



APPLICANT'S NAME FROM PAGE 1 \_\_\_\_\_

6. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:**  Bid/Entering Into  Ongoing Contract  Completion/Final Payment  
For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. **LIQUOR LICENSING:**  Initial  Renewal  Transfer-Seller  Transfer-Buyer  Special Event
8. **CONTRACTOR LICENSING:**  Initial  Renewal
9. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII \_\_\_\_\_
10. **ACCOUNTING PERIOD:**  Calendar year  Fiscal 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 federal Form 990-T, Exempt Organization Business Income Tax Return?  YES  NO  
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?  YES  NO  
If "YES," your organization is required to obtain a general excise tax license.
12. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
13. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:**  
A) Description of your firm's business \_\_\_\_\_  
B) Has your firm had any business income in Hawaii?  YES  NO  
C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii?  YES  NO  
D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)?  YES  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 used in Hawaii.  YES  NO

**Note:** If you answer "Yes" to any of the above questions, you are required to apply for a general 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., #1-315  
Honolulu, HI 96850

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

Automated phone messaging: 808-466-6011

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](http://tax.hawaii.gov).