TOUR VEHICLE SURCHARGES IMPORTANT: File this form ONLY if there are changes to your application. Taxpayor's Name GEWH/TA/RV LD. No. PLESE CHANCE 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. Doing basines As (DBA) Name: Presson for name change. Readontial (RM G V. 19	EW-TA-RV-5 STATE OF HAN DEPARTMENT OF T GENERAL EXCISE/USE WITHHOLDING, TRANSIENT AND RENTAL MOTOF	AXATION , EMPLOYER'S ACCOMMODATIONS	DO NOT WRITE IN THIS ARE	^A 03
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Date

12. Partners or corporate officers to be **ADDED**:

Social Security Number	Identify partners or principal corporate officers - title - address - city - state - zip (If more space is needed, attach a separate list of names, titles, and addresses.)			
	Name	Address	Title	

14. Address(es) of your rental real property, rental motor vehicle and/or tour business, and transient accommodations to be ADDED:

List by island. If a transient accommodation or a rental motor vehicle or tour business, place a check mark in the appropriate column on the right. (If more space is needed, attach a separate schedule.)	Island	Check if TA	Check if RV

17. Partners or corporate officers to be **DELETED**:

Social Security Number	Identify partners or principal corporate officers - title - address - city - state - zip (If more space is needed, attach a separate list of names, titles, and addresses.)			
	Name	Address	Title	

19. Address(es) of your rental real property, rental motor vehicle and/or tour business, and transient accommodations to be **DELETED**:

List by island. If a transient accommodation or a rental motor vehicle or tour business, place a check mark in the appropriate column on the right. (If more space is needed, attach a separate schedule.)	Island	Check if TA	Check if RV