

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**APPLICATION FOR REPORTING AGENT'S PARTICIPATION  
IN THE INTERNET BULK FILING SYSTEM PROGRAM**

1. Reporting Agent's Name	2. Hawaii Tax Identification Number <b>W</b> _____ - _____
3. Mailing Address (Street, P.O. Box, City, State, Postal/ZIP Code)	4. Contact Person's Information: Name of Contact: _____  Daytime Telephone Number (Include area code): _____  Fax Number (Include area code): _____  E-mail Address: _____

5. The above named Reporting Agent requests permission to participate in the Department of Taxation's Internet Bulk Filing System Program. The above named Reporting Agent and its employees are authorized to sign and file the below indicated tax returns via the Internet and make related payments, as evidenced by the completed and signed Forms EF-3 on file by the above named Reporting Agent.

- a.  HW-14, Withholding Periodic Tax Return for the period beginning \_\_\_\_\_
- b.  G-45, General Excise Periodic Tax Return for the period beginning \_\_\_\_\_
- c.  G-49, General Excise Annual Return and Reconciliation for the period beginning \_\_\_\_\_
- d.  TA-1, Transient Accommodations Periodic Tax Return for the period beginning \_\_\_\_\_
- e.  TA-2, Transient Accommodations Annual Return and Reconciliation for the period beginning \_\_\_\_\_
- f.  VP-1, Tax Payment Voucher for the period beginning \_\_\_\_\_

**DECLARATION AND SIGNATURE**

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

I certify, under the penalties of perjury, that the above named Reporting Agent (a) has been authorized as the Reporting Agent via Form EF-3, Reporting Agent Authorization for Internet Filing, to sign and file the above indicated tax returns and make related payments, (b) will keep the completed and signed Forms EF-3 on file for examination by the Department of Taxation, and (c) will notify its applicable clients of its participation in the Department of Taxation's Internet Bulk Filing System Program. This authorized Reporting Agent and its employees will comply with all the requirements for signing and filing the above indicated tax returns via the Internet and making related payments. This authorized Reporting Agent and its employees understand that if the Reporting Agent is sold or its organizational structure is changed, acceptance for participation is not transferable; a new application must be filed. This authorized Reporting Agent and its employees further understand that non-compliance will result in this Reporting Agent and its employees no longer being allowed to participate in the Department of Taxation's Internet Bulk Filing System Program. I am authorized to make and sign this statement on behalf of this Reporting Agent.

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Title

## GENERAL INSTRUCTIONS

### PURPOSE OF THIS FORM

Form EF-2 is used by the Reporting Agent to apply for participation in the Department of Taxation's Internet Bulk Filing System Program. The Department of Taxation's Internet Bulk Filing System is a Web-enabled application that allows for the timely and efficient en masse filing of the below listed tax returns. It empowers the Reporting Agent and the Department of Taxation with the ability to eliminate the hardcopy documents and the associated costs while offering new ways to conduct business.

- Form HW-14, Withholding Periodic Tax Return
- Form G-45, General Excise Periodic Tax Return
- Form G-49, General Excise Annual Return and Reconciliation
- Form TA-1, Transient Accommodations Periodic Tax Return
- Form TA-2, Transient Accommodations Annual Return and Reconciliation
- Form VP-1, Tax Payment Voucher

Upon receiving the completed and signed Form EF-2, the Department of Taxation will inform the Reporting Agent's contact person (as named on Line 4 of Form EF-2) of the pre-certification requirements. Only upon meeting the pre-certification requirements, the Reporting Agent may participate in the Internet Bulk Filing System Program.

### WHERE TO FILE THIS FORM

Please mail the completed Form EF-2 to:

Bulk Filing Unit  
Department of Taxation  
P. O. Box 259  
Honolulu, HI 96809-0259

### WHERE TO OBTAIN INFORMATION REGARDING INTERNET BULK FILING

For general information about the Internet Bulk Filing program contact:

State of Hawaii Department of Taxation  
Oahu District Office  
Taxpayer Services Branch  
P. O. Box 259  
Honolulu, HI 96809-0259

E-mail address: Taxpayer.Services@hawaii.gov  
Telephone: (808) 587-4242  
Fax: (808) 587-1488  
Toll Free: 1-800-222-3229 (From Neighbor Islands or Continental U.S.)

For information relating to Bulk Filing testing and test file certification contact:

Electronic Processing Testing Group  
E-mail address: tax.efile.test.bulk@hawaii.gov  
Telephone: (808) 587-9197

### SPECIFIC INSTRUCTIONS

**Lines 1 through 3.** Enter the Reporting Agent's name, Hawaii Tax Identification Number, and mailing address.

*Note: If your mailing address changes, please notify the Bulk Filing Unit in writing.*

**Line 4.** Enter the contact person's name, daytime telephone number including area code, fax number including area code, and e-mail address.

*Note: If the contact person and corresponding information changes, please notify the Bulk Filing Unit in writing.*

**Line 5.** Check all applicable boxes and enter the periods for which the Reporting Agent anticipates to begin bulk filing.

### DECLARATION AND SIGNATURE

Carefully read the declaration and sign, date, and print name and title.