmittal of Hawaii Income Tax Withheld From Wages	
ITPS-COA	Change of Address	
L-9	Request to Place Tax Account on Inactive Status	
L-12	Request for Allocation of Tax Amounts for Individuals	
L-15	Substitute for Form HW-2 or W-2, Wages and Tax Statement	
L-72	Request for Copies of Hawaii Tax Return	
L-80	Tracer Request for Tax Year	
L-82	Refund Change Request for Tax Year	
L-110	Electronic Filing or Payment Exemption Application	
M-6	Hawaii Estate Tax Return	
M-6A	Request for Release to be Filed for Decedents Dying After June 30, 1983	
M-6GS	Hawaii Generation-Skipping Transfer Tax Return	
M-18	Combined Monthly Return of Liquor Tax and Report of Wine Gallons and Dollars Volume of Taxable Sales or Uses	
M-19	Cigarette and Tobacco Products Monthly Tax Return	



State of Hawaii, Department of Taxation, Form Reproduction Program Letter of Intent (Form EF-6)

M-20A	Monthly Return of Liquid Fuel Tax (State and County) and Environmental Response, Energy, and Food Security Tax	
M-22	Quarterly Tax Return for Additional Fuel Taxes Due	
M-36	Quarterly Combined Claim for Refund of Fuel Taxes Under Chapter 243, HRS	
M-68	Application for Extension of Time to File Hawaii Estate Tax Return (Form M-6) or Hawaii Generation-Skipping Transfer Tax Return (M-6GS) and/or Pay Hawaii Estate (and Generation-Skipping Transfer) Taxes (Only for Decedents Filing a Hawaii Return But Not Required to File a Federal Return)	
M-100A	Application to Purchase Cigarette Tax Stamps	
M-100B	Authorization to Order and Receive Cigarette Tax Stamps	
M-103	Transfer of Cigarette Tax Stamps	
M-104	Export Exemption Certificate for Cigarette and Tobacco Taxes	
M-105	Schedule of Imported Foreign Cigarettes to Which Hawaii Cigarette Tax Stamps Have Been Affixed	
M-106	Request for Refund of Unused Cigarette Tax Stamps	
M-110	Cigarette Tax Return	
N-2	Individual Housing Account	
N-4	Statement of Withholding for a Nonresident Shareholder of an S Corporation	
N-4P	Statement of Withholding for a Nonresident Partner of a Partnership	
N-11	Resident Individual Income Tax Return	
N-15	Individual Income Tax Return (Nonresident & Part-Year Resident)	
N-20	Partnership Tax Return	
Sch D (N-20)	Capital Gains and Losses (Form N-20)	
Sch K-1 (N-20)	Partner's Share of Income, Credits, Deductions, etc. (Form N-20)	
Sch NP	Allocation of Withholding Payment to Nonresident Partners	
Sch O & P (N-20)	Schedules O & P (From N-20) Allocation and Apportionment of Income	
N-30	Corporation Income Tax Return	
Sch D (N-30/N- 70NP)	Capital Gains and Losses (Form N-30/N-70NP)	
Sch O (N-30)	Allocation and Apportionment of Income	
Sch P (N-30)	Apportionment Formula	
N-35	S Corporation Income Tax Return	
Sch. D (N-35)	Capital Gains and Losses and Built-In Gains (Form N-35)	
Sch K-1 (N-35)	Shareholder's Share of Income, Credits, Deductions, etc.	
Sch NS (N-35)	Hawaii S Corporation Agreement of Nonresident Shareholder	
N-40	Fiduciary Income Tax Return	
Sch D (N-40)	Capital Gains and Losses (Form (N-40)	
Sch J (N-40)	Trust Allocation of an Accumulation Distribution (Form N-40)	
Sch K-1 (N-40)	Beneficiary's Share of Income, Deductions, Credits, etc. (Form- N-40)	
N-40T	Allocation of Estimated Tax Payments to Beneficiaries	
N-66	Real Estate Investment Mortgage Conduit Income Tax Return	
N-70NP	Exempt Organization Business Income Tax Return	
N-103	Sale of Your House	



State of Hawaii, Department of Taxation, Form Reproduction Program Letter of Intent (Form EF-6)

N-109	Application for Tentative Refund from Carryback of Net Operating Loss (Other Than Corporation)
N-110	Statement of Person Claiming Refund Due a Deceased Taxpayer
N-139	Moving Expenses with Instructions
N-152	Tax on Lump-Sum Distribution
N-158	Investment Interest Expense Deduction
N-163	Fuel Tax Credit for Commercial Fishers- Individual
N-168	Income Averaging for Farmers and Fisherman
N-172	Claim for Tax Exemption by Person with Impaired Sight or Hearing or by Totally Disabled Person and Physician's Certification
N-200V	Individual Income Tax Payment Voucher
N-201V	Business Income Tax Payment Voucher
N-210	Underpayment of Estimated Tax by Individuals, Estates and Trusts
N-220	Underpayment of Estimated Tax by Corporations and S Corporations
N-288	Hawaii Withholding Tax Return for Dispositions by Nonresident Persons of Hawaii Real Property Interests
N-288A	Statement of Withholding on Dispositions by Nonresident Persons of Hawaii Real Property Interests
N-288B	Application for Withholding Certificate for Dispositions by Nonresident Persons of Hawaii Real Property Interest
N-288C	Application for Tentative Refund of Withholding on Dispositions by Nonresident Persons on Hawaii Real Property Interests
N-309	Corporation Application for Tentative Refund from Carryback of Net Operating Loss
N-310	Multistate Tax Compact Short Form Return
N-311	Refundable Food/Excise Tax Credit
N-312	Capital Goods Excise Tax Credit
N-323	Carryover of Tax Credits
N-325	Historic Preservation Income Tax Credit
N-330	School Repair and Maintenance Tax Credit
N-338	Recapture of Tax Credit for Flood Victims
N-340	Motion Picture, Digital Media, and Film Production Income Tax Credit
N-342	Renewable Energy Technologies Income Tax Credit
N-342A	Information Statement Concerning Renewable Energy Technologies Income Tax Credit for Systems Installed and Place in Service On or After July 1, 2009
N-342B	Composite Schedule for Form N-342A
N-342C	Composite Schedule for Form N-342
N-344	Important Agricultural Land Qualified Agricultural Cost Tax Credit
N-346	Tax Credit for Research Activities
N-346A	Certified Statement of Research and Development Costs Incurred by a Qualified High Technology business (QHTB) and Claim of the Tax Credit for Research Activities
N-348	Capital Infrastructure Tax Credit
N-352	Renewable Fuels Production Tax Credit
N-354	Organic Food Production Tax Credit
N-356	Earned Income Tax Credit



State of Hawaii, Department of Taxation, Form Reproduction Program Letter of Intent (Form EF-6)

N-358	Healthcare Preceptor Income Tax Credit	
N-360	Renewable Fuels Production Tax Credit	
N-362	Pass-Through Entity Tax Credit	
N-362E	Pass-Through Entity Tax Election Form	
N-379	Request for Innocent Spouse Relief	
N-405	Tax on Accumulation Distribution of Trusts	
N-586	Tax Credit for Low-Income Housing	
N-615	Computation of Tax for Children Under Age 14 who have Unearned Income of more than \$1000	
N-755	Application for Automatic Extension of Time to File Hawaii Franchise Tax Return (Form F-1) or Public Service Company Tax Return (Form U-6)	
N-756	Enterprise Zone Tax Credit	
N-756A	Information Statement Concerning the Enterprise Zone Tax Credit	
N-814	Parent's Election to Report Child's Interest and Dividends	
N-848	Power of Attorney	
N-884	Credit for Employment of Vocational Rehabilitation Referrals	
RCA-1	Schedule of Property Owners Entering Into A Rental Collection Agreement	
RV-2	Rental Motor Vehicle, Tour Vehicle & Car-Sharing Vehicle Surcharge Tax Return	
RV-3	Rental Motor Vehicle, Tour Vehicle & Car-Sharing Vehicle Surcharge Tax Annual Return & Reconciliation	
Sch. AMD	Explanation of Changes on Amended Return	
Sch. CR	Schedule of Tax Credits	
Sch. D-1	Sales of Business Property	
Sch. J	Supplemental Annuities Schedule	
Schedule PTE	Pass-Through Entity Tax Calculation	
Schedule PTE-U	Upper-Tier Pass-Through Entity Tax Allocation	
Sch. X	Tax Credits for Hawaii Residents	
TA-1	Periodic Transient Accommodations Tax Return	
TA-2	Annual & Reconciliation Transient Accommodations Tax Return	
U-6	Public Service Company Tax Return	
VP-1	Tax Payment Voucher	
VP-2	Miscellaneous Tax Payment Voucher	

Acknowledgements and signature

I agree to provide true, accurate, current, and complete information. By signing this agreement, my company agrees to all of the requirements listed in this document. The Department of Taxation reserves the right to deny, suspend or terminate my company's ability to submit returns.

AUTHORIZED REPRESENTATIVE PRINTED NAME	AUTHORIZED REPRESENTATIVE EMAIL ADDRESS	
AUTHORIZED REPRESENTATIVE SIGNATURE	AUTHORIZED REPRESENTATIVE PHONE NUMBER	DATE

Complete this signature line if this is an amended Letter of Intent

AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE PHONE NUMBER	Amended Date
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