FORM
HTAT-3
(2021)

COUNTY OF HAWAI'I — DEPARTMENT OF FINANCE TRANSIENT ACCOMMODATIONS INTERNAL CONTROL DIVISION

HTAT Reporting Agent Authorization

PART I TAXPAYER INFORMATION

Taxpayer's Name	Hawaii TAT Identification Number
Trade Name or Doing Business as (DBA) Name	FEIN/SSN
C/O	Contact Name
Mailing Address (Number and Street)	Contact Daytime Telephone Number ( )
City, State, and Postal/ZIP Code	Contact Fax Number ( )
	Contact E-mail Address

PART II REPORTING AGENT INFORMATION

Reporting Agent's Name (Name of company or business)	Authorized Representative's Name
Reporting Agent's Mailing Address (Number and Street)	Representative's Hawaii VPID Number
City, State, and Postal/Zip Code	Representative's Daytime Telephone Number ( )

PART III AUTHORIZATION TO SIGN AND FILE TAX RETURNS AND TO MAKE PAYMENTS

The Reporting Agent and the above named Authorized Representative are authorized to sign and file the below indicated tax returns and to make payments in connection with the below indicated tax returns:

☐ TA-1, Transient Accommodations Tax Periodic Tax Return ..... for the period beginning _____

☐ TA-2, Transient Accommodations Tax Annual Return & Reconciliation..... for the period beginning _____

PART IV AUTHORIZATION AGREEMENT

Please read the following Authorization Agreement:

The above named taxpayer understands the following responsibilities:

- **The above named taxpayer is responsible for the actions of the Reporting Agent and the above named Authorized Representative in connection with (a) the above indicated tax returns filed and (b) the related payments made;**
- **All tax returns must be timely filed and all taxes must be timely paid; and**
- **All filed tax returns are true, correct, and complete by the above named taxpayer.**

The failure of the Reporting Agent and the above named Authorized Representative to comply with tax laws shall not absolve the above named taxpayer of its responsibilities to comply with tax laws. The Reporting Agent and the above named Authorized Representative are authorized to sign and file the above indicated tax returns and to make payments in connection with the above indicated tax returns for the above named taxpayer. This authorization applies to the above indicated tax returns and related payments beginning with the indicated tax period and remains in effect until the above named taxpayer notifies the Reporting Agent. I authorize the County of Hawai'i, Department of Finance, to disclose otherwise confidential tax information to the Reporting Agent and the above named Authorized Representative in connection with the transmission of the above indicated tax returns and related payments. I hereby certify under the penalties of perjury that I have the authority to authorize, on behalf of the above named taxpayer, the Reporting Agent and the above named Authorized Representative (a) to sign and file the above indicated tax returns, (b) to make payments in connection with the above indicated tax returns, and (c) to receive confidential information in connection with the transmission of the above indicated tax returns and related payments.

Signature _____ Date _____

Print Name _____ Title _____

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Use Form HTAT-3 to designate and authorize a Reporting Agent and an Authorized Representative to
sign and file returns for the Transient Accommodations Tax (Form TA-1 and Form TA-2) and to make tax payments attributable to the County of Hawai'i in connection with the HTAT Bulk Filers Program (BFP).

The County of Hawai'i Department of Finance's BFP will allow approved reporting agents to make bulk payment using the Automated Clearing House (ACH) method and submit an Excel worksheet with detailed payment information.

WHERE TO FILE THIS FORM

Once you complete and sign this form, give it to your Reporting Agent. The Reporting Agent must keep the form as part of its records and have it available for examination by the County of Hawai'i's Department of Finance. The Reporting Agent should not submit this form unless requested by the Department of Finance.

WHERE TO OBTAIN INFORMATION REGARDING BULK FILING

The Reporting Agent must obtain Form HTAT-3 from you before applying to participate in the BFP on Form HTAT-2, HTAT BFP Registration. The Reporting Agent is responsible for notifying you of the Reporting Agent's eligibility to participate in the HTAT BFP.

For information about the Bulk Filers program contact:

COUNTY OF HAWAI'I
DEPARTMENT OF FINANCE
TAT OFFICE
25 AUPUNI STREET, SUITE 1101
HILO HI 96720

Phone: (808) 961-8793
Website: www.hawaiicounty.gov/tat
E-mail: hawaiicountytat@hawaiicounty.gov

SPECIFIC INSTRUCTIONS

PART I, TAXPAYER INFORMATION. Enter the taxpayer's information (as applicable). For example, a taxpayer authorizing the designated Reporting Agent and Authorized Representative to sign and file Form TA-1 would enter the taxpayer's name, Hawaii TAT I.D. number, mailing address, and contact information.

PART II, REPORTING AGENT INFORMATION. Enter the designated Reporting Agent's name and mailing address. Also enter the Authorized Representative's name, Hawaii VPID number, and daytime telephone number including area code. Form HTAT-3 must be completed for each individual who is an authorized representative of the taxpayer.

Authorized representatives **MUST** register for a Hawaii VPID number online at hitax.hawaii.gov. There is no fee for this registration. For more information, see State of Hawaii Department of Taxation Announcement No. 2017-03, *Verified Practitioner Registration and Representing Taxpayers before the Department*.

PART III, AUTHORIZATION TO SIGN AND FILE TAX RETURNS AND TO MAKE PAYMENTS. Check all applicable boxes to indicate which tax returns you are authorizing your Reporting Agent and Authorized Representative to electronically sign, file, and pay on your behalf. Then enter the date (MM/DD/YYYY) from which this authorization begins.

PART IV, AUTHORIZATION AGREEMENT. Carefully read the authorization agreement and sign, date, and print name and title. This form must be signed. This form is not valid if it is not signed.

Note: This authorization agreement authorizes the Reporting Agent and Authorized Representative to discuss e-file return and payment procedures only. This designation is not a full power of attorney and does not replace State of Hawaii's Department of Taxation Form N-848, Power of Attorney.