

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

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

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 This is not an approved certificate unless the State approval stamp appears here.
*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).

----- 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			