

STATE OF HAWAII
DEPARTMENT OF TAXATION
**NOTIFICATION OF CANCELLATION
OF TAX LICENSES AND TAX PERMITS**

DO NOT WRITE IN THIS AREA

01

Name

Trade Name or Doing Business As (DBA) Name

(_____)
Telephone Number

CANCEL MY TAX LICENSE(S) AS INDICATED BELOW:

License Type	Hawaii Tax I.D. No.	Effective Date (MM/DD/YYYY)
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____
	W _____ - ____	___ / ___ / _____

CANCEL MY TAX PERMIT(S) AS INDICATED BELOW:

Permit Type	Permit Number	Hawaii Tax I.D. No.	Effective Date (MM/DD/YYYY)
		W _____ - ____	___ / ___ / _____
		W _____ - ____	___ / ___ / _____
		W _____ - ____	___ / ___ / _____
		W _____ - ____	___ / ___ / _____
		W _____ - ____	___ / ___ / _____

Instructions to Cancel Tax License(s): (1) Enter the type(s) of license(s) you are cancelling (e.g., general excise (GE), transient accommodations (TA), rental motor vehicle, tour vehicle & car-sharing vehicle (RVST), use tax only (Use), employer's withholding (WH), or seller's collection (SC)) in the **License Type** column. (2) Enter the Hawaii Tax I.D. number(s) for the license(s) that you are cancelling in the **Hawaii Tax I.D. No.** Column. (3) Enter the effective date (Month, Day, Year) of cancellation for the tax license(s) that you are cancelling in the **Effective Date** column.*

Instructions to Cancel Tax Permit(s): (1) Enter the type(s) of permit(s) you are cancelling (e.g. liquor, liquid fuel distributor, liquid fuel retail dealer, cigarette & tobacco (non-retail), or retail tobacco) in the **Permit Type** column. (2) Enter the permit number(s) for the permit(s) that you are cancelling in the **Permit Number** column. (3) Enter the effective date (Month, Day, Year) of cancellation for the permit(s) that you are cancelling in the **Effective Date** column.*

*The effective date should correspond to the last day of the last filing period required to be filed (even if the tax due is 'zero'). (Example: If the last filing period required to be filed is the 4th Quarter of 2015, the effective date of cancellation should be 12/31/2015, and not 1/1/2016.)

Signature, Filing, & Payment Requirements: This form must be signed and sent to the Department of Taxation with the tax license(s)/permit(s) that you are cancelling. **An unsigned cancellation notice will not be accepted.** All required periodic (monthly, quarterly, or semiannual) and annual tax returns must be filed up to the date of cancellation and all taxes due paid in full. If the required returns and taxes due are not filed and paid in full, the tax license(s)/permit(s) will be cancelled as requested, but your tax account(s) will remain open for actions by the Department of Taxation to the extent permitted by law.

Mailing Address:
Hawaii Department of Taxation
Licensing Section
P. O. Box 1425
Honolulu, HI 96806-1425

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

Print Name of Signatory

_____ Title _____ Date

THIS SPACE FOR DATE RECEIVED STAMP