

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRACER REQUEST FOR TAX YEAR _____
(See back for Instructions)

Check One Tax Type for this tracer request:

- ☐ Net Income ☐ General Excise/Use ☐ Withholding
☐ Transient Accommodations ☐ Rental Motor Vehicle and Tour Vehicle

Part I General Information (Complete Lines 1 through 5)

- | | |
|--|--|
| <p>1. Taxpayer's Name(s):
Primary Taxpayer _____

Spouse _____</p> | <p>2. Social Security No(s). OR Federal Employer I.D. No.:
Primary Taxpayer _____
Spouse _____
Hawaii Tax I.D. Number for the tax account indicated above
W _____ - _____</p> |
| <p>3. Mailing Address on the Return _____</p> | <p>4. New Mailing Address (if different) _____</p> |
5. Daytime Telephone Number: Residence (_____) _____ Business (_____) _____

Part II Reason For Tracer Request

1. Did you receive the refund check? ☐ Yes ☐ No
If "No", stop here, otherwise continue to line 2.
2. The refund check was received but was (check ONE of the following boxes):
☐ Lost ☐ Stolen ☐ Destroyed ☐ Other _____
- AND**
- Was the check endorsed? ☐ Yes ☐ No
If "No," stop here, otherwise continue to line 3.
3. The refund check was endorsed, check which boxes apply to your endorsement:
☐ All required signatures ☐ Husband's signature only ☐ Wife's signature only
☐ Payee's signature ☐ Officer, Partner or Member, Executor, Trustee, or Authorized Agent signature
☐ For Deposit Only ☐ Pay to the Order of _____

NOTE: A "STOP PAYMENT" will be issued on the original refund check upon receipt of this form. If you receive/find your original check after submitting this form, DO NOT CASH THE ORIGINAL CHECK. You must return the check to the Department of Taxation.

Part III Declaration

I hereby declare, under the penalties provided by sections 231-34, 231-35, and 231-36, HRS, that I have examined this request and, to the best of my knowledge and belief, it is true, correct, and complete.

Print or Type Your Name

Signature

Title (if applicable)

Date

For Office Use Only

Check/Warrant# _____	Period _____
Amount _____	Tax I.D.# _____
Issued Date _____	Tax Office VO# _____
COMPT VO# _____	Post Date _____

GENERAL INSTRUCTIONS

1. Enter the tax year for which the refund was due at the top of the form **and** check the appropriate box to indicate the type of tax the tracer request is for. If you are requesting a tracer for more than one refund check, you must complete a separate Form L-80 for each request.
2. Complete Parts I through III of the Tracer Request Form.

In the case of a corporation, partnership or trust, an officer, a partner or member, executor, trustee or duly authorized agent must sign this request. **Be sure to complete Part III, Declaration, print or type your name, include title (if applicable) and date in the spaces provided. You must include your signature.** Your request will not be processed if any requested information is missing.

3. Send the completed Tracer Request Form to:
Hawaii Department of Taxation
Attention: Revenue Accounting
P.O. Box 259
Honolulu, HI 96809-0259
4. A **"STOP PAYMENT"** will be issued on the original check after you send in this form. If you receive or find your original check after submitting this form, **DO NOT CASH THE ORIGINAL CHECK**. You must return the check to the Department of Taxation.
5. You should receive information about your refund in 4 - 6 weeks.
6. If you have any questions, please call the Department of Taxation at (808) 587-4242 or toll-free at 1-800-222-3229. For hearing impaired access, please call (808) 587-1418 or toll-free at 1-800-887-8974.