FORM BB-1 (Rev. 2004)

STATE OF HAWAII BASIC BUSINESS APPLICATION

	YPE OR PRINT LEGIBLY						Identific	cation number		
1.	Type of application (Check the app	ropriate box(es) th	at best describes	your purpose in fi	ling this appli	cation)				
	General Excise	☐ Use Tax On	ly [☐ Seller's Colle	ection		W			-
	Transient Accommodations	☐ Employer's \	Withholding E	☐ GE One Tim	ne Event		UI Rea	istration Number		
	Rental Motor Vehicle & Tour Vehicle I	□ Cigarette an	d Tobacco E	□ Liquor						
	Unemployment Insurance I	☐ Liquid Fuel [Distributor E	☐ Liquid Fuel F	Retail Deal	er				
2.	Taxpayer's/Employer's Name (Inc	dividuals, enter	Last, First, Mic	ddle Initial)		3. Doing bu	ısiness as (DBA) name		
4.	FEIN	5. Type of	ownership 🗆	Sole proprieto				ns) 🗆 Other (Ex	xplain)	
				☐ Partnership ☐ Federal Agend						
6.	Date Business Began in Hawaii		7. Date of In	corporation (M	M/DD/YYY	Y)	8. Incorpo	oration State		
9.	Accounting period, check only 1		10. Accoun	ting method, o	check only	1	11. NAIC	S(See Instruction	ns)	
	☐ Calendar Year		☐ Cash	☐ Accrual						
_	☐ Fiscal Year ending (MM/DD)	/								
• 12 #	. Mailing address C/O		S	Street address	or P.O. Box	(City	St	ate	Zip Code + 4
비 13 N	. Physical location of business in F	Hawaii Stree	et address				City	St	ate	Zip Code + 4
ი გ 14	. If no physical business location in	Hawaii, provide	e the name, ac	ddress, and tele	ephone nur	mber of the in	dividual per	forming services	in Hawa	 ii
		riaman, proma	o 11.0 11a.110, a.c	au. 000, a. ra 10.	op		a a a a a .	g ==		•
ONA 1-4 15	i. Phone Number Business		Residential		Fax		E-	mail address		
Ξ_	()		()		()				
	. Does all or part of this business of	qualify for a disa	ability exemption	on? (See Ins	structions)		Yes □	No		
2 16 E 17	. Name of Parent Corporation		18 Parent	Corp.'s FEIN	19 Par	ent Corporati	on's Mailing	Address		
	. Name of Faront Corporation		10. Taloni	ooip.oi Eiiv	10. 1 0.	on corporati	on o maning	, Addi 000		
AN 20	List all the owners (including sole proprie	etors), partners, men	nbers, or corporate	e officers (<i>See Ins</i>	structions on	back of the fo	rm) Attach a s	eparate sheet of paper	if more spa	ace is required.
¥ _	SSN Name (Last, First, Midd	le Initial)	Title		Reside	ntial Address	s	Con	tact Phone No.
ORDER									()
<u>ج</u> _									()
		ucinocc2 🎵 \	Yes □ No	22. No. 0	of establishm	ents or branches	in Hawaii	23. Date emp	loyment	began in Hawaii
	.(a) Did you acquire an existing b(b) If yes, was □ all or □ part o					onto or branono			/	/
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PURPOSE OF THIS FORM

This application simplifies the process of starting a business in Hawaii by allowing you to register for various State tax and employer licenses and permits, including general excise tax (GET), withholding (WH) tax, and unemployment insurance (UI) tax.

Every person or company intending to do business in Hawaii, including every individual who is self-employed or who hires employees, must apply for a GET Identification Number. In addition, every person or company (with very few exceptions) with employees in Hawaii must register for the WH Tax and apply for UI coverage.

SPECIFIC INSTRUCTIONS

Lines 1, 31, 32 and 33. Fees — Enter the appropriate information and applicable fee for each box you checked on line 1 of the application in the corresponding lines of the Registration Fee Worksheet. Also, enter the date the activity began in Hawaii. Please fill in all lines on the worksheet that apply to your application.

- **a.** If you checked the box **GE** the following fee(s) will apply:
 - If your business began **on or after January 1, 1990,** a one-time \$20.00 fee must be paid with this application. Your license will remain effective until you cancel it; no further fee will be due.
 - If you are a nonprofit organization which has received exemption from GET and you have paid the \$20.00 nonprofit registration fee, no fee is due; enter "0" in the space provided.
 - If your business began in Hawaii **before January 1, 1990**, please call the Department of Taxation for the appropriate fees.
 - Do NOT enter an amount on this line if you are applying for a GE One-Time Event license number, see Item b.

ENTER THE TOTAL FEE FOR ALL YEARS IN THE SPACE PROVIDED.

- **b.** If you checked the box **GE One Time Event**, a one-time \$20.00 fee must be paid with this application. Enter \$20.00 in the space provided. If you are a nonprofit organization which has received exemption from GET and you have paid the \$20.00 nonprofit registration fee, no fee is due; enter "0" in the space provided.
- **c.** If you checked the box **TA**, the following fee(s) will apply:
 - If you first offered a TA for rent **on or after January 1, 1990**, a one-time fee of either \$5.00 or \$15.00 must be paid with this application. Your registration will remain effective until you cancel it; no further fee will be due. Your fee is:
 - \$5.00 if you have 1-5 TA units.
 - \$15.00 if you have 6 or more TA units.
 - If your business began in Hawaii **before January 1, 1990**, please call the Department of Taxation for the appropriate fees.

ENTER THE TOTAL FEE FOR ALL YEARS IN THE SPACE PROVIDED.

- j. If you checked the box Liquor, enter your county liquor license number, the effective date of your license, and check whether you are a manufacturer or wholesaler of liquor. An annual permit fee of \$2.50 is due with your application.
- k. If you checked the box **Cigarette and Tobacco**, check whether you are a dealer or wholesaler of cigarettes or tobacco products. An annual license fee of \$2.50 is due with your application.
- If you checked the box Liquid Fuel Distributor, check all the boxes that apply to your business.

Line 4. Enter your Federal Employer Identification Number (FEIN). If you have employees, you must have a FEIN. If you are not required to have a FEIN, leave this box blank. If you are a subsidiary member of a controlled group of corporations, complete lines 17, 18 and 19.

• If you are a sole proprietor or a single-member LLC that has elected to be taxed as a sole proprietor for income tax purposes, please complete line 20.

 $\boldsymbol{\text{Line 5.}}$ Check the box that describes the type of business entity making the application.

- If you are a Limited Liability Company (LLC), Limited Liability Partnership (LLP), Nonprofit organization or any other entity not listed, please check the box "Other" and write the type of business entity.
- If you are checking the box for "Corporation", please enter on the "Other" line, whether you are a "C" or "S" corporation.
- If you are checking the box for "Partnership", please enter on the "Other" line, whether you are a General or Limited Partnership.

Registration Fee Worksheet

Lic	ense/Registration Fee, enter the appropriate information	on/fee based on
νh	at registration was checked on line 1, also enter the date	the activity began
n l	Hawaii. If applying for GE, choose either a or b, NOT bo	th.
а.	General Excise (GE) (See Instructions)	\$
o.	GE One Time Event /Enter \$20.00	
Э.	Transient Accommodations (TA)	
	Check only 1 and enter the dollar amount	
	\square \$5.00 (1-5 units) OR \square \$15.00 (6 or more units)	
d.	Use Tax Only/No fee required	-0-
Э.	Employer's Withholding (WH)No fee required	-0-
	Unemployment InsuranceNo fee required	-0-
g.	Seller's Collection/No fee required	-0-
n.	Rental Motor Vehicle & Tour Vehicle (RVST)	
	(enter date activity began on line 29)Enter \$20.00	
	Total Form VP-1 Amount Due. (Add items a thru h)	
	Enter this amount on line 31	\$
	Liquor, /Check applicable box	
	☐ Manufacturer ☐ Wholesaler and enter County	
	Liquor License No,Enter \$2.50	
Κ.	Cigarette and Tobacco,/check only 1	
	☐ Dealer ☐ Wholesaler (see section 245-1, HRS	
	for definitions)Enter \$2.50	
	Liquid Fuel Distributor,check all that apply	
	☐ Produce ☐ Refine ☐ Manufacture ☐ Compou	nd
	/No fee required	-0-
n.	Liquid Fuel Retail Dealer//	
	Enter \$5.00	
ղ.	Total Form VP-2 Amount Due. (Add items j thru m)	
	Enter this amount on line 32	\$

Line 9. ACCOUNTING PERIOD —

Calendar Year — If you file your income tax return on a calendar year (January 1 through December 31), check this box.

Fiscal Year — If you file your income tax return on other than a calendar year, check this box, and enter the month and day on which your fiscal year ends, using a MM/DD format. For example, a fiscal year ending on March 31 is written as 03/31.

Line 10. ACCOUNTING METHOD —

Cash — Check this box if you are reporting the income in the period it is received. For example, if you are a monthly filer, you perform a service in March, and you receive payment for that service in May, then as a cash basis taxpayer, you report the income when it is received in May.

Accrual — Check this box if you are reporting the income at the time the service, sale, etc., is performed and you have a right to the income rather than when payment is received. In the example above, you would report your income when the service was performed which is in March.

Line 11. North American Industry Classification System (NAICS). Enter the 6-digit industry classification code that most closely matches your main business activity. This would be the principal business or professional activity code that you are required to enter on your federal income tax return. For more information on these codes, see the federal instructions for reporting your business income. You may also download the 2002 listing from the NAICS website at:

http://www.census.gov/epcd/naics02/naico602.txt

Then in the space below the NAICS code, describe fully the type of business activities you are engaged in, concentrating on your principal activity and the product/service. Include the percentage based on gross receipts if you are engaged in more than one type of activity. Examples: General Contractor - building construction (single-family residential 70%, hotel 10%, commercial 10%, industrial 10%); Manufacturing - men's aloha shirts; Retail - sporting goods; Wholesale and Retail - cosmetics (wholesale 90%, retail 10%). If more space is needed, attach a separate sheet.

Line 16. Disability Exemption — The first \$2,000 of gross income received by any person who is blind, deaf or totally disabled is exempt

FORM BB-1 (Rev. 2004)

UC-1

STATE OF HAWAII BASIC BUSINESS APPLICATION

TYPE OR PRINT LEGIBL

1.	PE OR PRINT LEGIBLY								
	Type of application (Check the appropriate box(es) that	t best describes you	r purpose in fi	ling this appli	cation)				
	General Excise ☐ Use Tax Only		Seller's Coll						
	Transient Accommodations Employer's V	Vithholding 🏻 G	GE One Tim	e Event		UI Regi	stration Numb	er	
	Rental Motor Vehicle & Tour Vehicle Cigarette and	ŭ	iquor						
	Unemployment Insurance		iquid Fuel I	Retail Deale	er				
2.	Taxpayer's/Employer's Name (Individuals, enter L		<u> </u>		3. Doing bu	siness as (I	DBA) name		
	. p. y	,	,		3 11	(,		
4.	FEIN 5. Type of c	ownership So	ole proprieto	orship 🗆	Corporation (S	See Instruction	s) 🗆 Other	(Explain)	
			artnership		ederal Agen		,	· ' '	
6.	Date Business Began in Hawaii	7. Date of Incor	poration (M				ration State		
	Ç		. `		,				
9.	Accounting period, check only 1	10. Accounting	method, o	heck only	1	11. NAIC	S(See Instruc	tions)	
	☐ Calendar Year	_	☐ Accrual	_				,	
	☐ Fiscal Year ending (MM/DD) /								
12	. Mailing address C/O	Stree	et address	or P.O. Box	(City		State	Zip Code + 4
	ŭ					,			·
13	. Physical location of business in Hawaii Stree	t address				City		State	Zip Code + 4
14	,					. ,			
14	. If no physical business location in Hawaii, provide	the name, addre	ess. and tel	ephone nur	nber of the in	dividual per	formina service	es in Hawa	aii
15	.,,		,	- 1			3		
15	. Phone Number Business	Residential		Fax		E-	mail address		
	()	()		()				
16	. Does all or part of this business qualify for a disa	bility exemption?	(See Ins	structions)		Yes □	No		
17	. Name of Parent Corporation	18. Parent Cor	p.'s FEIN	19. Par	ent Corporati	on's Mailing	Address		
			•						
20	List all the owners (including sole proprietors), partners, mem	bers, or corporate office	cers (<i>See Ins</i>	tructions on	back of the fo	rm) Attach a se	eparate sheet of pa	per if more sp	ace is required.
20	SSN Name (Last, First, Middl		Title			ntial Address			tact Phone No.
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								,	,
21								()
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	(a) Did you acquire an existing business? ☐ Y (b) If yes, was ☐ all or ☐ part of the business a		22. No.	of establishme	ents or branches	in Hawaii	23. Date er	(mployment) began in Hawa
	(b) If yes, was \square all or \square part of the business a							/	/
		cquired? (MM/DD/YYYY)			ents or branches			/	began in Hawa / Daid in Hawaii
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Form BB-1 Instructions (Rev. 2004)

from the GET. A reduced tax rate of $\frac{1}{2}$ of 1% is applied to the balance of the gross income received.

- Check YES if Form N-172 has already been filed with the Department of Taxation.
- Check NO if you have not applied for this exemption. If you think you may qualify, you may obtain information and the required form from the Department of Taxation.

Line 20. List the appropriate information:

- If you checked "Sole Proprietor" on line 5, or you are a single-member LLC that has elected to be taxed as a sole proprietor for income tax purposes, list the proprietor's and the spouse's (if applicable) social security number, name, title (owner or spouse), residential address, and telephone number where they can be reached.
- If you checked "Partnership" on line 5, or you are a LLC that has elected to be taxed as a partnership, list each partner's social security number, name, title, residential address, and telephone number where they can be reached. If the partner is an entity other than an individual, enter the partner's FEIN.
- If you checked "Corporation" on line 5 and are an S corporation or C corporation, or you checked "Other" on line 5 and are a Nonprofit organization, or you are a LLC that has elected to be taxed as a corporation, list **each** officer's social security number, name, title, residential address, and telephone number where they can be reached.
- If you checked a government agency or are a fiduciary, line 20 is optional.

Line 21. If you have succeeded to the business of another employer, you may acquire the experience record of your predecessor for the purposes of the UI tax, provided that:

- 1. Form UC-86, "Waiver of Employer's Experience Record", is filed within sixty (60) days after the date of acquisition or by March 1 of the following year; and
- 2. The predecessor has cleared all contributions and reports due to the UI Division.

If these conditions are met, the rate of the predecessor is assigned immediately to your account. However, if the Form UC-86 is filed after sixty days but by March 1 of the next year, the experience record of the predecessor and successor employers will be combined to determine your rate for the following calendar year. Contact the nearest UI office to obtain Form UC-86.

Line 25. If you do not have any employees, enter the date when you anticipate hiring employees. If you do not anticipate hiring any employees, enter "N/A".

Line 30. FILING PERIOD —

Note: You may choose a filing period which is more frequent than the period otherwise required, but you may not choose a filing period which is less frequent.

For items a), b), and c), GE, TA, and RVST Taxes:

- Check the MONTHLY filing box if your tax due for the entire year will be more than \$4,000.
- \bullet Check the QUARTERLY filing box if your tax due for the entire year will be \$4,000 or less.
- Check the SEMIANNUALLY filing box if your tax due for the entire year will be \$2,000 or less.

NOTE: You may find it convenient to use the same filing period for your GE, TA, and RVST taxes.

For item d), **Employer's WH Tax** — You must file MONTHLY if the total amount of Hawaii income tax withheld from your employees' wages during the year will be more than \$5,000 a year. You may file QUARTERLY if the total amount of Hawaii income tax withheld from your employees' wages during the year will not exceed \$5,000 a year.

UI Contributions must be filed on a quarterly basis.

 $\label{liquid} \textbf{Liquor}, \textbf{Cigarette and Tobacco}, \text{ and } \textbf{Liquid Fuel} \text{ Taxes must be filed on a} \\ \text{monthly basis}.$

SIGNATURE LINE -

The application must be signed and dated by an owner, partner or member, corporate officer, or authorized agent (e.g., CPA, attorney, or other person) with a valid power of attorney.

SUBMITTAL OF FORM —

If you are submitting the application in person, a Hawaii tax identification number may be immediately assigned.

If you are submitting the application and license fee through the mail, please submit the original copy (both pages) and retain a copy for your records. Processing of the application will take approximately 3 to 4 weeks to complete. Your application will be forwarded to the UI Division and you should receive UI information within two weeks after UI receives your application. Please file your application with the Hawaii Department of Taxation office at the address located on the bottom of the form.

UNEMPLOYMENT INSURANCE

An individual or organization which has, or plans to have, one or more workers performing services for it must register with the UI Division within twenty (20) days after services in employment are first performed. If an employing unit is subject to the provisions of Chapter 383, Hawaii Revised Statutes, it will be assigned an employer account identification number, also commonly known as the Department of Labor (DOL) number. A post registration packet will then be issued which includes a "Handbook for Employers", Notice to Workers poster, and quarterly contribution forms.

FAMILY OWNED CORPORATIONS

A family-owned corporation with no more than two (2) family members, related by blood or marriage, who, as the only employees each own at least fifty (50) percent of the shares issued by the corporation may apply

for exclusion from UI coverage provided an application is filed and qualifying requirements are met. To elect this exclusion option, Form UC-336, "Election by Family-Owned Corporation to be Excluded From Coverage Under Section 383-7(20)" should be obtained from and submitted to the nearest UI office. This exclusion shall be effective the first day of the calendar quarter in which the application is filed with the DOL.

NONPROFIT ORGANIZATIONS

Nonprofit organizations qualifying for income tax exemption under Section 501(c)(3) of the Internal Revenue Code may self-finance benefits to their employees on a reimbursable basis. If further details are required, please contact the UI Office in your county.

WHERE TO GET INFORMATION

HAWAII DEPARTMENT OF TAXATION P.O. Box 259
Honolulu, HI 96809-0259
Tel. No.: 808-587-4242
Toll-Free: 1-800-222-3229
TDD/TTY No.: 808-587-1418
TDD/TTY Toll-Free: 1-800-887-8974
www.state.hi.us/tax

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Unemployment Insurance Division
830 Punchbowl St., #437
Honolulu, HI 96813
Tel No.: 808-586-8913
808-586-8914
www.dlir.state.hi.us