

81 Makawao Avenue, Suite 202 • Makawao, HI 96768 • 808/572-6454 • FAX: 808/572-1788 http://cpa.maui.net

MEMORANDUM

TO:	All Clients
RE:	General Excise Taxes
√ DO TAX/	YOU NEED HELP FILING YOUR GENERAL EXCISE TRANSIENT ACCOMODATIONS TAX RETURNS?
•	paying your General Excise/Transient Accommodations Taxes is an important part of doing in Hawaii.
returns.	ortant that you let us know that you would like us to prepare your General Excise/Use Tax If not, we'll assume that you are filing your own returns. There are substantial penalties for not iling your General Excise/Use Tax returns late.
	et us know if you would like us to prepare your General Excise Tax returns by checking the "Yes w and faxing to our office.
corporat	I would like your firm to prepare my/our General Excise/Use Tax returns. (If you have a tion or LLC, please be sure to complete TWO forms—one for personal and one for your y.) (By signing, this agreement, you agree to be billed for the preparation of your returns ormal bookkeeping billing rates.) Important: Be sure to fill in pages 2-3.
[]NO, \ pages 2	we will file our returns on our own. Sign below and return to our office. Do not fill in -3.
Your Na	ame:
Signatu	re:
Date:	
If you ch	necked "Yes", please provide the following information:
1. If you	u do not already have a General Excise/TAT ID #, skip to question #2. If you have an

existing General Excise/TAT number, please provide your active Hawaii State tax ID #:

G					
Fi	ling Frequency (check one): []Monthly []Quarterly []Semi-annually				
La	Last Periodic Return Filed: []Month []Quarter []Semi-Annual Period Ending\\				
pl	IPORTANT: If you have filed some of your periodic returns (but not all) for a given year, ease provide copies of the periodic returns filed. We need this information to properly file you noull Return & Reconciliation.				
2.	Provide your legal name (or legal name of your entity):				
3.	Your Social Security Number:				
	or Employer Identification Number:				
4.	Your Mailing Address:				
	City/State/Zip:				
5.	Type of Ownership:				
6.	Physical Address of your business operations (or rental unit if a rental):				
	City/State/Zip:				
7.	Date Business Began (or will begin) in Hawaii://				
8.	Briefly describe your business:				
9.	If a rental activity, how many units are being rented?				
). Are you permanently disabled? [] Yes [] No (If yes, we will contact you with additional formation needed.)				
11	Please provide your contact information:				
	Email address:				
	Telephone #1: (
	Telephone #2: (

Note: We will assume that you are a calendar year, cash basis taxpayer unless you tell us otherwise.

The agreement covers only the preparation of your GE/TAT tax returns. You are also required to file an income tax return (Federal & Hawaii.) You should receive our tax organizer in early January of each year where you will be asked to provide information to prepare your income tax returns.

IMPORTANT: It will be your responsibility to have your information needed to prepare your returns to us at <u>least</u> 15 days before the GE/TAT tax due date (normally the 20th of the month following the end of the period (monthly, quarterly or semi-annually.) You may email, fax or drop off this information to us. Please provide the information in the following format: (an example is shown below)

Period Covered	Income Type	Income Amount	<u>Island</u>
January-March, 20XX	Retail Sales	\$7,500.00	Маиі
January-March, 20XX	Wholesale sales	\$5,500.00	Маиі
July, 20XX	Rental (Long-term)	\$1,500.00	Oahu
September, 20XX	Yard Service	\$3,469.00	Lanai
June, 20XX	Rental (Short term-condo)	\$3,580.00 (rents)	Маиі
June, 20XX	Rental (Short term-condo)	\$149.14 (GE received)	Маиі
June, 20XX	Rental (Short term-condo)	\$331.15 (TAT received)	Maui

If you are selling products or services which will be resold (as in wholesaling,) you must provide this information separately from any retail sales information since there are varying rates of tax.

If you have a transient rental (condo, hotel, etc.) please provide a copy of your rental agreement or contract that you provide to your customers. If you visibly pass on the GE/TAT tax, you will need to provide the breakdown of rent received and GE/TAT taxes received. Please provide the GE & TAT taxes received separately. (Please see the last three lines in the examples listed above—this is how you should provide your income for transient rentals.)

Attention General Contractors: you must provide GE license numbers for all licensed subcontractors claimed as an exemption for GE purposes.

{Continued on the next page.}

Attach a voided check of the account from which you would like your taxes debit be a personal account since this engagement letter covers pesonal GE taxes or our separate engagement letter for businesses.) NOTE: A voided check is requiritate a debit from the state of Hawaii tax department on the due date of your of the state of	nly. (Request uired as we will
ATTACH VOIDED CHECK HERE (REQU	JIRED.)

For Office Use:
Upon receipt, update GE list by Frequency Code and office in PS.
Update completed by:______. Date: ____/___/