

STATE OF HAWAII—DEPARTMENT OF TAXATION
**REQUEST FOR COPIES OF
CONVEYANCE TAX CERTIFICATE**

IMPORTANT: Please read the instructions on the reverse side before completing this form.

(PLEASE TYPE OR PRINT)

1. Tax Map Key Information: <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"><tr><th colspan="5" style="text-align: center; padding: 2px;">TAX MAP KEY</th></tr><tr><th style="width: 10%; padding: 2px;">Z</th><th style="width: 10%; padding: 2px;">S</th><th style="width: 15%; padding: 2px;">PLAT</th><th style="width: 15%; padding: 2px;">PARCEL</th><th style="width: 10%; padding: 2px;">CPR NO.</th></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr></table> Island _____ Apt. No. _____	TAX MAP KEY					Z	S	PLAT	PARCEL	CPR NO.						2. Date Filed with the Bureau of Conveyances 3. Document Number 4. (Check One) ☐ Regular Copies ☐ Certified Copies Number of Copies 6. Buyer's Name(s)
TAX MAP KEY																
Z	S	PLAT	PARCEL	CPR NO.												
5. Seller's Name(s)	8. Telephone Number of Requestor Business: (_____) _____ Home: (_____) _____															
7. Name and Address of Requestor																

DECLARATION: I declare that I am a party who is named in box 5 or box 6, or an authorized person. I am aware that based upon this form, the Department of Taxation will release the Conveyance Tax Certificate being requested to the person shown in box 7. The Department of Taxation has no control over, nor responsibility for how the requestor uses the information provided on the Conveyance Tax Certificate.

Signature: _____ Date: _____
Print Name: _____ Title: _____

GOVERNMENT AGENCIES ONLY

Name of Requestor : _____ (Check box)
☐ Photocopy ☐ Review Only
(IRS only)

Department of Requestor: _____
Mailing Address, if applicable: _____

Telephone Number: _____
Date Picked Up: _____

Signature Upon Pickup _____

Signature of Requestor's Supervisor

Name of Requestor's Supervisor

OFFICE USE ONLY
(For other than government agency requests)

Photocopies	Total Cost:
Number of Pages: _____ x \$1.00 = _____	
Number of Certified Copies: _____ x \$1.00 = _____	
Date Picked Up: _____	
Initials: _____	

INSTRUCTIONS

Use this form to request a copy of a Hawaii Conveyance Tax Certificate.

Conveyance Tax Certificates may be disclosed only to a party to the transaction, or to an authorized agent. Only one signature is required. If your name has changed, sign your name as it appeared on the Conveyance Tax Certificate being requested, and also sign your current name. All requests must be signed by a party to the transaction or by a duly authorized agent. If you are not a party listed in box 5 or box 6, you must present documentation, such as Form N-848, Power of Attorney, or a letter signed by one of the parties to the transaction, prior to receiving the Conveyance Tax Certificate, because it contains confidential taxpayer information. If the taxpayer is deceased, you must present enough evidence to establish that you are authorized to act for the taxpayer's estate.

Box 1 — Tax Map Key Information (TMK). This can be found on the appropriate county real property web site. The format for the TMK is #-#-###-###-####, e.g., 1-2-345-6789-0000.

Box 2 — Please enter the date the document was presented to the Bureau of Conveyances for payment or recordation.

Box 3 — Please enter the document number associated with the payment or recordation. You may get this number either from the Bureau of Conveyances, or from the sale information on the appropriate county's real property web site.

Box 4 — Select either Regular Copies or Certified Copies. For Certified Copies, an additional one dollar (\$1.00) per return is charged, in addition to the charge for Regular Copies.

- Regular Copies – \$1.00 for each page or side of a page reproduced (e.g., one two-sided document will cost \$1.00 for each side for a total of \$2.00).
- Certified Copies – \$1.00 for each return certified (in addition to the charge for Regular Copies).

Box 7 — If the requested Conveyance Tax Certificate is to be picked up by, or mailed to someone other than yourself (such as your tax return preparer), enter that person's name and mailing address in this box.

Where to file. — Send completed Form(s) L-73 to the Hawaii Department of Taxation, P.O. Box 259, Honolulu, HI 96809-0259.

Note: Processing a request for copies of a tax return normally takes 15 working days. A bill will be mailed to you when the copies are ready. The copies will be mailed to you after payment is received.