

COPY FOR YOUR FILES

STATE OF HAWAII
BASIC BUSINESS
APPLICATION

TYPE OR PRINT LEGIBLY

1. Type of application (Check the appropriate box(es) that best describes your purpose in filing this application)

☒ General Excise (GE) ☐ Transient Accommodations (TA) ☐ Use Tax Only

☐ Employer's Withholding (WH) ☐ GE One Time Event ☐ Rental Motor Vehicle & Tour Vehicle (RVST)

☐ Unemployment Insurance (UI) ☐ Seller's Collection ☐ Liquor

☐ Cigarette and Tobacco ☐ Liquid Fuel Distributor ☐ Liquid Fuel Retail Dealer

2. Taxpayer's/Employer's Name (Individuals, enter Last, First, Middle Initial) AULEA SWIM CLUB

3. Doing business as (DBA) name

4. Mailing address C/O Street address or P.O. Box City State Zip Code + 4

1253 MOKULUA DRIVE KAILUA HI 96734

5. Physical location of business in Hawaii Street address City State Zip Code + 4

1253 MOKULUA DRIVE KAILUA HI 96734

6. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii

Identification No.

10706176

UI Registration Number

7. Type of ownership 1 ☐ Sole proprietorship 3 ☒ Corporation 7 ☐ Other (Explain)

2 ☐ Partnership 4 ☐ Federal Agency

8. Phone Number Business Residential Fax E-mail address

(808) 262-5475 () ()

9. Sole Proprietor's SSN NOT APPLICABLE

10. Sole Proprietor's Spouse's SSN NOT APPLICABLE

11. Federal Employer I.D. Number (FEIN) 51-0481049

12. List the owners, partners, members, or principal corporate officers (See Instructions on back of the form) Attach a separate sheet of paper if more space is required.

SSN	Name (Last, First, Middle Initial)	Title	Residential Address	Contact Phone No.
563-74-0814	Baker, William M.	President	34 Puukani Place, Kailua, HI 96734	(808) 261-3543
See attached				()

13. (a) Did you acquire an existing business? ☐ Yes ☒ No

If yes, was ☐ all or ☐ part of the business acquired?

When was it acquired? (MO/DAY/YR)

(b) Previous owner's/business' name, dba, address, GE I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)

14. TYPE OF BUSINESS ACTIVITIES: (Circle all that apply)

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16

Describe fully the main type of business activity you are engaged in.

See Instructions on back of the form. NON-PROFIT CORP. TO FOSTER AMATEUR SWIMMING

15. No. of establishments or branches in Hawaii operated by this employing unit 1

16. Date business began in Hawaii 9 / 2 / 2003

17. Date employment began in Hawaii N/A / /

18. No. of employees on date employment began NONE

19. If no employees, when do you anticipate hiring employees? NA / /

20. Date first wages paid in Hawaii NA / /

21. If you are applying for a TA Tax I.D. Number, how many units are you registering for? Please check 1

☐ 1-5 units ☐ 6 or more units NA

22. Filing period, check 1 for each tax type applicable

Tax Type	Mo	Qtr	Semi
a) GE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) RVST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) WH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Accounting period, check only 1

☐ Calendar Year

☒ Fiscal Year ending (MO/DAY) 08 / 31

24. Accounting methods, check only 1

☒ Cash ☐ Accrual

25. Parent Corporation's FEIN N/A

26. Parent Corporation's GE ID. Number N/A

27. Hawaii Contractor's License Number N/A

28. Do you qualify for a disability exemption? (See Instructions)

☐ Yes ☒ No

29. If you are applying for a TA Tax, Liquid Fuel Retail Dealer Permit, and/or RVST Tax I.D. number(s), attach a list of (1) the address(es) of the business locations, (2) island, and (3) note the location's activity as either TA, Fuel, or RVST. NA

30. TOTAL REGISTRATION FEE DUE

Enter the amount from line m. of the worksheet on the back of the form.

Pay in U.S. dollars drawn on any U. S. Bank to "HAWAII STATE TAX COLLECTOR"

Attach check or money order and Form VP-1, Tax Payment Voucher.

\$ 20.00

CERTIFICATION: The above statements are hereby certified to be correct to the best of knowledge and belief of the undersigned who is duly authorized to sign this application.

Signature of Owner, Partner or Member, Officer or Agent

WILLIAM M. BAKER

Print Name

PRESIDENT

Title

Date

Mail the completed application to your nearest Department of Taxation district office:

OAHU DISTRICT OFFICE
P.O. Box 1425
Honolulu, HI 96806-1425HAWAII DISTRICT OFFICE
P.O. Box 937
Hilo, HI 96721-0937MAUI DISTRICT OFFICE
P.O. Box 1427
Wailuku, HI 96793-6427KAUAI DISTRICT OFFICE
P.O. Box 1687
Lihue, HI 96766-5687