

STATE OF HAWAII BASIC BUSINESS AMENDED APPLICATION

This Space For Office Use Only

06

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 _____ Postal/Zip Code + 4 _____

8. Physical location of business in Hawaii Street address _____ City _____ State _____ Postal/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 (See Form BB-1, Line 11 Instructions) _____ 11. Date Business Began in Hawaii ____/____/____ 12. Contact Phone Number (____) _____

13. (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) 14. No. of establishments or branches in Hawaii _____ 15. Date employment began in Hawaii ____/____/____ (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) _____ 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) (See Instructions for Form BB-1, lines 1, 32, 33 and 34).....Enter appropriate fee \$ _____ b. Transient Accommodations, enter begin date ____/____/____ Check only one [] \$5.00 (1-5 units) OR [] \$15.00 (6 or more units)Enter appropriate fee _____ c. Employer's Withholding.....No fee required -0- d. Unemployment Insurance.....No fee required -0- e. Rental Motor Vehicle & Tour Vehicle, enter begin date ____/____/____Enter \$20.00 f. Total Form VP-1 Amount Due. (Add items a thru e) Enter the amount here and on the "Amount of Payment" line of Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form..... \$ _____ g. Cigarette and Tobacco, ____/____/____. Check only one [] Dealer [] WholesalerEnter \$2.50 h. Retail Tobacco Permit, be sure to complete line 25 ____/____/____. Enter ____ (the number of retail locations) x \$20.00 i. Liquid Fuel Distributor, ____/____/____. Check all that apply regarding what you intend to do with of any liquid fuel which will be sold or used within the State. [] Produce [] Refine [] Manufacture [] CompoundNo fee required -0- Do you intend to import or cause to be imported into the State any liquid fuel and to sell the same therein? [] Yes [] No Do you intend to import or cause to be imported into the State any liquid fuel for your own use? [] Yes [] No Do you intend to acquire liquid fuel from a licensed distributor as a wholesaler and to sell or use the same? [] Yes [] No j. Liquid Fuel Retail Dealer, be sure to complete line 26 ____/____/____Enter \$5.00 k. Liquor, enter County Liquor License No. _____, effective ____/____/____ Check [] Manufacturer [] WholesalerEnter \$2.50

l. Total Form VP-2 Amount Due. (Add items g thru k) Enter this amount here and on the "Amount of Payment" line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form. \$ _____

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 _____ Liabile 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)
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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.)
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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.)
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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.
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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
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|-----------|--|--|
| ADDRESSES | | |
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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) |
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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).
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|----------------|--------|
| Street Address | Island |
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- | | | |
|--------------------------------|-------------------------------|--|
| 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
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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			