



COUNTY OF HAWAII – DEPARTMENT OF FINANCE
Hawaii County Transient Accommodations Tax
ELECTRONIC COMMUNICATIONS OPT IN

TA Number: TA- _____ - _____ - _____ - _____

Registered Name: _____

Taxpayer Name: (if different from registered name)

(FIRST) (MIDDLE) (LAST)

Email Address: _____

Please check here if you would like to opt in to receive electronic mailings (statements, billing, etc.)

Print Name: _____

Signature: _____ Date: _____

By signing this form, I attest under penalty of perjury that the above information is true and correct.

(FOR OFFICE USE)

Received by: _____ Date Received: _____

Scanned: _____ Date updated: _____

Hawaii County Transient Accommodations Tax (HCTAT)
25 Aupuni St. STE 1101
Hilo, HI 96720
Phone: (808) 961-8273
Email: hawaiicountytat@hawaiicounty.gov