



**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: \_\_\_\_\_

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