

STATE OF HAWAII — DEPARTMENT OF TAXATION
**APPLICATION FOR EXEMPTION
FROM GENERAL EXCISE TAXES (SHORT FORM)**
PLEASE READ THE INSTRUCTIONS (FORM G-6A) BEFORE COMPLETING THIS APPLICATION

1. Federal employer identification number	2. General excise Hawaii tax identification number (if any) W _____ - _____
3. Full name of organization (exactly as it appears in your organizing document)	
4. Care of (if applicable)	
5. Mailing address (number and street), city or town, state, and postal/ZIP code	
6. Business address (number and street), city or town, state, and postal/ZIP code	
7. Organization's website	8. Date organization's Hawaii activity began
9. Primary contact	
a. Name and title	b. Telephone number ()
c. E-mail address	
10. Organization is applying for a GET exemption as an organization described under Hawaii Revised Statutes (check one):	
<input type="checkbox"/> § 237-23(a)(3) <input type="checkbox"/> § 237-23(a)(4) <input type="checkbox"/> § 237-23(a)(5) <input type="checkbox"/> § 237-23(a)(6) <input type="checkbox"/> § 237-23(a)(7)	
11. Organization has received/applied for a federal income tax exemption as an organization described under Internal Revenue Code (check one):	
<input type="checkbox"/> §501(c)(3) <input type="checkbox"/> §501(c)(4) <input type="checkbox"/> §501(c)(6) <input type="checkbox"/> §501(c)(8) <input type="checkbox"/> §501(c)(12) Potable water company	

12. The following items MUST be submitted with this completed application: (See instructions for more information.)

- A. Twenty Dollars (\$20) Registration Fee made payable to "Hawaii State Tax Collector" (check one):
 - Was paid when the organization obtained its GET license. (Enter your GET Hawaii Tax I.D. number on line 2.)
 - Is enclosed.
 - B. An IRS determination letter granting federal tax exemption (check one):
 - Is enclosed.
 - Was requested on (MM/DD/YY) _____, but has not been received.
 - Was not requested or required. (Enclose a statement to explain why.)
 - C. Statement to Request Retroactive Approval - If you are requesting retroactive approval, see the instructions.
 - D. Form BB-1 – Submit this form only if the organization does not have a GET license and the organization is or will be engaging in fundraising, or is required to file federal form 990, 990-EZ, or 990-T.
 - E. Copy of filed federal Application for Recognition Exemption (check one):
 - Federal Form 1023 with all attachments* (for organizations described in IRC § 501(c)(3))
 - Federal Form 1024 with all attachments* (for organizations described in IRC §§ 501(c)(4),(6), (8), (12))
- * (Attachments are documents submitted with your Form 1023 or 1024 such as Articles of Organization, bylaws, etc.)

Mail the completed application to:
Hawaii Department of Taxation
Technical Section
P. O. Box 259
Honolulu, HI 96809-0259

DECLARATION

I hereby declare under penalties provided by section 231-36, HRS, that I have examined this application and accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature of officer or duly authorized agent	Print name/Title	Date
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FOR OFFICIAL USE ONLY:

Approved by: _____

Title: _____

Date Approve: _____

Effective Date: _____

13. List the Organization's Hawaii activities and related income from those activities.

Hawaii Activity	Income from Hawaii Activity
Example: Donation/Contribution Solicitation Therapeutic services Program services Facility use by others Membership Benefit dinner Charity golf tournament Silent auction Educational classes	Donations and contributions Service fees State grants Rental income Membership fees and dues Income from ticket sales Tournament fees Silent auction proceeds Tuition