

STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS TAXES PAYMENT VOUCHER
GENERAL INSTRUCTIONS

INTERNET FILING

Form VP-2 can be filed and payment made electronically through the State's Internet portal. For more information, go to **www.ehawaii.gov/efile**.

PURPOSE OF FORM

Use this form when you send your payment to the Department of Taxation for:

- a) Registration fees to register for the:
- Liquor Tax,
 - Cigarette and Tobacco Tax, or
 - Fuel Taxes
- on Forms BB-1 or BB-1X.
- b) Payment of taxes to specific periods for:
- Liquor,
 - Tobacco,
 - Fuel,
 - Franchise,
 - Public Service Company, or
 - Estate Taxes

Using Form VP-2 allows us to process your payment accurately and efficiently.

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
- 2) Enter the last 4 digits of your FEIN or SSN in the space provided.
- 3) Check the appropriate "Tax Type" box.
- 4) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.
If you are filing a Form BB-1 or BB-1X, check the box "License Fee". Enter the last day of your first filing period. (e.g., you are a calendar year quarterly filer and began business on January 21, 2013, your first filing period end date is 03/31/13)
- 5) Print your Hawaii Tax I.D. No. and the amount of your payment in the space provided. If you are applying for a new number, please leave this area blank.
- 6) Make your check or money order payable in U.S. dollars to the "**Hawaii State Tax Collector**". Make sure your name, tax type, filing period, Hawaii Tax I.D. No., and daytime phone number appear on your check or money order. Do not postdate your check. **Do not send cash.**

WHERE TO FILE

Detach Form VP-2 along the dotted line. Attach your payment and Form VP-2 to the front of your form and send to the following mailing address:

HAWAII DEPARTMENT OF TAXATION
P.O. Box 1530
HONOLULU, HI 96806-1530

✂ — — — — — DETACH HERE — — — — — ✂
Form
VP-2
(Rev. 2012)
STATE OF HAWAII — DEPARTMENT OF TAXATION
MISCELLANEOUS TAX PAYMENT VOUCHER
DO NOT WRITE OR STAPLE IN THIS SPACE

Name (Please print): _____

Tax Type (check only 1)

- ☐ Liquor
☐ Cigarette & Tobacco Tax
☐ Fuel
☐ Liquid Fuel Retail Dealer
☐ Franchise Tax
☐ Public Service Company Tax
☐ Estate Tax

Filing Type (check only 1) Enter Date as MM/DD/YY

- ☐ License Fee
1st Period End ____/____/____
- ☐ Normal Payment for:
Period Begin ____/____/____
Period End ____/____/____
- ☐ Bill Payment for:
Period Begin ____/____/____
Period End ____/____/____

Last 4 Digits of Your FEIN or SSN

Hawaii Tax I.D. Number

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Amount of Payment

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR". Write the tax and filing types, your Hawaii Tax I.D. Number, and daytime phone number on your check or money order.