

**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 license application (Form BB-1).

Name: _____ Customer I.D. No.: _____
W _____

PLEASE CHANGE MY:

1a. Name to: _____
(NOTE: If a new FEIN is required, a new license must be obtained.)
1b. Reason for Name Change: _____
(Attach documentation of name change, such as marriage certificate, DCCA filing, etc.)
2. Doing Business As (DBA) Name to: _____
3a. Business 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 Year Ending ___ / ___ As of: _____
7. Accounting Method to: Accrual Cash As of: _____

8. <input type="checkbox"/> General Excise Filing Period for: Hawaii Tax I.D. No. W _____ - ____ As of _____*	From: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	To: <input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.) <input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.) <input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)
9. <input type="checkbox"/> Withholding Filing Period for: Hawaii Tax I.D. No. W _____ - ____ As of _____*	From: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	To: <input type="checkbox"/> Monthly (Annual tax exceeds \$5,000.) <input type="checkbox"/> Quarterly (Annual tax does not exceed \$5,000.)
10. <input type="checkbox"/> Transient Accommodations Filing Period for: Hawaii Tax I.D. No. W _____ - ____ As of _____*	From: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	To: <input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.) <input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.) <input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)
11. <input type="checkbox"/> Rental Motor Vehicle & Tour Vehicle Filing Period for: Hawaii Tax I.D. No. W _____ - ____ As of _____*	From: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	To: <input type="checkbox"/> Monthly (Annual tax exceeds \$4,000.) <input type="checkbox"/> Quarterly (Annual tax does not exceed \$4,000.) <input type="checkbox"/> Semi-annually (Annual tax not more than \$2,000.)

* NOTE: The requested change will take effect after the current filing period is over. The filing frequency cannot be changed retroactively.

PLEASE ADD:

12. Federal Employer I.D. No. _____ (NOTE: 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.)
13. Parent Corporation's: FEIN _____ Hawaii Tax I.D. No. W _____
14. Doing Business As (DBA) Name: _____
15. New Partners, Members, or Corporate Officers (List on page 2 of this form.)
16. Address(es) for my Rental Real Property, Rental Motor Vehicle and/or Tour Vehicle Business, and Transient Accommodations. (List on page 2 of this form.)

PLEASE DELETE:

17. Partners, Members, or Corporate Officers (List on page 2 of this form.)
18. Address(es) for my Rental Real Property, Rental Motor Vehicle and/or Tour Vehicle Business, and Transient Accommodations. (List on page 2 of this form.)
19. Doing Business As (DBA) Name: _____

Signature of Owner, Partner or Member, Officer, or Duly Authorized Agent

MAILING ADDRESS

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425

Print Name of Signatory

Title

Date

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 and/or tour vehicle (RVST) business, and transient accommodation (TA) to be **ADDED**. If you are adding a TA or RVST address, 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 federal employer identification number (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 and/or tour vehicle (RVST) business, and transient accommodation (TA) to be **DELETED**. If you are deleting a TA or RVST address, 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