FORM A-6 (REV. 2022)

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CLEARANCE APPLICATION

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII

IF APPLICABLE

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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:	(PLEASE TYPE OR PRINT CLE	EARLY)	IF AP	PLICABLE
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 of	nly ONE box)		,	e to authenticate this tax clearance
 □ CORPORATION □ INDIVIDUAL □ LIMITED LIABILITY COMPANY □ Single Member LLC disregarded as □ Subsidiary Corporation; enter parer 	☐ PARTNERSHIP ☐ ☐ LIMITED LIABILITY PARTNER s separate from owner; enter owner's	FEIN/SSN		ROVAL STAMP ate Government Contract
4. THE TAX CLEARANCE IS REQUIR	RED FOR: (MUST check at least of	ONE box)		
☐ CITY, COUNTY, OR STATE GOVE		☐ LIQUOR LICENSE		
☐ REAL ESTATE LICENSE ☐ PROGRESS PAYMENT	☐ CONTRACTOR LICENSE☐ PERSONAL	☐ FINANCIAL CLOSING ☐ HAWAII STATE RESIDEN	CY	
☐ FEDERAL CONTRACT ☐ OTHER	☐ SUBCONTRACT	□ LOAN		
* IRS APPROVAL STAMP IS ONLY R	EQUIRED FOR PURPOSES INDICA	TED BY AN ASTERISK.		A6_I 2022A 01 VID01
. ,	ither the taxpayer whose name is shown o lies to a joint return, at least one spouse m ursuant to Title 14 of the HRS, and the rule	ust sign. I declare to the best of my know		
		())
SIGNATURE	DATE	TELEPHONE	FAX	
PRINT NAME	PRINT TITLE: Corp	orate Officer, General Partner or Member, I	ndividual (Sole Proprieto	or), Trustee, Executor

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.**

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 GO	OVERNMENT CO	ONTRACT:	Bid/Entering Into □ C	Ongoing Contract C	ompletion/Final	Payment				
	For completion/final payment of	or completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or									
	Name:		Agency:		Telephone Number:_						
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 ye	ar 🗌 Fisc	al year ending (MM/DD)							
11.	TAX EXEMPT ORGANIZATION:										
	A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)):										
	B) Does your organization file f	ation 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? YES NO										
	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 have fundraising income?										
	If "YES," your organization is	s required to obta	ain a general exci	se tax license.							
12.	INDIVIDUAL: Spouse's Nam	ne			SSN						
13.	. IF YOU <u>DO NOT</u> HAVE A GENERAL EXCISE TAX LICENSE <u>AND</u> REQUIRE A TAX CLEARANCE:										
	A) Description of your firm's bu	siness						_			
	B) Has your firm had any busin	ess income in H	awaii?			☐ 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 transactions attributable to Hawaii in any of the following, or combination of the following,											
activities? a) Tangible property delivered in Hawaii; b) Services used or consumed in Hawaii; or c) Intangible property						ty					
	used in Hawaii.					☐ YES	\square NO				
	Note: If you answer "Yes" to an	y of the above qu	uestions, 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 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**.