

# APPLICATION FOR EXEMPTION FROM GENERAL EXCISE TAXES

PLEASE READ THE INSTRUCTIONS (FORM G-6A) BEFORE COMPLETING THIS APPLICATION

1. **NAME OF ORGANIZATION:** (Type or print clearly the full name of your group or organization)

_____	
<b>Mailing Address:</b> _____	<b>Business Address:</b> _____
_____	_____
<b>E-mail:</b> _____	<b>Website (if any):</b> _____
_____	_____
<b>Contact person:</b> _____	<b>Daytime Telephone No.:</b> ( _____ ) _____

2. **The above-named organization is applying for exemption from general excise taxes under the following general excise tax section:** (Check only one box. See instructions for more information.)

- |  |  |
|--|--|
| <input type="checkbox"/> Section 237-23(a)(3), Hawaii Revised Statutes | <input type="checkbox"/> Section 237-23(a)(5), Hawaii Revised Statutes |
| <input type="checkbox"/> Section 237-23(a)(4), Hawaii Revised Statutes | <input type="checkbox"/> Section 237-23(a)(6), Hawaii Revised Statutes |

3. **Effective date requested** \_\_\_\_\_ . See instructions for required statement.

4. **Under what section of the Internal Revenue Code is the organization qualified for federal income tax exemption?** \_\_\_\_\_ . (Please fill in the blank with the appropriate IRC section. For example: IRC §501(c)(3).)

5. **The following items MUST be submitted with this completed application:** (See instructions for more information.)

- A. Articles of Organization
- B. Copy of By-Laws - If the organization has not adopted by-laws, enclose a statement to that effect.
- C. Copy of IRS determination letter granting federal tax exemption (if IRS determination is required for your organization). Subordinate organizations, see instructions. If you requested an IRS determination but have not received it, check this box. . . . .  and indicate the date the IRS determination letter was applied for \_\_\_\_\_ . Upon receipt of the IRS determination letter, a copy must be submitted to the Department of Taxation.

**Mail the completed application to:**  
 State of Hawaii  
 Department of Taxation  
 Technical Section  
 P. O. Box 259  
 Honolulu, HI 96809-0259

Please enter your federal employer identification number (FEIN) here \_\_\_\_\_ .

D. If IRS determination letter was not requested or required, explain why. \_\_\_\_\_

- E.  Twenty Dollars (\$20) Registration Fee enclosed, **OR** (check only one)
- The \$20 general excise license fee has been paid. Enter your general excise Hawaii Tax I.D. Number here:  
**W** \_\_\_\_\_ - \_\_\_\_\_ .

**DECLARATION**

I hereby declare under penalties provided by section 231-36, HRS, that I have examined this application and accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

<b>Signature of Officer or Duly Authorized Agent</b> _____	<b>Title</b> _____	<b>Date</b> _____
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**FOR OFFICIAL USE ONLY:**

Approved by: _____	Date Approved: _____
Title: _____	

**SCHEDULE A  
STATEMENT OF ORGANIZATION**

Date of Inception: \_\_\_\_\_

Date Organization's Hawaii Activity Began if Different from Date of Inception: \_\_\_\_\_

Under the Laws of: \_\_\_\_\_

If Part of a Central (National) Organization, Indicate Name of the Central Organization: \_\_\_\_\_

Organization's Accounting Year End (Month/Day): \_\_\_\_\_

Character of Organization: \_\_\_\_\_

Purpose for Which Organized (describe fully): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual Activities in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of Income in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition of Income in Hawaii (describe fully): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Amendment to By-Laws: \_\_\_\_\_

**SCHEDULE B  
LIST OF OFFICERS, DIRECTORS OR TRUSTEES**

Name in Full	Address	Daytime Telephone No.	Office Held	Salary	Time Devoted to Duties
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



