

**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 As of \_\_\_\_\_
- 6.  **GENERAL EXCISE** FILING PERIOD:  

<b>From:</b>	<b>To:</b>	<b>As of</b> _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)	
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)	
- 7.  **WITHHOLDING** FILING PERIOD:  

<b>From:</b>	<b>To:</b>	<b>As of</b> _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$5,000.)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$5,000.)	
- 8.  **TRANSIENT ACCOMMODATIONS** FILING PERIOD:  

<b>From:</b>	<b>To:</b>	<b>As of</b> _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)	
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)	
- 9.  **RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE** FILING PERIOD:  

<b>From:</b>	<b>To:</b>	<b>As of</b> _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.)	
<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)	

**PLEASE ADD:**

- 10.  FEDERAL EMPLOYER 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 \_\_\_\_\_

Print name and Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) \_\_\_\_\_

Date \_\_\_\_\_

