

STATE OF HAWAII
DEPARTMENT OF TAXATION
CHANGE OF ADDRESS FORM

DO NOT WRITE IN THIS AREA

03

NAME: _____

SSN or FEIN: _____

SPOUSE'S NAME: _____

SPOUSE'S SSN: _____

CONTACT PHONE NO. (daytime):(_____) _____

PLEASE CHANGE MY:

MAILING ADDRESS TO:

BUSINESS ADDRESS (PHYSICAL LOCATION) TO:

c/o or "In care of" (If this is to be deleted, please write "Delete")

Street (This address cannot be a P. O. Box.)

Street

City/State

Zip Code + 4

City/State

Zip Code + 4

Phone No. () _____ (Business)

() _____ (Residence)

THE CHANGE OF ADDRESS APPLIES TO MY ACCOUNT(S) CHECKED OFF BELOW:

MY NET INCOME ACCOUNT

MY GENERAL EXCISE ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

MY WITHHOLDING ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

MY TRANSIENT ACCOMMODATIONS ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

MY RENTAL MOTOR VEHICLE AND TOUR VEHICLE ACCOUNT

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

For Hawaii Tax I.D. No. **W** _____ - _____

THIS SPACE FOR DATE RECEIVED STAMP

Signature

Title

Date

Spouse's Signature

Date

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 259
HONOLULU, HI 96809-0259