

**APPLICATION FOR
EXEMPTION FROM GENERAL EXCISE TAXES**

PLEASE READ THE INSTRUCTIONS (FORM G-6A) BEFORE COMPLETING THIS APPLICATION

1. Federal employer identification number	2. Hawaii Tax I.D. number (if any) GE _____ - _____ - _____ - _____
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)(5) Agricultural or horticultural organization <input type="checkbox"/> §501(c)(6)	
<input type="checkbox"/> §501(c)(8) <input type="checkbox"/> §501(c)(12) Potable water company <input type="checkbox"/> Other: _____ (specify)	

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 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. Articles of Organization
- F. Amendments to articles of organization (if any)
- G. Bylaws and amendments – If the organization has not adopted bylaws, enclose a statement to that effect.

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: _____

STATEMENT OF ORGANIZATION

Date of Inception: _____

Under the Laws of: _____

If Part of a Central (National) Organization, Indicate Name of the Central Organization: _____

Organization's Accounting Year End (Month/Day): _____

Character of Organization: _____

Purpose for Which Organized (describe fully): _____

Actual Activities in Hawaii (describe fully): _____

Types of Income in Hawaii (describe fully): _____

Disposition of Income in Hawaii (describe fully): _____

Date of Last Amendment to Bylaws: _____

SCHEDULE B

LIST OF OFFICERS, DIRECTORS OR TRUSTEES

Name in Full	Address	Daytime Telephone No.	Office Held	Salary	Time Devoted to Duties
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMPARATIVE BALANCE SHEET FOR HAWAII ACTIVITIES

Complete the following balance sheet for the organization's last two completed tax years. If your organization was recently formed and has not completed a full tax year, enter the most current information available in column (B). Be sure to enter the date(s) for the information provided. If the organization was recently formed and has not acquired any assets or incurred any liabilities, please state this on Schedule C. See the instructions (Form G-6A) for more information.

ITEMS	(A) For Year Ending ____ / ____ / ____ (Year before the last completed tax year)	(B) For Year Ending ____ / ____ / ____ (Last completed tax year)
HAWAII ASSETS		
Cash		
Accounts/grants/pledges receivable		
Inventories		
Investments (attach an itemized list)		
Furniture & Equipment		
Land & Buildings		
Other assets (attach an itemized list)		
TOTAL ASSETS		
HAWAII LIABILITIES & NET WORTH		
Accounts payable		
Contributions/gifts/grants payable		
Deferred revenue		
Mortgages & notes payable (attach an itemized list)		
Other liabilities (attach an itemized list)		
TOTAL LIABILITIES & NET WORTH		

SCHEDULE D

COMPARATIVE STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR HAWAII ACTIVITIES

Complete the comparative statement of receipts and disbursements for the organization's Hawaii activities for the last two completed tax years. If the organization recently started its activity in Hawaii or was recently formed (less than two complete years of activity in Hawaii), prepare a projected budget of anticipated income and related expenses for the organization's Hawaii activities for 2 years.

ITEMS	(A) From: ___/___/___ To: ___/___/___ (Year before the last completed tax year)	(B) From: ___/___/___ To: ___/___/___ (Last completed tax year)
HAWAII RECEIPTS		
Gifts/contributions received		
Grants		
Unusual grants		
Membership dues/fees		
Fundraising/special events (attach an itemized list)		
Gross receipts from admissions		
Gross receipts from the sale of merchandise		
Gross receipts from services performed		
Gross rental income		
Other revenue (attach an itemized list)		
TOTAL RECEIPTS		
HAWAII DISBURSEMENTS		
Fundraising expenses		
Contributions/gifts/grants paid out (attach an itemized list)		
Salaries and wages		
Occupancy (rent, utilities, etc.)		
Supplies		
Insurance		
Professional fees		
Other disbursements (attach an itemized list)		
TOTAL EXPENSES		
RECEIPTS OVER DISBURSEMENTS		