

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TRANSIENT ACCOMMODATIONS TAX**  
**TIME SHARE OCCUPANCY**  
**REGISTRATION FORM**

This Space For Office Use Only

Hawaii Tax I.D. No.
<b>W</b> _____ - _____

**TYPE OR PRINT LEGIBLY**

1. Type of application  Original Application  
 Amended Application List line number(s) being changed: \_\_\_\_\_

2. Time Share Plan Manager's Name \_\_\_\_\_ 3. Doing business as (DBA) name \_\_\_\_\_

4. Mailing address C/O \_\_\_\_\_ Street address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal/Zip Code + 4 \_\_\_\_\_

5. Physical location of business Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal/Zip Code + 4 \_\_\_\_\_

6. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii

7. Type of ownership  General Partnership  Corporation  LLC  Other (Explain) \_\_\_\_\_  
 Sole proprietorship  Limited Partnership  S Corporation  Single-Member LLC

8. Phone Number Business \_\_\_\_\_ Fax \_\_\_\_\_ Residential \_\_\_\_\_ E-mail address \_\_\_\_\_  
 ( ) ( ) ( )

9. Plan Manager's Social Security Number \_\_\_\_\_ 10. Federal Employer I.D. Number \_\_\_\_\_

11. List of owners, partners, principal corporate officers (Attach a separate sheet of paper if more space is required.)

Social Security Number	Name (Last, First, Middle Initial)	Title	Residential Address	Business/Residential Phone Number
				( )
				( )
				( )

12. Parent Corporation's FEIN: \_\_\_\_\_ 13. Parent Corporation's Hawaii Tax I.D. No. **W** \_\_\_\_\_ - \_\_\_\_\_ 14. Date business began in Hawaii \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

15. Filing period:  Monthly  Quarterly  Semiannually  
 Check monthly if you expect to pay more than \$4,000 a year of Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii;  
 Check quarterly if you expect to pay \$4,000 or less a year in Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii; or  
 Check semiannually if you expect to pay \$2,000 or less a year in Transient Accommodations Tax reported for the occupancy of time shares and all time share plans within Hawaii.

16. Accounting period, check only 1  Calendar Year (The 12-month period from January 1 to December 31.)  
 Fiscal Year ending \_\_\_\_ / \_\_\_\_ (A 12-month period ending the last day of any month other than December.)

17. Registration Fee is \$15.00 for each resort time share vacation plan in Hawaii.  
 a. Enter number of resort time share plans in Hawaii that you represent. List the name, address, and the plan owner's Social Security Number (SSN) or Federal Employer I.D. Number (FEIN) of each plan on the back of this form..... 17a \_\_\_\_\_

b. **TOTAL AMOUNT DUE** (Multiply line 17a by \$15.00)  
 Pay in U.S. dollars drawn on any U. S. Bank to "HAWAII STATE TAX COLLECTOR" ..... 17b \$  

**Continue on back of this page.**

**CERTIFICATION:** The above statements are hereby certified to be correct to the best of knowledge and belief of the undersigned who is duly authorized to sign this application.

Signature of Owner, Partner or Member, Officer or Agent \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This Space for Date Received Stamp \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_

