

**GENERAL EXCISE/USE, EMPLOYER'S  
WITHHOLDING, TRANSIENT ACCOMMODATIONS  
AND RENTAL MOTOR VEHICLE, TOUR VEHICLE &  
CAR-SHARING VEHICLE SURCHARGE  
APPLICATION CHANGES**

**IMPORTANT: File this form ONLY if there are changes to your license application (Form BB-1).**

Name: \_\_\_\_\_ Hawaii Tax 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.  Trade Name or 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"/> <b>General Excise</b> Filing Period for: Hawaii Tax I.D. No. <b>W</b> _____ - _____ As of _____*	<b>From:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	<b>To:</b> <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"/> <b>Withholding</b> Filing Period for: Hawaii Tax I.D. No. <b>W</b> _____ - _____ As of _____*	<b>From:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<b>To:</b> <input type="checkbox"/> Monthly (Annual tax exceeds \$5,000.) <input type="checkbox"/> Quarterly (Annual tax does not exceed \$5,000.)
10. <input type="checkbox"/> <b>Transient Accommodations</b> Filing Period for: Hawaii Tax I.D. No. <b>W</b> _____ - _____ As of _____*	<b>From:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	<b>To:</b> <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"/> <b>Rental Motor Vehicle, Tour Vehicle &amp; Car-Sharing Vehicle</b> Filing Period for: Hawaii Tax I.D. No. <b>W</b> _____ - _____ As of _____*	<b>From:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	<b>To:</b> <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.  Trade Name or 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, Tour Vehicle and/or Car-Sharing 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, Tour Vehicle and/or Car-Sharing Vehicle Business, and Transient Accommodations. (List on page 2 of this form.)

19.  Trade Name or Doing Business As (DBA) Name: \_\_\_\_\_

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

Print Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**MAILING ADDRESS**

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

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, tour vehicle and/or car-sharing vehicle (RVST), business, and transient accommodation (TA) to be **ADDED**. If you are adding a TA or RVST, 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 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, tour vehicle and/or car-sharing vehicle (RVST), business, and transient accommodation (TA) to be **DELETED**. If you are deleting a TA or RVST, 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