

**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 application.

Taxpayer's Name _____ GE/WH/TA/RV I.D. No. _____

PLEASE CHANGE MY:

1. NAME TO: () _____
Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.) Reason for name change.
2. Doing Business As (DBA) Name: _____
Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.)
3. TELEPHONE NUMBER TO: Business () _____ Residential () _____
4. ACCOUNTING PERIOD TO: Calendar Year Fiscal year ending ____/____ As of _____.
5. ACCOUNTING METHOD TO: Accrual Cash
6. **GENERAL EXCISE** FILING PERIOD:

From:	To:
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.)
7. **WITHHOLDING** FILING PERIOD:

From:	To:
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$1,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$1,000.)
8. **TRANSIENT ACCOMMODATIONS** FILING PERIOD:

From:	To:
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.)
9. **RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE** FILING PERIOD:

From:	To:
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$2,000.)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$2,000.)
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$1,000.)

PLEASE ADD:

10. FEDERAL EMPLOYER'S 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.)
11. PARENT CORPORATION'S: FEIN _____ G.E. I.D. NUMBER _____
12. NEW PARTNERS OR CORPORATE OFFICERS (List on back of this form.)
13. NEW BUSINESS ACTIVITY _____
14. ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)
15. DBA (Doing Business As) Name _____
16. MY SPOUSE: Name _____ SSN _____

**MAILING
ADDRESSES**

OAHU DISTRICT OFFICE
P.O. BOX 1425
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE
P.O. BOX 1427
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1687
LIHUE, HI 96766-5687

PLEASE DELETE:

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

Signature

PrintnameandTitle(Owner,PartnerorMember,Officer,orDulyAuthorizedAgent)

Date

