

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
**REQUEST TO PLACE TAX  
ACCOUNT ON INACTIVE STATUS**

Place  
QR Code  
Here

Taxpayer's Name

Trade Name or Doing Business As (DBA) Name

Mailing Address (Number and Street)

City, State, and Postal/ZIP Code

( )  
Daytime Telephone Number

**PLACE MY TAX ACCOUNT(S) AS INDICATED BELOW ON INACTIVE STATUS.**

**Column 1, Hawaii Tax I.D. Number** — Enter the Hawaii Tax I.D. Number for the tax account you want placed on inactive status. Only general excise tax, transient accommodations tax, rental motor vehicle, tour vehicle, and car-sharing vehicle surcharge tax, and withholding tax accounts may be placed on inactive status.

**Column 2, Start Date** — Enter the date you want the inactive status to start.

**Column 3, End Date** — Enter the date you want the inactive status to end. The end date cannot be more than two years from the start date.

**Signature, Filing, & Payment Requirements:** This form must be signed and sent to the Department of Taxation. **An unsigned form will not be accepted.** All required periodic (monthly, quarterly, or semiannual) and annual tax returns must be filed for periods prior to the start of the inactive period and all taxes due paid in full. If the required returns and taxes due are not filed and paid in full, your request to place your tax account on inactive status will be denied.

You must continue to file annual tax returns when your tax account is placed on inactive status. However, you do not need to file periodic tax returns. You must reactivate your tax account and file a periodic return if you receive any income from business activity while your tax account is on inactive status. You may reactivate your tax account at any time by notifying the Department in writing or by filing a periodic tax return. You may extend the inactive period for an additional two years, for a total of four years, by submitting another Form L-9 prior to the expiration of your inactive status.

Hawaii Tax I.D. Number	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
<i>Example: GE-123-456-7890-01</i>	<i>01/01/2020</i>	<i>12/31/2021</i>
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**Mailing Address:**  
Hawaii Department of Taxation  
Licensing Section  
P. O. Box 1425  
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer, or Duly Authorized Agent

Print Name of Signatory

Title Date