

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

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

**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)

- |   |   |
|---|---|
| 1. Taxpayer's Name(s):<br>Primary Taxpayer _____<br><br>Spouse _____        | 2. Social Security No(s). OR Federal Employer I.D. No.:<br>Primary Taxpayer _____<br>Spouse _____<br>Hawaii Tax I.D. Number for the tax account indicated above<br><b>W</b> _____ - _____ |
| 3. Mailing Address on the Return _____                                      | 4. New Mailing Address (if different) _____   |
| 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

NOTE: Effective January 1, 2012, civil unions are recognized in Hawaii (Act 1, Session Laws of Hawaii 2011). Hawaii's laws that apply to a husband and wife, spouses, or person in a legal marital relationship shall be deemed to apply to partners in a civil union with the same force and effect as if they were "husband and wife", "spouses", or other terms that describe persons in a legal marital relationship.

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.