

STATE OF HAWAII  
DEPARTMENT OF TAXATION

FORM REPRODUCTION PROGRAM  
LETTER OF INTENT

Tax Year 2022



Due Date: **October 31, 2022**



## 2022 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:**

- ❖ If you are already approved for the latest version of our NO CHANGE forms, please do **NOT** check/mark off the form again.
- ❖ Test forms can be mailed or emailed in a PDF format.

**This form must be completed and submitted to [tax.dp.qa@hawaii.gov](mailto:tax.dp.qa@hawaii.gov) no later than October 31, 2022.**

|   |              |  |
|---|--------------|--|
| Check the box that applies to you. If you are submitting an amended LOI please highlight changed information. |              |  |
| Original LOI  | Amended LOI  | Cancel LOI   |
| Name of Company   | Company FEIN | Vendor ID <small>(Enter N/A if a new vendor ID needs to be obtained)</small> |
| Address   |              |  |
| City  | State        | Zip Code   |
|   |              |  |
| 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 |
| 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/](http://tax.hawaii.gov/eservices/developers/)



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(Form EF-6)

## 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   |           |



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|                     |   |  |
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| 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   |  |
| 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-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 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  |  |



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|        |   |  |
|--------|---|--|
| 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  |  |



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|          |  |  |
|----------|--|--|
| N-356    | Earned Income Tax Credit   |  |
| N-358    | Healthcare Preceptor Income Tax Credit   |  |
| N-360    | Renewable Fuels Production Tax Credit  |  |
| 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   |  |
| 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  |  |
| 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  |  |



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**Acknowledgements and signature**

I agree to provide true, accurate, current, and complete information. By signing this agreement, my company agrees to all 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 |
|---------------------------|--|--------------|