

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

**1. APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

HAWAII TAX ID # W \_\_\_\_\_ - \_\_\_\_\_  
FEDERAL EMPLOYER ID # \_\_\_\_\_ - \_\_\_\_\_  
(FEIN)  
SOCIAL SECURITY #(SSN) \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- CORPORATION
- INDIVIDUAL
- LIMITED LIABILITY COMPANY
- Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_
- Subsidiary Corporation; enter parent corporation's name and FEIN \_\_\_\_\_
- S CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY PARTNERSHIP
- TAX EXEMPT ORGANIZATION
- ESTATE
- TRUST

**4. THE TAX CLEARANCE IS REQUIRED FOR:**

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \*
- REAL ESTATE LICENSE
- FINANCIAL CLOSING
- HAWAII STATE RESIDENCY
- SUBCONTRACT
- CONTRACTOR LICENSE
- PROGRESS PAYMENT
- FEDERAL CONTRACT
- OTHER \_\_\_\_\_
- LIQUOR LICENSE \*
- BULK SALES\*\*
- PERSONAL
- LOAN

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.  
\*\* ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

**5. NO. OF CERTIFIED COPIES REQUESTED:**

**6. SIGNATURE:**

\_\_\_\_\_  
PRINT NAME  
\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
DATE  
\_\_\_\_\_  
TELEPHONE  
\_\_\_\_\_  
FAX

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE / /
HAWAII RETURNS FILED IF APPLICABLE 20____ 20____ 20____
STATE APPROVAL STAMP  <b>This is not an approved certificate unless the State approval stamp appears here.</b>
*IRS APPROVAL STAMP
CERTIFIED COPY STAMP

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**  
**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**  
**SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:**     Bid/Entering Into a Contract     Completion/Final Payment  
 For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.  
 Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

8. **LIQUOR LICENSING:**     Initial     Renewal     Transfer-Seller     Transfer-Buyer     Special Event

9. **CONTRACTOR LICENSING:**     Initial     Renewal

10. **STATE RESIDENCY:**    DATE APPLICANT ARRIVED IN HAWAII \_\_\_\_\_

11. **ACCOUNTING PERIOD:**     Calendar year     Fiscal year ending \_\_\_\_\_  
 (MM/DD)

12. **TAX EXEMPT ORGANIZATION:**

A) Provide the Internal Revenue Code Section that applies to your exemption. \_\_\_\_\_

B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return?     YES     NO

13. **CORPORATION:**    Parent's Corporation Name \_\_\_\_\_ FEIN \_\_\_\_\_

14. **INDIVIDUAL:**    Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

15. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**

A) Has your firm had any business income in Hawaii prior to the Bid?     YES     NO

B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii?     YES     NO

C) Has your firm provided any services within the State of Hawaii?     YES     NO

16. **FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation  
 TAXPAYER SERVICES BRANCH  
 P.O. BOX 259  
 HONOLULU, HI 96809-0259  
 TELEPHONE NO.: 808-587-4242  
 TOLL FREE: 1-800-222-3229  
 FAX NO.: 808-587-1488  
 or  
 830 PUNCHBOWL STREET, RM 124  
 HONOLULU, HI 96813-5094

Internal Revenue Service  
 WAGE & INVESTMENT DIVISION  
 -TC M/S H214  
 FIELD ASSISTANCE GROUP 562  
 300 ALA MOANA BLVD., #50089  
 HONOLULU, HI 96850  
 TELEPHONE NO.: 808-539-1555  
 FAX NO.: 808-539-1573  
 or  
 TAXPAYER ASSISTANCE CENTER  
 HONOLULU:  
 300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website ([www.hawaii.gov/tax](http://www.hawaii.gov/tax)).

----- FOR OFFICE USE ONLY -----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE/COUNTY SURCHARGE TAX			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			