

COUNTY OF HAWAII — DEPARTMENT OF FINANCE
Bulk Filers Program (BFP) Registration



PART I — PARTICIPANT INFORMATION

NEW Registration AMENDED Registration

Business Name	FEIN
Business Address (Number, Street, City, State, Postal/ZIP Code)	Business Phone Number
Check all that apply: <input type="checkbox"/> Reporting Agent (Tax preparer, property management company, payroll company, or others that prepare returns for multiple clients and/or multiple locations for the same client). <input type="checkbox"/> Direct Transmitter (Company that may "transmit" the bulk file to HCTAT for the Reporting Agent. A Reporting Agent may also be its own transmitter). <input type="checkbox"/> Software Developer (Company that designs, researches, programs, tests, and maintains the software system).	

PART II — PRIMARY CONTACT INFORMATION

Name and Title	Phone Number w/extension
E-mail Address	Fax Number

PART III — TECHNICAL CONTACT INFORMATION

Name and Title	Phone Number w/extension
E-mail Address	Hawai'i Bulk Filer ID Number (For Amended Only)

PART IV — FINANCIAL INFORMATION

Financial Institution Name	Bank Account Number	Routing and Transit Number
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PART V - DECLARATION

Print Name of Authorized Individual	Title
Signature	Date
Authorized Individual's Phone Number	SSN/PTIN/VPID of Authorized Individual

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete and am authorized to make and sign this statement on behalf of the participant. I state that the participant and its employees will comply with all the requirements for the BFP and understand that acceptance for participation in BFP is not transferable. The participant and its employees further understand that non-compliance with any requirements will result in the cancellation of the approval to participate in the BFP program. The participants and its employees further understand that pursuant to section 231-8.5, Hawai'i Revised Statutes, the act of electronically filing tax returns on behalf of any taxpayer shall have the same validity and consequences as the actual signing by the taxpayer. The County of Hawai'i, Department of Finance reserves the right to revoke or suspend participation in the BFP.

Department Use Only	
Registration Date	_____
Added to BFP	_____
HTAT Blk Filer ID Number	_____
IRS-assigned EFIN or ETIN	_____
Employee Initials	_____

GENERAL INSTRUCTIONS

PURPOSE OF THIS FORM

Form HTAT-2 is used by a Reporting Agent, Direct Transmitter, or Software Developer to register to participate in the County of Hawai'i's Bulk Filers Program (BFP). This program allows the mass payment attributable to the County of Hawai'i's Transient Accommodations Tax (HCTAT).

When we receive Form HTAT-2, we will phone and/or email the pre-certification requirements to the contact person listed on Form HTAT-2. Once the pre-certification requirements are met, the Participant will be approved to utilize the BFP.

Note: Reporting Agents must obtain Form HTAT-3, Hawai'i Reporting Agent Authorization, from the taxpayer before submitting any payments on behalf of the taxpayer.

SPECIFIC INSTRUCTIONS

Please type or print in blue or black ink only. All information on this form is required to be completed.

NOTE: *An incomplete and unsigned form will not be accepted.*

PART I — PARTICIPANT INFORMATION

NOTE: A new HTAT-2 registration form is required to register a new participant. Registration is not transferable.

Please check whether this is an application for a new registration or an AMENDED registration.

Amended Form HTAT-2. Participants must submit an amended Form HTAT-2 to the TAT Office to update the information contained on their most current form when there are changes involving:

- the participant's name, the firm name, or doing business as (DBA) name(s);
- the participant's FEIN;
- the participant's address or telephone number;
- the participant's electronic filing functions performed;
- primary contact's information;
- technical contact's information; or
- authorized individual's information.

This Part is to be completed with the **Reporting Agent, Direct Transmitter, or Software Developer** Information.

- A **reporting agent** is an accounting service, payroll service provider, franchiser, bank, preparer or person who is authorized to file taxes for the taxpayer.
- The **direct transmitter** receives prepared returns and serves as a pass-through, transmitting the returns to the appropriate agencies on behalf of the taxpayer. The transmitter receives acknowledgments from taxing agencies which are forwarded on to their clients. The transmitter has authority to communicate with taxing agencies on behalf of their clients regarding the success

WHERE TO FILE THIS FORM

Please mail the completed Form HTAT-2

to: COUNTY OF HAWAII
DEPARTMENT OF FINANCE
IC & TAT OFFICE
ATTN: BULK FILERS PROGRAM
25 AUPUNI STREET, STE 1101
HILO, HI 96720

WHERE TO OBTAIN INFORMATION

For information about the Bulk Filing program contact:

Phone: (808) 961-8793

Website: www.hawaiicounty.gov/tat

E-mail: hawaiicountytatbulkfilers@hawaiicounty.gov

of the transmission, but does not have authority to communicate with taxing agencies regarding the data that is transmitted.

- A **software developer** is a company that provides desktop or online software to aid taxpayers and reporting agents in filing taxes. The software user could then add on additional services such as a transmitter model to file their taxes electronically.

PART II — PRIMARY CONTACT INFORMATION

Enter the primary contact person's name and title, daytime telephone number, and fax number. This is the person who is the liaison for the participant in all matters relating to bulk filing.

IMPORTANT – Provide an e-mail address(es) where correspondence, including updates, should be sent.

PART III — TECHNICAL CONTACT INFORMATION

Enter the technical contact person's name and title, daytime telephone number, and e-mail address. This is the person who should be contacted for technical related issues. If the technical contact is a direct transmitter or software developer, enter the HTAT Bulk Filer ID Number.

PART IV — FINANCIAL INFORMATION

Provide Financial Institution name, bank account number and routing and transit number of the account payments will be made from.

PART IV — DECLARATION AND SIGNATURE

This area is to be completed by an individual who has the authority to sign on behalf of the participant. Carefully read the declaration and sign, date, and print name and title. This part must be fully completed and signed.