

STATE OF HAWAII BASIC BUSINESS AMENDED APPLICATION

U.I. No.

IMPORTANT: File this form ONLY to ADD a license/permit/registration not applied for on your Form BB-1 already filed.

TYPE OR PRINT LEGIBLY (Mail the completed amended application to the Hawaii Department of Taxation. See back for address.)

1. ADD to application [] General Excise (GE) [] Transient Accommodations (TA) [] Liquid Fuel Distributor [] Liquor [] Employer's Withholding (WH) [] Rental Motor Vehicle & Tour Vehicle (RVST) [] Liquid Fuel Retail Dealer [] Unemployment Insurance (UI) [] Cigarette and Tobacco [] Retail Tobacco Permit

2. Hawaii Tax I.D. No. W - 3. Taxpayer's/Employer's Name

4. Taxpayer's Social Security Number 5. Spouse's Social Security Number 6. Federal Employer I.D. Number (FEIN)

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

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

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

10. NAICS and business activity 11. Date Business Began in Hawaii 12. Contact Phone Number 13. (a) Did you acquire an existing business? (b) If yes, was all or part of the business acquired? (c) When was it acquired? (d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. 14. No. of establishments or branches in Hawaii 15. Date employment began in Hawaii 16. No. of employees on date employment began 17. Date first wages paid in Hawaii? 18. If no employees, when do you anticipate hiring employees?

19. 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: a. General Excise (GE) b. Transient Accommodations, enter begin date c. Employer's Withholding d. Unemployment Insurance e. Rental Motor Vehicle & Tour Vehicle, enter begin date f. Total Form VP-1 Amount Due. g. Cigarette and Tobacco, h. Retail Tobacco Permit, i. Liquid Fuel Distributor, j. Liquid Fuel Retail Dealer, k. Liquor, l. Total Form VP-2 Amount Due.

TOTAL AMOUNT DUE (Add items f and l) Attach a check or money order made payable in U.S. dollars drawn on any U.S. Bank to "HAWAII STATE TAX COLLECTOR"

CERTIFICATION: The statements contained herein are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this amended application. Continue on back of this page.

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

DO NOT WRITE IN THIS SPACE UC-1 Prepared by Date MIFS Industry Code DCD No. Office Code Contributor Type UC-1 Rec'd Exempt Exemption Status Code Status Date Follow-Up Approved By Registrar Business Type Liable Date Wage Rec Type Other Remarks

ATTACH CHECK OR MONEY ORDER AND FORMS VP-1 and/or VP-2 HERE

20. Filing period for:
- (a) General Excise Tax Monthly..... Quarterly..... Semiannually
 - (b) Transient Accommodations Tax..... Monthly..... Quarterly..... Semiannually
 - (c) Rental Motor Vehicle and Tour Vehicle Surcharge Tax Monthly..... Quarterly..... Semiannually
- For items (a), (b), and (c): Check monthly if you expect to pay more than \$4,000 a year of taxes in the respective taxes;
Check quarterly if you expect to pay \$4,000 or less a year in the respective taxes; or
Check semiannually if you expect to pay \$2,000 or less a year in the respective taxes.
- (d) Employer's Withholding Tax..... Monthly..... Quarterly
Check monthly if you expect to pay more than \$5,000 a year in withholding taxes; or
Check quarterly if you expect to pay \$5,000 or less a year in withholding taxes
 - (e) Unemployment Insurance Contributions Quarterly (This must be filed on a quarterly basis)
 - (f) Liquor Tax Monthly (This must be filed on a monthly basis)
 - (g) Cigarette and Tobacco Taxes Monthly (This must be filed on a monthly basis)
 - (h) Liquid Fuel Taxes Monthly (This must be filed on a monthly basis)

21. Accounting period, check only one 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.)

22. Accounting method, check only one Cash (Report income in the period when it was actually or constructively received.)
 Accrual (Report income when you earn it, whether or not you actually receive it.)

23. Do you qualify for a disability exemption? Yes No If yes, Form N-172 must be completed and submitted before the \$2,000 exemption of gross income of any blind, deaf, or totally disabled person and rate of 1/2 of 1% on the remaining gross income can be allowed.

24. (a) List by island the address(es) of your rental real property (e.g., land, building, apartments, condominiums, or hotels or other transient lodging).
(b) List by island the address(es) of your rental motor vehicle and/or tour vehicle business locations.
(c) If a transient accommodation (TA) or a rental motor vehicle or tour vehicle (RVST) business location, place a check mark in the appropriate column on the right.
(d) Attach a separate sheet of paper for additional listings. Check Check
if TA if RVST
- ADDRESSES

25. For the Retail Tobacco Permit, list separately each retail location you own, operate, or control, and for retail locations that are vehicles, include the Vehicle Identification Number (VIN) of each vehicle (Attach a separate sheet of paper if more space is required). **Have you ever been cited for either a tobacco and/or liquor violation?** Yes No

Name	Street Address	Vehicle Identification No. (VIN)

26. For the Liquid Fuel Retail Dealer's Permit, list separately each branch or place of business (Attach a separate sheet of paper if more space is required)

Street Address	Island

27. Name of Parent Corporation	28. Parent Corporation's FEIN	29. Parent Corporation's Mailing Address

MAILING ADDRESSES & TELEPHONE NUMBERS

Hawaii Department of Taxation
P.O. Box 1425
Honolulu, HI 96806-1425
Telephone: (808) 587-4242
Toll Free: 1-800-222-3229

**Department of Labor and Industrial Relations
Unemployment Insurance Division**

OAHU & MAINLAND
830 Punchbowl St., #437
Honolulu, HI 96813
Telephone: (808) 586-8913
(808) 586-8914

MAUI
54 S. High St., #201
Wailuku, HI 96793
Telephone: (808) 984-8410

HAWAII
1990 Kinoole St., #101
Hilo, HI 96720
Telephone: (808) 974-4086

KAUAI
3100 Kuhio Hwy C12
Lihue, HI 96766
Telephone: (808) 274-3025

DO NOT WRITE IN THIS SPACE			
Type	Number	Date Issued	Effective FYE
Liquor Tax Permit			
Cigarette Tax and Tobacco Tax License			
Liquid Fuel Distributor's License			
Liquid Fuel Retail Dealer's Permit			