FORM A-6 (REV. 2021)

PRINT NAME

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CLEARANCE APPLICATION

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII

IF APPLICABLE

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

1. APPLICANT INFORMATION:	IF APPLICABLE							
Applicant's Name			20	20	20			
Address								
City/State/Postal/Zip Code				STATE APPROVAL STAMP (State Approval QR Code)				
DBA/Trade Name	,		,					
2. TAX IDENTIFICATION NUMBER:								
HAWAII TAX I.D. #								
FEDERAL EMPLOYER I.D. # (FEIN)								
SOCIAL SECURITY # (SSN)		_						
3. APPLICANT IS A/AN: (Check only ONE box)			You may scan the QR code to authenticate this tax clearance					
 □ CORPORATION □ INDIVIDUAL □ LIMITED LIABILITY COMPANY □ Single Member LLC disregarded as □ Subsidiary Corporation; enter pare 	(City, Count	S APPROVA y, or State Go	vernment Contract					
4. THE TAX CLEARANCE IS REQUI	RED FOR: (MUST check at least O	NE box)						
□ REAL ESTATE LICENSE□ PROGRESS PAYMENT□ FEDERAL CONTRACT	PROGRESS PAYMENT				■ 3 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)			
□ OTHER * IRS APPROVAL STAMP IS ONLY R	EQUIRED FOR PURPOSES INDICAT	 ED BY AN ASTERISK.						
				A	A6_I 2021A 01 VID01			
behalf of the taxpayer. If the request app	either the taxpayer whose name is shown on olies to a joint return, at least one spouse musursuant to Title 14 of the HRS, and the rules	st sign. I declare to the best of my kno						
SIGNATURE	DATE	() TELEPHONE		() FAX				
GIONATORE	DAIL	ILLLI HONE		I AA				

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

6.	CITY, COUNTY, OR STATE GOVERNMENT CONTRACT: Bid/Entering Into or Ongoing Contract Completion/Final Payment										
	For completion/final payment o	ompletion/final payment of contract, provide the name, agency, and telephone number of the contact person at the Sta									
	Name:		Agency:	Agency:							
7.	LIQUOR LICENSING:	☐ Initial	☐ Renewal	☐ Transfer-Seller	☐ Transfer-Buyer	☐ Special Ev	vent				
В.	CONTRACTOR LICENSING:	☐ Initial	☐ Renewal								
9.	STATE RESIDENCY:	DATE APPLICANT ARRIVED OR RETURNED TO HAWAII									
10.	ACCOUNTING PERIOD:	☐ Calendar y	vear ☐ Fisc	al year ending (MM/DD)							
11.	TAX EXEMPT ORGANIZATION	N:									
	A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)):										
	B) Does your organization file	s your organization file federal Form 990-T, Exempt Organization Business Income Tax Return?									
	C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or										
federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax?											
If "YES," your organization is required to obtain a general excise tax license. Go to line 13.											
	If "NO," go to line 11D.										
	D) Does your organization hav	e fundraising in	come? YES	i □ NO							
	If "YES," your organization i	s required to ob	tain a general exci	se tax license.							
12.	INDIVIDUAL: Spouse's Nan	ne			SSN						
13.	IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:										
	A) Description of your firm's bu	ısiness									
	B) Has your firm had any busir	ness income in I	Hawaii?			☐ YES	\square NO				
	C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii?					☐ YES	\square NO				
	D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)?					☐ YES	\square NO				
	E) In the current or preceding calendar year has your firm had gross income of \$100,000 or more, or entered into										
	200 or more separate trans										
	activities? a) Tangible prope	erty delivered in	Hawaii; b) Services	s used or consumed in Hav	waii; or c) Intangible propert	ty					
	used in Hawaii.					☐ YES	\square NO				
	Note: If you answer "Yes" to an	y of the above	questions, you are	required to apply for a gen	eral excise tax license.						

FILING THE APPLICATION FOR TAX CLEARANCE

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you need to get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation Taxpayer Services Branch P.O. Box 259 Honolulu, HI 96809-0259

Telephone No.: 808-587-4242 Toll Free: 1-800-222-3229 Fax No.: 808-587-1488

or 830 Punchbowl Street RM 124 Honolulu, HI 96813-5094 Internal Revenue Service W&I Field Assistance 300 Ala Moana Blvd., #1-128 Honolulu, HI 96850

(By appointment only. To make an appointment, please call 844-545-5640.)

Automated phone messaging: 808-466-6011

Fax No.: 855-877-0789

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at **tax.hawaii.gov**.