FORM GEW-TA-RV-5 (REV. 2014)

STATE OF HAWAII **DEPARTMENT OF TAXATION**

GENERAL EXCISE/USE, EMPLOYER'S WITHHOLDING, TRANSIENT ACCOMMODATIONS AND RENTAL MOTOR VEHICLE, TOUR VEHICLE & **CAR-SHARING VEHICLE SURCHARGE APPLICATION CHANGES**

03	DO NOT WRITE IN THIS AREA

IMPORTANT: File this form ONLY if there are changes to your license application (Form BB-1).

Name:	OITIAITI IIC II	iis ioiiii onei ii tiicic arc	J.1	angeo to your	.,,,,,,	Hawaii	Tax I.D. No.:
						W	
	E CHANGE MY:						
1a. Name to:				1b. Reason for Na	ıme Ch	hange:	
(NOTI	(NOTE: If a new FEIN is required, a new license must be obtained.)			(Attach documentatio	n of na	me change, su	ch as marriage certificate, DCCA filing, etc.)
2.	Trade Name or Doing Busines	ss As (DBA) Name to:		3a. Business F	Phone	Number to:	3b. Residential Phone Number to: ()
4.	E-mail Address to:						5. Primary NAICS Code to:
6.	Accounting Period to:	Calendar Year Fiscal Ye	ar E	Ending /		As of: _	<u> </u>
7.	Accounting Method to:	Accrual Cash As of:					
8.	General Excise Filing Period	l for:	_	From:	т	Го:	
			Ц	Monthly	_		nual tax exceeds \$4,000.)
	As of*		Ц	Quarterly		, ,	nnual tax does not exceed \$4,000.)
	715 01		Ш	Semi-annually		Semi-annuall	y (Annual tax not more than \$2,000.)
9.	Withholding Filing Period for	-:		From:	_ T	Го:	
	Hawaii Tax I.D. No. W		_	Monthly	_		nual tax exceeds \$5,000.)
	As of*		Ш	Quarterly		Quarterly (Ar	nnual tax does not exceed \$5,000.)
		- Filipa David for		From:	т	Го:	
10. 📙	Transient Accommodations			Monthly			nual tax exceeds \$4,000.)
	Hawaii Tax I.D. No. W			Quarterly	_	• '	nnual tax does not exceed \$4,000.)
	As of*			Semi-annually			y (Annual tax not more than \$2,000.)
11.	Pontal Motor Vohiolo Tour	Vehicle & Car-Sharing Vehicle		From:	Т	Го:	· · · · · · · · · · · · · · · · · · ·
11.		verlicle & Car-Sharing verlicle		Monthly	□ r	Monthly (Anr	nual tax exceeds \$4,000.)
	Filing Period for:			Quarterly	_		nnual tax does not exceed \$4,000.)
				Semi-annually		Semi-annuall	y (Annual tax not more than \$2,000.)
	As of*						
* NOT	E: The requested change wi	II take effect after the current fili	ng	period is over. Th	e filin	g frequency	cannot be changed retroactively.
PLEAS	E ADD:						
12.	Federal Employer I.D. No.	(NOTE: If your FEIN has change who did not have a FEIN					
13.	Parent Corporation's: FEIN	Hawaii Tax I.D. No. W		14. Trade N	ame o	or Doing Busi	ness As (DBA) Name:
15.	New Partners, Members, or C this form.)	Corporate Officers (List on page 2 of	of	Tour Veh	nicle ai	nd/or Car-Sh	Real Property, Rental Motor Vehicle, aring Vehicle Business, and Transient page 2 of this form.)
PLEAS	E DELETE:						
17.	Partners, Members, or Corporation.)	orate Officers (List on page 2 of th	is	Tour Veh	nicle a	nd/or Car-Sh	Real Property, Rental Motor Vehicle, aring Vehicle Business, and Transient page 2 of this form.)
19.	Trade Name or Doing Busine	ess As (DBA) Name:		Accomin	nouali	ons. (List on	page 2 of this ionii.)
		er, Officer, or Duly Authorized Agen	t	HAWAII DEP	PARTMI	ADDRESS ENT OF TAXA	-
Print Nan	ne of Signatory			HONOL	LULU, F	HI 96806-1425	
Title		Date	_				FORM GEW-TA-RV-5 03

15. List the social security number (SSN), name, title, address, city, state, and postal/zip code of each partner, member, or corporate officer to be **ADDED.** If the partner or member is not an individual, list the partner's or member's federal employer identification number (FEIN). If more space is needed, attach a separate schedule.

SSN/FEIN	Name	Title	Address

16. List by island, the address of each rental real property, rental motor vehicle, tour vehicle and/or car-sharing vehicle (RVST), business, and transient accommodation (TA) to be **ADDED**. If you are adding a TA or RVST, place a check mark in the appropriate column below. If more space is needed, attach a separate schedule.

Address	Island	Check if TA	Check if RVST

17. List the social security number (SSN), name, title, and address of each partner, member, or corporate officer to be **DELETED.**If the partner or member is not an individual, list the partner's or member's FEIN. If more space is needed, attach a separate schedule.

SSN/FEIN	Name	Title	Address

18. List by island, the address of each rental real property, rental motor vehicle, tour vehicle and/or car-sharing vehicle (RVST), business, and transient accommodation (TA) to be **DELETED**. If you are deleting a TA or RVST, place a check mark in the appropriate column below. If more space is needed, attach a separate schedule.

Address	Island	Check if TA	Check if RVST