

**GENERAL EXCISE/USE, EMPLOYER'S
WITHHOLDING, TRANSIENT ACCOMMODATIONS
AND RENTAL MOTOR VEHICLE &
TOUR VEHICLE SURCHARGE
APPLICATION CHANGES**

IMPORTANT: File this form ONLY if there are changes to your license application (Form BB-1).

NAME: _____ CUSTOMER I.D. No. **W** _____

PLEASE CHANGE MY:

1. NAME TO: () _____
(If a new FEIN is required or a spouse is added, a new license must be obtained.) Please attach documentation of name change, such as marriage certificate, DCCA filing, etc.
Reason for name change: _____
2. Doing Business As (DBA) Name: () _____
(If a new FEIN is required, a new license must be obtained.)
3. TELEPHONE NUMBER TO: Business (_____) Residential (_____)
4. E-MAIL ADDRESS TO: _____
5. ACCOUNTING PERIOD TO: Calendar Year Fiscal year ending ____ / ____ As of _____.
6. ACCOUNTING METHOD TO: Accrual Cash As of _____
7. PRIMARY NAICS CODE TO: _____
8. **GENERAL EXCISE** FILING PERIOD FOR HAWAII TAX I.D. NO. **W** _____ - ____:

From:	To: As of _____ *
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)
9. **WITHHOLDING** FILING PERIOD FOR HAWAII TAX I.D. NO. **W** _____ - ____:

From:	To: As of _____ *
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$5,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$5,000.)
10. **TRANSIENT ACCOMMODATIONS** FILING PERIOD FOR HAWAII TAX I.D. NO. **W** _____ - ____:

From:	To: As of _____ *
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)
11. **RENTAL MOTOR VEHICLE & TOUR VEHICLE** FILING PERIOD FOR HAWAII TAX I.D. NO. **W** _____ - ____:

From:	To: As of _____ *
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)

* **NOTE: Requested change will take effect after current filing period is over. It cannot change the filing frequency retroactively.**

PLEASE ADD:

12. FEDERAL EMPLOYER I.D. NO. _____
(If your FEIN has changed, you must apply for a new license. This line is ONLY for those applicants who did not have a FEIN at the time the original application was filed.)
13. PARENT CORPORATION'S: FEIN _____ HAWAII TAX I.D. NO. **W** _____ - ____
14. NEW PARTNERS OR CORPORATE OFFICERS (List on back of this form.)
15. ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)
16. DBA (Doing Business As) Name _____

MAILING ADDRESS

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425

PLEASE DELETE:

17. PARTNERS OR CORPORATE OFFICERS. (List on back of this form.)
18. ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)
19. DBA (Doing Business As) Name _____

Signature

Print name and Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)

Date

