

APPLICANT'S NAME FROM PAGE 1 _____

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** Bid/Entering Into or 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: _____
8. **LIQUOR LICENSING:** Initial Renewal Transfer-Seller Transfer-Buyer Special Event
9. **CONTRACTOR LICENSING:** Initial Renewal
10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII _____
11. **ACCOUNTING PERIOD:** Calendar year Fiscal year ending (MM/DD) _____
12. **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 12D.
 - D) Does your organization have fundraising income? YES NO
If "YES," your organization is required to obtain a general excise tax license.
13. **INDIVIDUAL:** Spouse's Name _____ SSN _____
14. **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, 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 844-546-5640.)

TELEPHONE NO.: 808-566-2748
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.