

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
**NOTIFICATION OF CANCELLATION  
OF GENERAL EXCISE, WITHHOLDING,  
TRANSIENT ACCOMMODATIONS, OR  
RENTAL MOTOR VEHICLE AND  
TOUR VEHICLE ACCOUNTS**

DO NOT WRITE IN THIS AREA **01**

NAME: \_\_\_\_\_

**CANCEL MY ACCOUNT(S) CHECKED OFF BELOW:**

**NOTE:** Please enter an effective date of cancellation for each tax type account that you are cancelling. The date should correspond to the last day of the last filing period required to be filed (even if the tax due is 'zero'). (Example: If the last filing period required to be filed is the 4th Quarter of 2007, the effective date of cancellation would be 12/31/07, and not 1/1/08.)

**GENERAL EXCISE**  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

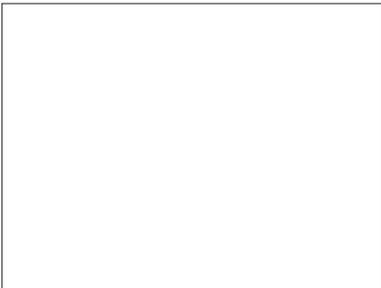
**WITHHOLDING**  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

**TRANSIENT ACCOMMODATIONS**  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

**RENTAL MOTOR VEHICLE AND  
TOUR VEHICLE**  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR  
FOR HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_ EFF: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

**NOTE:**

The tax licenses being cancelled must be returned to the Department of Taxation together with this cancellation form. Be sure to file your monthly, quarterly, or semiannual returns up to the date of cancellation and your final annual return by their due dates. If you are submitting this form during the fourth quarter of your tax year, you will most likely receive next year's tax return booklet(s). Please **DO NOT** resubmit another cancellation form if you receive next year's tax return booklet(s).



THIS SPACE FOR DATE RECEIVED STAMP

**Please sign below. An unsigned cancellation notice will not be accepted.**

\_\_\_\_\_  
Signature of Owner, Partner or Member, Officer, or Duly Authorized Agent

\_\_\_\_\_  
Title: Owner, Partner or Member, Officer, or Duly Authorized Agent

\_\_\_\_\_  
Date

**— MAILING ADDRESS —**

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