

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

(NOTE: References to "married", "unmarried", and "spouse" also means
"in a civil union", "not in a civil union", and "civil union partner", respectively.)

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 _____ - ____

	Signature	Title	Date
	Spouse's Signature		Date

THIS SPACE FOR DATE RECEIVED STAMP

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