FORM A-6 (REV. 2016)

PRINT NAME

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CLEARANCE APPLICATION

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII IF APPLICABLE

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

1. APPLICANT INFORMATION: (PLEASE TYPE OR PRINT CLEARLY) Applicant's Name Address City/State/Postal/Zip Code DBA/Trade Name 2. TAX IDENTIFICATION NUMBER:	20 STAMP
Applicant's Name Address City/State/Postal/Zip Code DBA/Trade Name STATE APPROVAL S (Not valid unless sta	STAMP
City/State/Postal/Zip Code DBA/Trade Name STATE APPROVAL S (Not valid unless sta	
City/State/Postal/Zip Code (Not valid unless statement	
2. TAX IDENTIFICATION NUMBER:	
HAWAII TAX I.D. #	
FEDERAL EMPLOYER I.D. # (FEIN)	
SOCIAL SECURITY # (SSN)	
3. APPLICANT IS A/AN: (Check only ONE box) *IRS APPROVAL S	TAMP
□ CORPORATION □ S CORPORATION □ TAX EXEMPT ORGANIZATION □ INDIVIDUAL □ PARTNERSHIP □ ESTATE □ TRUST □ LIMITED LIABILITY COMPANY □ LIMITED LIABILITY PARTNERSHIP □ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN □ Subsidiary Corporation; enter parent corporation's name and FEIN	
4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box)	
☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * ☐ LIQUOR LICENSE *	
□ REAL ESTATE LICENSE □ CONTRACTOR LICENSE □ BULK SALES¹ □ FINANCIAL CLOSING □ PROGRESS PAYMENT □ PERSONAL □ HAWAII STATE RESIDENCY □ FEDERAL CONTRACT □ SUBCONTRACT □ LOAN □ OTHER	STAMP
* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.	
1 ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER	
5. NO. OF CERTIFIED COPIES REQUESTED:	
6. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.	
SIGNATURE DATE TELEPHONE FAX	

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

HAWAII WITHHOLDING

	APPLICANT'S NAME FROM PAGE 1	
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(RE	V. 2016)					
7.		DVERNMENT CONTRACT:		•	letion/Final Payment State or County Agency.	
8.	LIQUOR LICENSING:	☐ Initial ☐ Renewal ☐ Tr	ansfer-Seller	☐ Transfer-Buyer	☐ Special Event	
9.	CONTRACTOR LICENSING:	☐ Initial ☐ Renewal				
10.	STATE RESIDENCY:	DATE APPLICANT ARRIVED OR RETURN	NED TO HAWAII		_	
11.	ACCOUNTING PERIOD:	☐ Calendar year ☐ Fiscal year er	ding (MM/DD)			
12.	TAX EXEMPT ORGANIZATIO	N:				
	A) Provide the Internal Revenu	ue Code section that applies to your exemption	on (e.g., 501(c)(3)).			
	B) Does your organization file	federal Form 990-T, Exempt Organization Bu	siness Income Tax	Return? ☐ YES	□ NO	
	C) Is your organization require	d to file federal Form 990, Return of Organiz	ation Exempt From	Income Tax, or		
	federal Form 990-EZ, Short	Form Return of Organization Exempt From	Income Tax?	YES NO		
		is required to obtain a general excise tax lice				
	If "NO", go to line 12D.					
	D) Does your organization hav	e fundraising income?	0			
	, ,	is required to obtain a general excise tax lice	nse.			
13.		ne		SSN		
14.		ERAL EXCISE TAX LICENSE AND REQUI		ANCE:		
	A) Description of your firm's bu	usiness				
	B) Has your firm had any busin	ness income in Hawaii?			☐ YES ☐ NO	
	C) Has your firm had an office	inventory, property, employees, or other rep	resentatives in the	State of Hawaii?	☐ YES ☐ NO	
	D) Has your firm provided any	services within the State of Hawaii (e.g., ser	vicing computers, to	raining sessions, etc.)?	☐ YES ☐ NO	
	Note: If you answer "Yes" to an	y of the above questions, you are required to	apply for a genera	Il excise tax license.		
req	uire an Internal Revenue Service	FILING THE APPLICATION F mailed, faxed, or submitted in person to the Tax Clearance will be forwarded to the Inter less days for processing between the Depar	Department of Tar nal Revenue Service	xation, Taxpayer Services ce after processing is com	npleted by the Department of	
State Department of Taxation TAXPAYER SERVICES BRANCH P.O. BOX 259 HONOLULU, HI 96809-0259 TELEPHONE NO.: 808-587-4242			Internal Revenue Service W&I FIELD ASSISTANCE 300 ALA MOANA BLVD., #1-128 HONOLULU, HI 96850			
TOLL FREE: 1-800-222-3229 FAX NO.: 808-587-1488 or			TELEPHONE NO.: 808-566-2748 FAX NO.: 855-877-0789			
	830 PUNCHBO HONOLULU, H	WL STREET, RM 124 I 96813-5094				
Oal		ment of Taxation and IRS offices in Hawaii, a t 1-800-222-3229. The Tax Clearance Applica FOR OFFICE USE	ation, Form A-6, car			
	TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS	RECEIVED	
	INCOME		Indus			
	GENERAL EXCISE/USE/ COUNTY SURCHARGE TAX					