FORM GEW-TA-RV-5 (REV. 2001)

STATE OF HAWAII DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

03

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.

la	xpay	er's Name	GE/WH/TA/RV I.D. No	
PL	EAS	E CHANGE MY:		
1.		NAME TO: ()	on for name change.	
2.		Doing Business As (DBA) Name: () Does not include change of ownership. (e.g.,		
3.		TELEPHONE NUMBER TO: Business () Residential ()	
4.		ACCOUNTING PERIOD TO: Calendar		·
5.		ACCOUNTING METHOD TO: Accrual		
6.		GENERAL EXCISE FILING PERIOD:		
		From:	To: As of	_
		☐ Monthly	☐ Monthly (Annual tax exceeds \$4,000.)	
		☐ Quarterly	Quarterly (Annual tax does not exceed \$4,000.)	
		☐ Semi-annually	☐ Semi-annually (Annual tax not more than \$2,000.)	
7.		WITHHOLDING FILING PERIOD:		
		From:	To: As of	_
		☐ Monthly	☐ Monthly (Annual tax exceeds \$5,000.)	
		☐ Quarterly	☐ Quarterly (Annual tax does not exceed \$5,000.)	
8.		TRANSIENT ACCOMMODATIONS FIL	ING PERIOD:	
		From:	To: As of	_
		☐ Monthly	☐ Monthly (Annual tax exceeds \$4,000.)	
		☐ Quarterly	Quarterly (Annual tax does not exceed \$4,000.)	
		☐ Semi-annually	\square Semi-annually (Annual tax not more than \$2,000.)	
9.		RENTAL MOTOR VEHICLE & TOUR V	EHICLE SURCHARGE FILING PERIOD:	
		From:	To: As of	_
		☐ Monthly	☐ Monthly (Annual tax exceeds \$4,000.)	
		Quarterly	Quarterly (Annual tax does not exceed \$4,000.)	
		☐ Semi-annually	☐ Semi-annually (Annual tax not more than \$2,000.)	
PL	EAS	SE ADD:		
10.		FEDERAL EMPLOYER I.D. NO		
		(If your FEIN has changed, you must apply for a new	w license. This line is ONLY for those applicants who did not have a FEIN at the t	ime the original application was filed.
11.		PARENT CORPORATION'S: FEIN	G.E. I.D. NUMBER	
12.		NEW PARTNERS OR CORPORATE OFFIC	ERS (List on back of this form.)	
13.				MAILING
14.		ADDRESS(ES) OF YOUR RENTAL REAL PAND TRANSIENT ACCOMMODATIONS. (Li	ROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS, st on back of this form.)	ADDRESSES
15.			·	OAHU DISTRICT OFFICE P.O. BOX 1425
16.		MY SPOUSE: Name		HONOLULU, HI 96806-1425
PL	EAS	E DELETE:	MAUI DISTRICT OFFICE P.O. BOX 1427	
17.		PARTNERS OR CORPORATE OFFICERS.	(List on back of this form.)	WAILUKU, HI 96793-6427
18.		BUSINESS ACTIVITY		HAWAII DISTRICT OFFICE
19.		ADDRESS(ES) OF YOUR RENTAL REAL P	P.O. BOX 937 HILO, HI 96721-0937	
	_	AND TRANSIENT ACCOMMODATIONS. (L		,
20.		DBA (Doing Business As) Name	KAUAI DISTRICT OFFICE P.O. BOX 1687	
21.		SPOUSE: Name	LIHUE, HI 96766-5687	

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	Addre	Address		Title	
Address(es) of your rent	al real property, rental motor v	ehicle and/or tour husiness	and transient accomn	nodations to h	e ADDF	
List by island. If a transient ac place a check mark in the ap	ccommodation or a rental motor propriate column on the right. (If	vehicle or tour business,	Island	Check if TA		
attach a separate schedule.)					-	
7. Partnore or corporate o	officers to be DELETED.					
·	Identify partners or principa	Il corporate officers - title - act	ddress - city - state - 2	zip ses.)		
·	Identify partners or principa	Il corporate officers - title - ac ttach a separate list of name Addre	es, titles, and address	es.)	itle	
·	Identify partners or principa (If more space is needed, a	ttach a separate list of name	es, titles, and address	es.)	itle	
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Social Security Number	Identify partners or principa (If more space is needed, a Name	ttach a separate list of name Addre	es, titles, and address	ses.)		
Social Security Number 9. Address(es) of your rental List by island. If a transient acolace a check mark in the ap	Identify partners or principa (If more space is needed, a	hicle and/or tour business, an	es, titles, and address	ses.)		
Social Security Number 9. Address(es) of your rental List by island. If a transient acolace a check mark in the ap	Identify partners or principa (If more space is needed, a Name Al real property, rental motor vertices and a rental motor vertices.)	hicle and/or tour business, an	d transient accommod	dations to be I	DELETE Check	
Social Security Number 9. Address(es) of your rental List by island. If a transient acolace a check mark in the ap	Identify partners or principa (If more space is needed, a Name Al real property, rental motor vertices and a rental motor vertices.)	hicle and/or tour business, an	d transient accommod	dations to be I	DELETE Check	
Social Security Number 9. Address(es) of your renta List by island. If a transient acolace a check mark in the ap	Identify partners or principa (If more space is needed, a Name Al real property, rental motor vertices and a rental motor vertices.)	hicle and/or tour business, an	d transient accommod	dations to be I	DELETE Check	
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