

STATE OF HAWAII BASIC BUSINESS APPLICATION

TYPE OR PRINT LEGIBLY

1. **Type of application** (Check the appropriate box(es) that best describes your purpose in filing this application)

General Excise Use Tax Only Seller's Collection

Transient Accommodations Employer's Withholding GE One Time Event

Rental Motor Vehicle & Tour Vehicle Cigarette and Tobacco Liquor

Unemployment Insurance Liquid Fuel Distributor Liquid Fuel Retail Dealer

Identification number

W _____ - _____

UI Registration Number

2. Taxpayer's/Employer's Name (Individuals, enter Last, First, Middle Initial) _____

3. Doing business as (DBA) name _____

4. FEIN _____

5. Type of ownership Sole proprietorship Corporation (See Instructions) Other (Explain) _____

Partnership Federal Agency _____

6. Date Business Began in Hawaii _____

7. Date of Incorporation (MM/DD/YYYY) _____

8. Incorporation State _____

9. **Accounting period**, check only 1

Calendar Year

Fiscal Year ending (MM/DD) / _____

10. **Accounting method**, check only 1

Cash Accrual

11. NAICS (See Instructions) _____

12. Mailing address C/O _____

Street address or P.O. Box _____

City _____ State _____ Zip Code + 4 _____

13. Physical location of business in Hawaii Street address _____

City _____ State _____ Zip Code + 4 _____

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

15. Phone Number Business Residential Fax E-mail address

() () ()

16. Does all or part of this business qualify for a disability exemption? (See Instructions) Yes No

17. Name of Parent Corporation _____

18. Parent Corp.'s FEIN _____

19. Parent Corporation's Mailing Address _____

20. List all the owners (including sole proprietors), partners, members, or corporate officers (See Instructions on back of the form) Attach a separate sheet of paper if more space is required.

SSN	Name (Last, First, Middle Initial)	Title	Residential Address	Contact Phone No.
				()
				()

21. (a) Did you acquire an existing business? Yes No

(b) If yes, was all or part of the business acquired?

(c) When was it acquired? _____ (MM/DD/YYYY)

(d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)

22. No. of establishments or branches in Hawaii _____

23. Date employment began in Hawaii _____

24. No. of employees on date employment began _____

25. Date first wages paid in Hawaii _____

26. If no employees, when do you anticipate hiring employees? _____

27. If you are applying for a **TA** Tax, Liquid **Fuel** Retail Dealer Permit, and/or **RVST** Tax I.D. number(s), attach a list of (1) the address(es) of the business locations, (2) island, and (3) note the location's activity as either **TA**, **Fuel**, or **RVST**.

28. (a) How many TA units are you registering for?

1-5 units 6 or more units

(b) Date TA activity began in Hawaii _____

31. Enter the amount from line i. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form. \$ _____

29. Date RVST activity began in Hawaii _____

32. Enter the amount from line n. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form. \$ _____

30. **Filing period**, Check 1 box for each tax type applicable

Tax Type	Mo	Qtr	Semi
a) GE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) RVST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) WH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. **TOTAL REGISTRATION FEE DUE** Add lines 31 and 32. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U. S. Bank \$ _____

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.

Mail the completed application to:
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer or Agent _____

Print Name _____ Title _____ Date _____

• ATTACH CHECK OR MONEY ORDER AND FORMS VP-1 AND VP-2 HERE

PURPOSE OF THIS FORM

This application simplifies the process of starting a business in Hawaii by allowing you to register for various State tax and employer licenses and permits, including general excise tax (GET), withholding (WH) tax, and unemployment insurance (UI) tax.

Every person or company intending to do business in Hawaii, including every individual who is self-employed or who hires employees, must apply for a GET Identification Number. In addition, every person or company (with very few exceptions) with employees in Hawaii must register for the WH Tax and apply for UI coverage.

SPECIFIC INSTRUCTIONS

Lines 1, 31, 32 and 33. Fees — Enter the appropriate information and applicable fee for each box you checked on line 1 of the application in the corresponding lines of the Registration Fee Worksheet. Also, enter the date the activity began in Hawaii. Please fill in all lines on the worksheet that apply to your application.

- a. If you checked the box **GE** the following fee(s) will apply:
 - If your business began **on or after January 1, 1990**, a one-time \$20.00 fee must be paid with this application. Your license will remain effective until you cancel it; no further fee will be due.
 - If you are a nonprofit organization which has received exemption from GET and you have paid the \$20.00 nonprofit registration fee, no fee is due; enter "0" in the space provided.
 - If your business began in Hawaii **before January 1, 1990**, please call the Department of Taxation for the appropriate fees.
 - Do NOT enter an amount on this line if you are applying for a GE One-Time Event license number, see Item b.

ENTER THE TOTAL FEE FOR ALL YEARS IN THE SPACE PROVIDED.

- b. If you checked the box **GE One Time Event**, a one-time \$20.00 fee must be paid with this application. Enter \$20.00 in the space provided. If you are a nonprofit organization which has received exemption from GET and you have paid the \$20.00 nonprofit registration fee, no fee is due; enter "0" in the space provided.
- c. If you checked the box **TA**, the following fee(s) will apply:
 - If you first offered a TA for rent **on or after January 1, 1990**, a one-time fee of either \$5.00 or \$15.00 must be paid with this application. Your registration will remain effective until you cancel it; no further fee will be due. Your fee is:
 - \$5.00 if you have 1-5 TA units.
 - \$15.00 if you have 6 or more TA units.
 - If your business began in Hawaii **before January 1, 1990**, please call the Department of Taxation for the appropriate fees.

ENTER THE TOTAL FEE FOR ALL YEARS IN THE SPACE PROVIDED.

- j. If you checked the box **Liquor**, enter your county liquor license number, the effective date of your license, and check whether you are a manufacturer or wholesaler of liquor. An annual permit fee of \$2.50 is due with your application.
- k. If you checked the box **Cigarette and Tobacco**, check whether you are a dealer or wholesaler of cigarettes or tobacco products. An annual license fee of \$2.50 is due with your application.
- l. If you checked the box **Liquid Fuel Distributor**, check all the boxes that apply to your business.

Line 4. Enter your Federal Employer Identification Number (FEIN). If you have employees, you must have a FEIN. If you are not required to have a FEIN, leave this box blank. If you are a subsidiary member of a controlled group of corporations, complete lines 17, 18 and 19.

- If you are a sole proprietor or a single-member LLC that has elected to be taxed as a sole proprietor for income tax purposes, please complete line 20.

Line 5. Check the box that describes the type of business entity making the application.

- If you are a Limited Liability Company (LLC), Limited Liability Partnership (LLP), Nonprofit organization or any other entity not listed, please check the box "Other" and write the type of business entity.
- If you are checking the box for "Corporation", please enter on the "Other" line, whether you are a "C" or "S" corporation.
- If you are checking the box for "Partnership", please enter on the "Other" line, whether you are a General or Limited Partnership.

Registration Fee Worksheet

License/Registration Fee, enter the appropriate information/fee based on what registration was checked on line 1, also enter the date the activity began in Hawaii. If applying for GE, choose either a or b, NOT both.

a. General Excise (GE) (See Instructions)	\$ _____
b. GE One Time Event _____ Enter \$20.00	_____
c. Transient Accommodations (TA)	
Check only 1 and enter the dollar amount	
<input type="checkbox"/> \$5.00 (1-5 units) OR <input type="checkbox"/> \$15.00 (6 or more units) ...	_____
d. Use Tax Only ___/___/___ No fee required	-0-
e. Employer's Withholding (WH)No fee required	-0-
f. Unemployment InsuranceNo fee required	-0-
g. Seller's Collection ___/___/___ No fee required	-0-
h. Rental Motor Vehicle & Tour Vehicle (RVST)	
(enter date activity began on line 29).....Enter \$20.00	
i. Total Form VP-1 Amount Due. (Add items a thru h)	
Enter this amount on line 31	\$ _____ 0
j. Liquor , ___/___/___ Check applicable box	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler and enter County	
Liquor License No. _____, ...Enter \$2.50	
k. Cigarette and Tobacco , ___/___/___ check only 1	
<input type="checkbox"/> Dealer <input type="checkbox"/> Wholesaler (see section 245-1, HRS for definitions).....Enter \$2.50	
l. Liquid Fuel Distributor ,check all that apply	
<input type="checkbox"/> Produce <input type="checkbox"/> Refine <input type="checkbox"/> Manufacture <input type="checkbox"/> Compound	
_____ No fee required	-0-
m. Liquid Fuel Retail Dealer _____	
.....Enter \$5.00	_____
n. Total Form VP-2 Amount Due. (Add items j thru m)	
Enter this amount on line 32	\$ _____ 0

Line 9. ACCOUNTING PERIOD —

Calendar Year — If you file your income tax return on a calendar year (January 1 through December 31), check this box.

Fiscal Year — If you file your income tax return on other than a calendar year, check this box, and enter the month and day on which your fiscal year ends, using a MM/DD format. For example, a fiscal year ending on March 31 is written as 03/31.

Line 10. ACCOUNTING METHOD —

Cash — Check this box if you are reporting the income in the period it is received. For example, if you are a monthly filer, you perform a service in March, and you receive payment for that service in May, then as a cash basis taxpayer, you report the income when it is received in May.

Accrual — Check this box if you are reporting the income at the time the service, sale, etc., is performed and you have a right to the income rather than when payment is received. In the example above, you would report your income when the service was performed which is in March.

Line 11. North American Industry Classification System (NAICS). Enter the 6-digit industry classification code that most closely matches your **main** business activity. This would be the principal business or professional activity code that you are required to enter on your federal income tax return. For more information on these codes, see the federal instructions for reporting your business income. You may also download the 2002 listing from the NAICS website at:

<http://www.census.gov/epcd/naics02/naico602.txt>

Then in the space below the NAICS code, describe fully the type of business activities you are engaged in, concentrating on your principal activity and the product/service. Include the percentage based on gross receipts if you are engaged in more than one type of activity. Examples: General Contractor - building construction (single-family residential 70%, hotel 10%, commercial 10%, industrial 10%); Manufacturing - men's aloha shirts; Retail - sporting goods; Wholesale and Retail - cosmetics (wholesale 90%, retail 10%). If more space is needed, attach a separate sheet.

Line 16. Disability Exemption — The first \$2,000 of gross income received by any person who is blind, deaf or totally disabled is exempt

STATE OF HAWAII
BASIC BUSINESS APPLICATION

TYPE OR PRINT LEGIBLY

1. Type of application (Check the appropriate box(es) that best describes your purpose in filing this application)
[] General Excise [] Use Tax Only [] Seller's Collection
[] Transient Accommodations [] Employer's Withholding [] GE One Time Event
[] Rental Motor Vehicle & Tour Vehicle [] Cigarette and Tobacco [] Liquor
[] Unemployment Insurance [] Liquid Fuel Distributor [] Liquid Fuel Retail Dealer
UI Registration Number

2. Taxpayer's/Employer's Name (Individuals, enter Last, First, Middle Initial) 3. Doing business as (DBA) name

4. FEIN 5. Type of ownership [] Sole proprietorship [] Corporation (See Instructions) [] Other (Explain)
[] Partnership [] Federal Agency

6. Date Business Began in Hawaii 7. Date of Incorporation (MM/DD/YYYY) 8. Incorporation State

9. Accounting period, check only 1 [] Calendar Year [] Fiscal Year ending (MM/DD) /
10. Accounting method, check only 1 [] Cash [] Accrual
11. NAICS(See Instructions)

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

13. Physical location of business in Hawaii Street address City State Zip Code + 4

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

15. Phone Number Business Residential Fax E-mail address

16. Does all or part of this business qualify for a disability exemption? (See Instructions) [] Yes [] No

17. Name of Parent Corporation 18. Parent Corp.'s FEIN 19. Parent Corporation's Mailing Address

20. List all the owners (including sole proprietors), partners, members, or corporate officers (See Instructions on back of the form) Attach a separate sheet of paper if more space is required.
Table with columns: SSN, Name (Last, First, Middle Initial), Title, Residential Address, Contact Phone No.

21. (a) Did you acquire an existing business? [] Yes [] No
(b) If yes, was [] all or [] part of the business acquired?
(c) When was it acquired? (MM/DD/YYYY)
(d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)
22. No. of establishments or branches in Hawaii 23. Date employment began in Hawaii
24. No. of employees on date employment began 25. Date first wages paid in Hawaii
26. If no employees, when do you anticipate hiring employees?

27. If you are applying for a TA Tax, Liquid Fuel Retail Dealer Permit, and/or RVST Tax I.D. number(s), attach a list of (1) the address(es) of the business locations, (2) island, and (3) note the location's activity as either TA, Fuel, or RVST.

28. (a) How many TA units are you registering for? [] 1-5 units [] 6 or more units
(b) Date TA activity began in Hawaii
29. Date RVST activity began in Hawaii
31. Enter the amount from line i. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form. \$
32. Enter the amount from line n. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form. \$

30. Filing period, Check 1 box for each tax type applicable
Table with columns: Tax Type, Mo, Qtr, Semi
a) GE [] [] []
b) TA [] [] []
c) RVST [] [] []
d) WH [] [] []
33. TOTAL REGISTRATION FEE DUE Add lines 31 and 32. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U. S. Bank \$

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.

Mail the completed application to:
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer or Agent

Print Name Title Date

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1 AND VP-2 HERE

Form BB-1 Instructions (Rev. 2004)

from the GET. A reduced tax rate of 1/2 of 1% is applied to the balance of the gross income received.

- Check YES if Form N-172 has already been filed with the Department of Taxation.
- Check NO if you have not applied for this exemption. If you think you may qualify, you may obtain information and the required form from the Department of Taxation.

Line 20. List the appropriate information:

- If you checked "Sole Proprietor" on line 5, or you are a single-member LLC that has elected to be taxed as a sole proprietor for income tax purposes, list the proprietor's and the spouse's (if applicable) social security number, name, title (owner or spouse), residential address, and telephone number where they can be reached.
- If you checked "Partnership" on line 5, or you are a LLC that has elected to be taxed as a partnership, list each partner's social security number, name, title, residential address, and telephone number where they can be reached. If the partner is an entity other than an individual, enter the partner's FEIN.
- If you checked "Corporation" on line 5 and are an S corporation or C corporation, or you checked "Other" on line 5 and are a Nonprofit organization, or you are a LLC that has elected to be taxed as a corporation, list **each** officer's social security number, name, title, residential address, and telephone number where they can be reached.
- If you checked a government agency or are a fiduciary, line 20 is optional.

Line 21. If you have succeeded to the business of another employer, you may acquire the experience record of your predecessor for the purposes of the UI tax, provided that:

1. Form UC-86, "Waiver of Employer's Experience Record", is filed within sixty (60) days after the date of acquisition or by March 1 of the following year; and
2. The predecessor has cleared all contributions and reports due to the UI Division.

If these conditions are met, the rate of the predecessor is assigned immediately to your account. However, if the Form UC-86 is filed after sixty days but by March 1 of the next year, the experience record of the predecessor and successor employers will be combined to determine your rate for the following calendar year. Contact the nearest UI office to obtain Form UC-86.

Line 25. If you do not have any employees, enter the date when you anticipate hiring employees. If you do not anticipate hiring any employees, enter "N/A".

Line 30. FILING PERIOD —

Note: You may choose a filing period which is more frequent than the period otherwise required, but you may not choose a filing period which is less frequent.

For items a), b), and c), **GE, TA, and RVST Taxes:**

- Check the MONTHLY filing box if your tax due for the entire year will be more than \$4,000.
- Check the QUARTERLY filing box if your tax due for the entire year will be \$4,000 or less.
- Check the SEMIANNUALLY filing box if your tax due for the entire year will be \$2,000 or less.

NOTE: You may find it convenient to use the same filing period for your GE, TA, and RVST taxes.

For item d), **Employer's WH Tax —** You must file MONTHLY if the total amount of Hawaii income tax withheld from your employees' wages during the year will be more than \$5,000 a year. You may file QUARTERLY if the total amount of Hawaii income tax withheld from your employees' wages during the year will not exceed \$5,000 a year.

UI Contributions must be filed on a quarterly basis.

Liquor, Cigarette and Tobacco, and Liquid Fuel Taxes must be filed on a monthly basis.

SIGNATURE LINE —

The application must be signed and dated by an owner, partner or member, corporate officer, or authorized agent (e.g., CPA, attorney, or other person) with a valid power of attorney.

SUBMITTAL OF FORM —

If you are submitting the application in person, a Hawaii tax identification number may be immediately assigned.

If you are submitting the application and license fee through the mail, please submit the original copy (both pages) and retain a copy for your records. Processing of the application will take approximately 3 to 4 weeks to complete. Your application will be forwarded to the UI Division and you should receive UI information within two weeks after UI receives your application. Please file your application with the Hawaii Department of Taxation office at the address located on the bottom of the form.

UNEMPLOYMENT INSURANCE

An individual or organization which has, or plans to have, one or more workers performing services for it must register with the UI Division within twenty (20) days after services in employment are first performed. If an employing unit is subject to the provisions of Chapter 383, Hawaii Revised Statutes, it will be assigned an employer account identification number, also commonly known as the Department of Labor (DOL) number. A post registration packet will then be issued which includes a "Handbook for Employers", Notice to Workers poster, and quarterly contribution forms.

FAMILY OWNED CORPORATIONS

A family-owned corporation with no more than two (2) family members, related by blood or marriage, who, as the only employees each own at least fifty (50) percent of the shares issued by the corporation may apply

for exclusion from UI coverage provided an application is filed and qualifying requirements are met. To elect this exclusion option, Form UC-336, "Election by Family-Owned Corporation to be Excluded From Coverage Under Section 383-7(20)" should be obtained from and submitted to the nearest UI office. This exclusion shall be effective the first day of the calendar quarter in which the application is filed with the DOL.

NONPROFIT ORGANIZATIONS

Nonprofit organizations qualifying for income tax exemption under Section 501(c)(3) of the Internal Revenue Code may self-finance benefits to their employees on a reimbursable basis. If further details are required, please contact the UI Office in your county.

WHERE TO GET INFORMATION

HAWAII DEPARTMENT OF TAXATION
P.O. Box 259
Honolulu, HI 96809-0259
Tel. No.: 808-587-4242
Toll-Free: 1-800-222-3229
TDD/TTY No.: 808-587-1418
TDD/TTY Toll-Free: 1-800-887-8974
www.state.hi.us/tax

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Unemployment Insurance Division
830 Punchbowl St., #437
Honolulu, HI 96813
Tel No.: 808-586-8913
808-586-8914
www.dlir.state.hi.us

STATE OF HAWAII — DEPARTMENT OF TAXATION
GENERAL EXCISE/USE, EMPLOYER'S
WITHHOLDING, TRANSIENT ACCOMMODATIONS
AND RENTAL MOTOR VEHICLE &
TOUR VEHICLE SURCHARGE

TAX PAYMENT VOUCHER
GENERAL INSTRUCTIONS

PURPOSE OF FORM

Use this form when you send a payment to the Department of Taxation for your Form G-39, G-45, G-49, TA-1, TA-2, TA-8, HW-14, HW-3, HW-26, RV-2, RV-3 or RV-7 (or applicable amended returns for these returns), or if you are submitting Form BB-1, BB-1X or G-5. Using Form VP-1 allows us to process your payment accurately and efficiently.

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
- 2) Check the appropriate "Tax Type" box.
- 3) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.

If you are filing a Form BB-1, BB-1X or G-5, check the box "License Fee". Enter the last day of your first filing period. (e.g., you are a calendar year quarterly filer and began business on January 21st, the period end date is 03/31/04)

If you are filing an extension (Form G-39, HW-26, TA-8 or RV-7) and you have a payment due with the form, check the "Annual" box and enter the appropriate dates.

- 4) Print your Hawaii Tax I.D. No. and the amount of your payment in the space provided. If you are applying for a new number, please leave this area blank.
- 5) Make your check or money order payable in U.S. dollars to the "Hawaii State Tax Collector". Make sure your name, tax type, filing period, and Hawaii Tax I.D. No. appear on your check or money order. Do not postdate your check. **Do not send cash.**

WHERE TO FILE

Detach Form VP-1 along the dotted line. Attach your payment and Form VP-1 to the front of your form and send to the appropriate mailing address based upon the type of form you are filing. The mailing addresses are as follows:

GENERAL EXCISE TAX RETURNS
HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1425
HONOLULU, HI 96806-1425

WITHHOLDING TAX RETURNS
HAWAII DEPARTMENT OF TAXATION

P.O. BOX 3827
HONOLULU, HI 96812-3827

**TRANSIENT ACCOMMODATIONS TAX RETURNS
RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE TAX RETURNS**
HAWAII DEPARTMENT OF TAXATION

P.O. BOX 2430
HONOLULU, HI 96804-2430

**STATE OF HAWAII
FORMS BB-1, BB-1X, and G-5**
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

✂ - - - - - DETACH HERE - - - - - ✂

Form
VP-1
(Rev. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPACE

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Name (Please print): _____

Tax Type (check only 1) _____

- General Excise (GE)
- Transient Accommodations (TA)
- Hawaii Withholding (WH)
- Rental Motor & Tour Vehicle (RV)

Filing Type (check only 1) _____

- License Fee
1st Period End (MM/DD/YY) _____
- Period
Period Begin (MM/DD/YY) _____
Period End (MM/DD/YY) _____
- Annual (Calendar or Fiscal Year)
Tax Year Begin (MM/DD/YY) _____
Tax Year End (MM/DD/YY) _____

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order.

Hawaii Tax I.D. Number

W -

Amount of Payment

\$ _____

STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS FEE PAYMENT VOUCHER
GENERAL INSTRUCTIONS

PURPOSE OF FORM

Use this form when you send your payment to the Department of Taxation for the fees to register for the Liquor, Cigarette/Tobacco or Fuel Taxes on Forms BB-1 or BB-1X. Using Form VP-2 allows us to process your payment accurately and efficiently.

WHERE TO FILE

Detach Form VP-2 along the dotted line. Attach your payment and Form VP-2 to the front of your Form BB-1 or BB-1X and send it to the following mailing addresses:

HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
- 2) Check the appropriate "Tax" box for which you are submitting an application for.
- 3) Make your check or money order payable in U.S. dollars to the "**Hawaii State Tax Collector**". Make sure your name, tax type and, if applicable, your County Liquor License Number appears on your check or money order. Do not postdate your check. **Do not send cash.**

✂ - - - - - DETACH HERE - - - - - ✂

Form
VP-2
(2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS FEE PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPACE

Name (Please print): _____

- Liquor (\$2.50), check all that apply
 - Manufacturer Wholesaler
 - County Liquor License No. _____
- Cigarette and Tobacco (\$2.50)
- Liquid Fuel Retail Dealer (\$5.00)

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax type, and if applicable, your County Liquor License number on your check or money order.

Amount of Payment

\$