

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

Name	SSN or FEIN
Spouse's Name	Spouse's SSN
Contact Phone Number (daytime) ()	

PLEASE CHANGE MY:

<input type="checkbox"/> MAILING ADDRESS TO: c/o or "In care of" (If this is to be deleted, please write "Delete")	<input type="checkbox"/> BUSINESS ADDRESS (PHYSICAL LOCATION) TO: Street (This address cannot be a P.O. Box.)	
Street	City, State, Postal/Zip Code	
City, State, Postal/Zip Code	Business Phone Number ()	Residence Phone Number ()

THE CHANGE OF ADDRESS APPLIES TO MY ACCOUNT(S) OR PERMIT AS INDICATED BELOW:

<input type="checkbox"/> MY NET INCOME ACCOUNT	For Hawaii Tax I.D. No. W _____ - ____
<input type="checkbox"/> MY GENERAL EXCISE ACCOUNT(S)	For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____
<input type="checkbox"/> MY EMPLOYER'S WITHHOLDING ACCOUNT(S)	For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____
<input type="checkbox"/> MY TRANSIENT ACCOMMODATIONS ACCOUNT(S)	For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____
<input type="checkbox"/> MY RENTAL MOTOR VEHICLE AND TOUR VEHICLE ACCOUNT(S)	For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____ For Hawaii Tax I.D. No. W _____ - ____
<input type="checkbox"/> MY _____ PERMIT (Enter the type of permit. For example, liquor, liquid fuel distributor, liquid fuel retail dealer, cigarette & tobacco (non-retail), or retail tobacco.)	Permit Number _____ For Hawaii Tax I.D. No. W _____ - ____

THIS SPACE FOR DATE RECEIVED STAMP

Signature	Title	Date
Spouse's Signature		Date

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HI 96809-0259