

Certification for Form N-318 (Rev. 4/2003) and Form N-318A for taxable year 2002

This certification is to be used only if the taxpayer has previously filed Form N-318 (Rev. 2002) with the 2002 income or franchise tax return. The taxpayer may submit this certification and is not required to file an amended 2002 income or franchise tax return if the only reason for amending the 2002 income or franchise tax return would be to file Forms N-318 (Rev. 4/2003) and N-318A.

Mail to: High Technology Filing Unit, P.O. Box 259, Honolulu, HI 96809-0259.

Taxpayer's name	Taxpayer's SSN or FEIN
If joint return, taxpayer's spouse's name	Taxpayer's spouse SSN
Address (Number and street, including apartment, room, or suite number; or rural route):	
City, town or post office, State and ZIP code. If you have a foreign address, enter the information in the following order: city, province or state, postal code, and the name of the country. Please do not abbreviate the country name.	
Type of tax return filed for the 2002 taxable year (N-11, N-12, N-15, N-20, N-30, N-35, N-40, N-70NP, F-1)	

Designee

May the Hawaii Department of Taxation discuss Form N-318 (Rev. 4/2003) and Form N-318A with the preparer shown below? This designation does not replace Form N-848, Power of Attorney.

Yes No

Declaration

I declare, under the applicable penalties set forth in sections 231-34, 231-35, 231-36, Hawaii Revised Statutes (HRS), that the information reported in the attached Forms N-318 (Rev. 4/2003) and N-318A (including accompanying schedules or statements) has been examined by me and to the best of my knowledge and belief, is true, correct, and complete and made in good faith for the taxable year 2002, pursuant to the Hawaii Income Tax Law, chapter 235, HRS, and if applicable, the Franchise Tax Law, chapter 241, HRS.

Taxpayer's signature		Date		Taxpayer's spouse signature		Date	
Paid Preparer's Information	Preparer's Signature	Date	Check if self employed <input type="checkbox"/>	Preparer's Identification Number			
	Print Preparer's Name		Federal Employer Identification Number				
	Print firm's name (or your if self-employed			Phone Number			