



COUNTY OF HAWAII – DEPARTMENT OF FINANCE
Hawaii County Transient Accommodations Tax
CHANGE OF ADDRESS FORM

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

Registered Name: _____

Taxpayer Name: (if different from registered name)

(FIRST) (MIDDLE) (LAST)

Old Mailing Address: _____
STREET UNIT TYPE/NO.

CITY STATE ZIPCODE COUNTRY

NEW Mailing Address: _____
STREET UNIT TYPE/NO.

CITY STATE ZIPCODE COUNTRY

Phone number: () _____

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: _____

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