

STATE OF HAWAII — DEPARTMENT OF TAXATION
**APPLICATION FOR
EXEMPTION FROM GENERAL EXCISE TAXES
(SHORT FORM)**

PLEASE READ THE SEPARATE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

1. **NAME OF ORGANIZATION:** (Type or print clearly the full name of your group or organization)

Mailing Address: _____ Business Address: _____

E-mail: _____ Website (if any): _____

Contact person: _____ Daytime Telephone No.: (_____) _____

2. **The above-named organization is applying for exemption from general excise taxes under the following general excise tax section:** (Check only one box. See instructions for more information.)

- Section 237-23(a)(3), Hawaii Revised Statutes
- Section 237-23(a)(5), Hawaii Revised Statutes
- Section 237-23(a)(4), Hawaii Revised Statutes
- Section 237-23(a)(6), Hawaii Revised Statutes

3. **Effective date requested** _____ . See instructions for required statement.

4. **Date Organization's Hawaii Activity Began if Different from Date of Inception:** _____

5. **All of the following items MUST be submitted with this completed application:** (See instructions for more information.)

- A. Copy of filed federal Form 1023 **with all attachments**
(for organizations described in IRC section 501(c)(3))
or
Copy of filed federal Form 1024 **with all attachments**
(for organizations described in IRC sections 501(c)(4),
(6), or (8))

Mail the completed application to:
State of Hawaii
Department of Taxation
Technical Section
P. O. Box 259
Honolulu, HI 96809-0259

- B. Copy of IRS determination letter granting federal tax exemption. If you requested an IRS determination but have not received it, check this box. _____
Upon receipt of the IRS determination letter, a copy must be submitted to the Department of Taxation.
- C. Twenty Dollars (\$20) Registration Fee enclosed, **OR** (check only one)
 The \$20 general excise license fee has been paid. Enter your general excise Hawaii Tax I.D. Number here: **W** _____ - _____.

DECLARATION

I hereby declare under penalties provided by section 231-36, HRS, that I have examined this application and accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature of Officer or Duly Authorized Agent Title Date

FOR OFFICIAL USE ONLY:

Approved by: _____ Date Approved: _____
Title: _____

