

How to Sign Up For AmeriTax

In order to sign up for AmeriTax online/touchtone service, one installation package per Federal Employer Identification Number (FEIN) must be completed.

1. Fill out the bottom portion of this AmeriTax Subscriber Instruction & Information Sheet. All fields are required, unless indicated, and must be completed or the form will be returned unprocessed. Return this completed form to American Savings Bank (Bank).
2. READ and sign the AmeriTax Service Agreement. This agreement states the terms and conditions the bank requires to use the service. As with any legal agreement, understand what you are signing. Return this originally executed form to Bank.
3. Fill out the Reporting Agent Authorization (Form 8655). Be sure the company's legal name is exactly as it appears on your quarterly tax return. Return this originally executed form to Bank.
4. Fill out the State's Authorization Agreement for Electronic Funds Transfer (EFT-1) form, if you are mandated or electing to pay your state taxes electronically be sure to complete for the credit method if paying through AmeriTax. Make two photocopies of this form. Retain a copy for your records, return a photocopy to the Bank and mail original to the State.
5. Please return the following documents to us and keep a photocopy for your files:
 - Fully completed AmeriTax Instruction & Information Sheet (CM-021)
 - Originally executed AmeriTax Service Agreement (CM-022)
 - Originally executed Reporting Agent Authorization, Section 16 must be completed (Form 8655)
 - Photocopy of executed Electronic Funds Transfer Form (EFT-1)

Note: The forms must be signed by an authorized signer on the account. If multiple signatures are required on checks, they must be included on these forms. The debiting account should not have any dollar limitations.

What to expect? You will receive your access code and password/PIN along with a Quick Reference Guide within the next two weeks.

For questions please call the Cash Management Services Department at 808-539-7894 or 1-800-272-2566 ext. 7894.

Required Customer Information

Directions: Please Type or Print in Black Ink. All fields are required, unless indicated, and must be completed or the form will be returned unprocessed.

Subscriber Legal Business Name (exactly as it appears on quarterly tax return)	Federal Tax ID Number
Address	State Tax ID Number
City	Telephone Number
	Ext.
Primary Contact	Fax Number
Account Number	Business Email Address

Quarterly Recap Report No Yes*
 Monthly Recap Report No Yes*
 Receipts Fax Mail

*See AmeriTax Fee Schedule For Applicable Fees

[Click to clear check boxes](#)

FOR BANK USE ONLY

Processed by:	Date:	Audit by:	Date:	Subscriber #	Follow Up
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This AGREEMENT, effective _____, between AMERICAN SAVINGS BANK, F.S.B., hereinafter referred to as BANK, and _____, hereinafter referred to as SUBSCRIBER.

Whereas, Bank has developed certain proprietary systems and procedures for the electronic processing of federal tax deposits and for certain state tax deposits and provides a tax depositing service, all of which are subject to addition, deletion, or modification at the sole discretion of BANK,

Whereas, SUBSCRIBER wishes that Bank act as its agent in the preparation and filing of federal tax deposits on the deposit due dates and certain state deposits.

Therefore, SUBSCRIBER agrees to abide by the terms and conditions set forth in this AGREEMENT as follows:

1. SUBSCRIBER will furnish bank with complete and accurate master file information as required to file tax deposits with the appropriate agencies.
2. SUBSCRIBER will cause the transmission of data to BANK to be complete, accurate and timely.
3. SUBSCRIBER acknowledges that all services rendered by BANK under the terms of this AGREEMENT are based solely upon the information furnished by SUBSCRIBER. Therefore, SUBSCRIBER promises to indemnify and hold BANK, defend and hold BANK, its employees, agents, officers, or directors harmless from and against all liability, costs and expenses, including attorneys' fees incurred by BANK connected with (1) this Agreement or the performance of its duties hereunder, and (2) SUBSCRIBER'S tax liabilities and obligations. The total liability of BANK is limited to the correction of any error due to the gross negligence or willful misconduct of BANK. BANK will pay any agency charged penalty and interest arising solely from the gross negligence or willful misconduct of BANK.
4. This service does not relieve SUBSCRIBER of any duty imposed on SUBSCRIBER by law to maintain records or from verifying and if necessary immediately correcting in writing all data received from BANK relative to the service provided by BANK.
5. SUBSCRIBER shall open and maintain a Commercial Checking account with BANK and maintain sufficient funds to cover all tax deposits and fees, if any, charged by BANK for services rendered. SUBSCRIBER authorizes BANK to charge the Accounts, or any other deposit account maintained by SUBSCRIBER, for such fees and charges. BANK reserves the right to revise its fees and charges at anytime without prior written notice to the SUBSCRIBER. Failure to maintain sufficient funds in said account will relieve BANK from any obligation to make deposits, even if requested to do so.
6. BANK will operate the service between the hours of 12:00 A.M. and 10:00 A.M. (HST) for same day processing, and from 10:00 A.M. to 8:00 P.M. (HST) for next day processing, Monday through Friday except for banking holidays. BANK will process all transactions received during these hours on the specified day, except when prevented from doing so due to strikes, telephone failure, equipment or electrical failure, act of God, fire or other catastrophe; computer failure; act of failures by the SUBSCRIBER or by third parties (including the operator of the Service); or any other cause beyond BANK's reasonable control. BANK duties and responsibilities are limited to those described in this Agreement and in deposit agreements between SUBSCRIBER and BANK. BANK will use reasonable care in performing its responsibilities under this Agreement and will be responsible for any loss sustained by SUBSCRIBER only to the extent that such loss is caused by BANK'S gross negligence or willful misconduct. Interruption of the service for any reason listed above or for any other reason shall not relieve SUBSCRIBER from the obligation to make the required tax deposits.
7. **SUBSCRIBER understands that timely tax payments to the Federal Government will require transmission of payment information no later than 10:00 A.M. (HST) one business day prior to the reporting due date. According to Electronic Federal Tax Payment System (EFTPS) regulations. Payments transmitted after the 10:00 A.M. cut-off time will be delayed one additional business day. Any late deposits may be subject to IRS penalties. Customer's Initials _____**
8. **SUBSCRIBER understands that timely tax payments to the State of Hawaii-Department of Taxation will require transmission of payment information no later than 10:00 A.M. (HST) two business days prior to the reporting due date. Payments transmitted after the 10:00 A.M. cut-off time will be delayed one additional business day. Customer's Initials _____**
9. BANK may terminate the service at any time with 30 days prior written notice or immediately, upon SUBSCRIBER'S breach of the terms of this Agreement or the terms of any Deposit Agreement with BANK. Termination shall not relieve the BANK of its obligations of this Agreement or the terms of any Deposit Agreement with BANK received prior to termination.
10. BANK will debit SUBSCRIBER account on the following schedule, (A) For Federal tax payments, the debit transaction will be posted to SUBSCRIBER bank account on the business day following the transmission of payment information, provided SUBSCRIBER transmits payment information by 10:00 A.M. (HST) one business day prior to the due date. (B) For State tax payments, the debit transaction will be posted to SUBSCRIBER bank account two business days prior to the due date SUBSCRIBER specified, provided SUBSCRIBER transmits payment information by 10:00 A.M. (HST) two business days prior to that due date. Funds received by BANK shall be held as a deposit liability of BANK for SUBSCRIBER until such a time as said funds are due and paid to the appropriate taxing agency. SUBSCRIBER is not

entitled to interest on funds held and BANK may invest said funds solely for BANK'S benefit. SUBSCRIBER may recover said funds if BANK is given written notice in sufficient time before said funds are paid to the taxing agencies.

11. The SUBSCRIBER agrees that all tax deposits for 941, 943 and 945 tax types will be made through the AmeriTax service. If SUBSCRIBER elects to make a tax deposit by any means other than through the AmeriTax service, BANK will not be liable for any penalty and/or interest charges arising from an error in due date calculations for all tax deposits made within the period in which the non-AmeriTax deposit was made.
12. SUBSCRIBER agrees to keep confidential the Access and PIN codes issued to SUBSCRIBER and that only SUBSCRIBER will use said codes. SUBSCRIBER shall be required to notify BANK immediately, by telephone and in writing, if it believes that its user numbers or passwords have become known to an unauthorized person or that an unauthorized person has gained access to the service. Telephone notice shall be given by calling (808) 539-7894 or 1-800-272-2566, ext. 7894 during regular business hours.
13. SUBSCRIBER acknowledges that BANK will electronically enroll SUBSCRIBER in the Electronic Federal Tax Payment System (EFTPS), if SUBSCRIBER indicates intent to pay Federal tax payments to EFTPS. Electronic Enrollment will allow BANK to process SUBSCRIBER'S tax payments in compliance with EFTPS for BANK's Tax Payment System only. If SUBSCRIBER chooses to pay Federal taxes by any other means, those payments may not be EFTPS compliant.
14. This Agreement shall be binding upon and for the benefit of the SUBSCRIBER, BANK and any permitted assigns.
15. This Agreement may not be assigned by SUBSCRIBER without the prior written consent of BANK.
16. No person or entity not a party to this Agreement shall have any rights or interests in or to this Agreement.
17. All notices and other communications under the terms of this Agreement, except as otherwise provided herein, shall be in writing and shall be sent by first-class mail or hand delivered.
18. This agreement is governed by the laws of the State of Hawaii.

Additional items pertaining to AmeriTax Online subscribers:

19. SUBSCRIBER must have a computer that runs Internet Explorer 7.0 with the latest service pack (or better), and have Internet access through an Internet Service Provider.
20. SUBSCRIBER acknowledges the cost of the service does not include the cost of Internet access.
21. SUBSCRIBER will not hold the Bank responsible for any damage incurred by SUBSCRIBER if SUBSCRIBER cannot reach the service website because of problems with SUBSCRIBER Internet Service Provider.

SUBSCRIBER

Customer's Legal Name

Email

Address:

By:

Name of Authorized Signer:

Title:

By:

Name of Authorized Signer:

Title:

BANK

American Savings Bank, F.S.B.

Bank Name

By:

Name:

Title:

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at www.irs.gov/Form8655.

Taxpayer

1a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)
1b Trade name, if any	4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)	5 Other identification number (optional)
City or town, state, and ZIP code	
6 Contact person	7 Daytime telephone number
	8 Fax number

Reporting Agent

9 Name (enter company name or name of business)	10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.)	
City or town, state, and ZIP code	
12 Contact person	13 Daytime telephone number
	14 Fax number

Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

15 Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

16 Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Duplicate Notices to Reporting Agents

17 Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent.

Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

18a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning _____.

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning _____.

c The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning _____.

State or Local Authorization (Caution: See Authorization Agreement)

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16.

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is terminated or revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

Sign Here

▶ _____	▶ _____	▶ _____
Signature of taxpayer	Title	Date

Instructions

What's New

Fax number. The fax number for Form 8655 is changed to 855-214-7523. When faxing Forms 8655, please send no more than 25 forms in a single transmission. If possible, please send faxes directly from your computer instead of from a fax machine.

Updated instructions for lines 15 and 16. The instructions for lines 15 and 16 have been clarified and now appear at the lines themselves. Please use the "YYYY/MM" format instead of the "MM/YYYY" format.

Former line 17a removed. The authorization agreement at the bottom of the form provides the disclosure authority previously covered by line 17a.

Increasing or decreasing authority. The instructions with regard to increasing or decreasing authority have been clarified. See *Authority Granted*.

Termination and Revocation. The instructions have been updated to distinguish between these terms and to explain the procedure for each. See *Terminating or Revoking an Authorization*.

Purpose of Form

Use Form 8655 to authorize a reporting agent to:

- Sign and file certain returns. Reporting agents must file returns electronically except as provided under Rev. Proc. 2012-32. You can find Rev. Proc. 2012-32 on page 267 of Internal Revenue Bulletin 2012-34 at www.irs.gov/pub/irs-irbs/irb12-34.pdf. See Pub. 3112, IRS e-file Application and Participation, for information about e-filing and getting the reporting agent PIN;
- Make deposits and payments for certain returns. Reporting agents must make deposits and payments electronically, generally through the Electronic Federal Tax Payment System (EFTPS.gov). See Pub. 4169, Tax Professional Guide to EFTPS, and Rev. Proc. 2012-33;
- Receive duplicate copies of tax information, notices, and other written and/or electronic communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

Note. An authorization does not relieve the taxpayer of the responsibility (or from liability for failing) to ensure that all tax returns are filed timely and that all federal tax deposits (FTDs) and federal tax payments (FTP) are made timely. A reporting agent must notify its client of that fact and must recommend that it enroll in the Electronic Federal Tax Payment System (EFTPS) to view EFTPS deposits and payments made on the client's behalf. A reporting agent must provide this notification, in writing, upon entering into an agreement with the client and at least quarterly thereafter for as long as it provides services to that client. Sample language and other details may be found in Rev. Proc. 2012-32, Section 5.05.

Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 15, 16, 18a, 18b, and/or 18c and continues indefinitely unless terminated or revoked by the taxpayer or reporting agent. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655.

Where authority is granted for any form, it is also effective for related forms such as the corresponding non-English language form, amended return, (Form 941-X, 941-X(PR), 943-X, 944-X, 945-X, or CT-1X), or payment voucher. For example, Form 8655 can be used to provide authorization for Form 944-SP using the entry spaces for Form 944. The form also can be used to authorize a reporting agent to make deposits and payments for other returns in the Form 1120 series, such as Form 1120-C, using the entry space for Form 1120 on line 16.

Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

To increase the authority granted to a reporting agent by a Form 8655 already in effect, submit another signed Form 8655, completing lines 1–14 and any line on which you want to add authority. To decrease the authority granted to a reporting agent by a Form 8655 already in effect, send a signed, written request to the address under *Where To File*. The preceding authorization remains in effect except as modified by the new one.

Where To File

Send Form 8655 to:

Internal Revenue Service
Accounts Management Service Center
MS 6748 RAF Team
1973 North Rulon White Blvd.
Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 855-214-7523. When faxing Forms 8655, please send no more than 25 forms in a single transmission. If possible, please send faxes from your computer instead of a fax machine.

Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorization and Federal Tax Depositors.
- **Rev. Proc. 2012-32**.

Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

Terminating or Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 indicating a new reporting agent terminates the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, such that the reporting agent would no longer be authorized to act or receive information for previously authorized tax periods, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original signature. Write "REVOKE" across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

A reporting agent may terminate its authority by filing a statement with the IRS, either on paper or using a delete process. A reporting agent wanting to revoke its authority must submit the request in writing. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

Who Must Sign

Electronic signature. For guidance on optional electronic signature methods, including approved methods of authentication and signature and additional items that must appear on the Form 8655, see Pub. 1474, section 01.03.

Sole proprietorship. The individual owning the business.

Corporation (including a limited liability company (LLC) treated as a corporation). Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

Partnership (including an LLC treated as a partnership) or an unincorporated organization. Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

Single member LLC treated as a disregarded entity. The owner of the LLC.

Trust or estate. The fiduciary.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our authority to request this information is Internal Revenue Code sections 6011, 6061, 6109, and 6302 and the regulations thereunder. We use this information to identify you and record your reporting agent authorization. You are not required to authorize a reporting agent to act on your behalf. However, if you choose to authorize a reporting agent, you are required to provide the information requested, including your identification number. Failure to provide all the information requested may prevent or delay processing of your authorization; providing false or fraudulent information may subject you to penalties.


Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 1 hour, 7 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File*, earlier.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

- Declaring EFT Method to: ACH Debit ACH Credit DOTAX E-Service 
- Adding Tax Type
- Changing bank information for ACH Debit - Complete Part I below and Part III on page 2.

PART I Taxpayer Information

Taxpayer's Name	
Trade Name or Doing Business As (DBA) Name	FEIN/SSN
C/O	Contact Person
Mailing Address (Number and Street)	Contact Person Telephone Number ()
City or Town, State, and Postal/ZIP Code	Contact E-mail Address

Please indicate the tax types that you will be paying by EFT by checking the appropriate tax type box(es) below. Enter the identification number for each tax type in the corresponding box. **Note:** The Department of Taxation (DOTAX) will not require an employer whose withholding liability exceeds \$40,000 to pay by EFT if such employer is not required to remit their federal employment taxes electronically.

Tax Type	Tax Type Code	Hawaii Tax I.D. No.	Tax Type	Tax Type Code	Hawaii Tax I.D. No.
<input type="checkbox"/> General Excise and Use	04610		<input type="checkbox"/> Fuel	05007	
<input type="checkbox"/> Withholding	01130		<input type="checkbox"/> Liquor	06418	
<input type="checkbox"/> Transient Accommodations	07420		<input type="checkbox"/> Cigarette and Tobacco	07219	
<input type="checkbox"/> Rental Motor Vehicle, Tour Vehicle & Car-Sharing Vehicle Surcharge	20070		<input type="checkbox"/> Individual Income	01311	
<input type="checkbox"/> Public Service Company (PSC)	15095		<input type="checkbox"/> Corporation	02230	
<input type="checkbox"/> PSC Installment (FP-1)	15077		<input type="checkbox"/> Fiduciary Income	01740	
<input type="checkbox"/> Franchise	02287		<input type="checkbox"/> Individual Estimated Income	01201	
<input type="checkbox"/> Franchise Installment (FP-1)	02177		<input type="checkbox"/> Corporation Estimated Income	02103	
			<input type="checkbox"/> Estates and Trusts Estimated Income	01205	

Part II Method of EFT Payment. Check only one box to indicate your method of EFT payment.

- Method I — Payment through the Hawaii DOTAX Electronic Services Website.** DOTAX is hereby notified that the above-named taxpayer will make payments through one of the options listed on DOTAX's Electronic Services website at tax.hawaii.gov/eservices/.
- Method II — ACH Debit (Payment through the telephone). Complete the bank information below. *Reminder: Attach voided check.*** If you have **more than one** Hawaii Tax Identification Number (HTIN) for a tax type you are paying by EFT, you must submit a separate Form EFT-1 for that HTIN. DOTAX is hereby authorized to present debit entries which I or my authorized agent originates to the bank account identified below and the bank is authorized to debit such account for the tax(es) identified above.

Account Name	Account Number (Not to exceed 17 digits)
Bank Name	Transfer/Routing Number (Requires 9 digits)

- Method III — ACH Credit.** DOTAX is hereby requested to grant approval for the above named taxpayer to initiate ACH Credit transactions to the State of Hawaii's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP). If you have additional HTIN, please list: _____

DECLARATION

The above authority is to remain in effect until EFT payments are no longer required by statute; until I am notified in writing that the State of Hawaii Department of Taxation has withdrawn its approval for use of the ACH Credit method (if Method III is checked); or, if I am a voluntary participant, until the State of Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

Signature of Owner, Partner or Member, Fiduciary, or Officer _____ Title: Owner, Partner or Member, Fiduciary, or Officer _____ Date _____

Print Name of Owner, Partner or Member, Fiduciary, or Officer _____

PART III Changing Bank Information for ACH Debit Method

Access Code _____ Date bank information will be changed: _____

OLD BANK INFORMATION

Account Name	Account Number (Not to exceed 17 digits)
Bank Name	Transfer/Routing Number (Requires 9 digits)

NEW BANK INFORMATION Reminder: Please attach voided check.

Account Name	Account Number (Not to exceed 17 digits)
Bank Name	Transfer/Routing Number (Requires 9 digits)

GENERAL INSTRUCTIONS

Please make a copy of your application for your records.

For more information, see Tax Information Release (TIR) No. 95-06, "Questions and Answers on Paying Taxes by Electronic Funds Transfer;" TIR No. 99-01, "Filing of Tax Returns Required by Taxpayers Who Pay Taxes by Electronic Funds Transfer (EFT);" TIR No. 2004-01, "Act 113, Session Laws of Hawaii 2004, Relating to Income Tax Withholding;" and Tax Announcement 2011-04, "Additional Tax Types Required to be Paid by Electronic Funds Transfer (EFT)."

PENALTIES. Section 231-9.9, Hawaii Revised Statutes (HRS), imposes a penalty of 2% of the tax due if those who are required to make payments by EFT do not do so on or before the date prescribed without reasonable cause. This is in addition to any other penalties. Also, section 40-35.5, HRS, allows DOTAX to assess a \$25 service fee on electronic funds transfer payments that are dishonored. This service fee cannot be waived.

SPECIFIC INSTRUCTIONS

Part I — Taxpayer Information

Enter the identification number for the tax type. If you have more than one Hawaii Tax Identification Number (HTIN) for a tax type you are paying by EFT, you must submit a separate Form EFT-1 for that HTIN. All taxpayer information must be completed and must match the taxpayer information on file with DOTAX.

Part II — Method of EFT Payment

Check the applicable box to indicate your method of EFT payment.

Method I — Payment through DOTAX's Electronic Services Website

Check the box for Method I to notify DOTAX that you will make your tax payments through DOTAX's Electronic Services website.

Method II — ACH Debit (Payment through the telephone)

Check the box for Method II if you wish to pay by ACH Debit (Payment through the telephone).

Please provide your complete bank information and attach a voided check.

If you will be paying for more than one tax type using the same bank account and same HTIN, complete only one Form EFT-1. You may pay for any of the taxes listed on the form by EFT even if you do not exceed \$100,000 for that particular tax type (\$40,000 for withholding taxes).

If you will be using more than one bank account or HTIN, please complete a Form EFT-1 for each account or HTIN you will be using.

The bank information can be obtained from your bank or at the bottom of the check.

Account number should not exceed 17 digits.

Transfer/Routing Number requires 9 digits.

Omit hyphens in your bank numbers.

Please remember to attach a voided check from the bank account you want debited.

Method III — ACH Credit

Check the box for Method III if you wish to pay by ACH Credit.

Some financial institutions offer ACH origination services. Contact your bank to determine what ACH origination services it offers and the costs of ACH Credit service. You cannot use Method III unless your bank can initiate transactions in the CCD+TXP format.

Please remember that if you use Method III, DOTAX **is not** responsible for the successful completion of EFT transactions that are required by law. Furthermore, DOTAX will not pay any costs your financial institution may charge you for its services.

Part III — Changing Bank Information for ACH Debit Method

Provide your complete bank information for your old bank account and your new bank account. If you are changing your bank information and the effective date of change is noted on Form EFT-1, the change will be done no earlier than that date.

Please remember to attach a voided check from the new bank account you want debited.

Signature

Form EFT-1 must be signed by an owner, partner or member, fiduciary, or officer.

If you wish to use Method II, Form EFT-1 must be signed by an owner, partner or member, fiduciary, or officer who is authorized to sign checks drawn on the account identified on the form.

IMPORTANT INFORMATION

If you checked **Method II** or **Method III**, you will receive a confirmation letter in the mail. The letter will include instructions for how to make a payment using your chosen method. No ACH Debit or ACH Credit EFT payments should be attempted before the confirmation letter is received.

Method II applicants will also receive their access code with the confirmation letter. The personal identification number (PIN) will be mailed under separate cover from the data collection center.

Method III applicants should be aware that DOTAX may withdraw its approval for use of ACH Credit for failure to conform to the requirements for ACH Credit transactions.

Method I applicants will **NOT** be sent a confirmation letter in the mail. After submitting your Form EFT-1 to notify us of your intent to file and pay using our Electronic Services website, you must register for an E-File account at **tax.hawaii.gov/eservices/**. Afterwards, you will receive an e-mailed confirmation of your registration.

You must submit a Form EFT-1 if you wish to change from one ACH payment method to the other. You must continue making your tax payments through EFT using the method in use until you receive confirmation authorizing the change and the effective date of the change.

If you have any questions, please contact DOTAX's Electronic Processing Section at:

E-mail: Tax.Efile@hawaii.gov
Telephone: 808-543-6814
Fax: 808-587-1488

Mail the completed Form EFT-1 to:

EFT Program
Hawaii Department of Taxation
P.O. Box 259
Honolulu, HI 96809-0259

Schedule of Charges
Effective February 1, 2021

Schedule of Charges

Monthly Fee	\$ 4.00	per month
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Online Service	Price	Unit
Transaction Fee (Federal or State)	\$ 3.00	per tax deposit
Monthly or Quarterly Recap	\$ 20.00	per report
One Time Set-Up Fee	\$ 25.00	

Telephone Touch Tone Service		
Transaction Fee (Federal or State)	\$ 3.00	per tax deposit
Monthly or Quarterly Recap	\$ 20.00	per report
One Time Set-Up Fee	\$ 25.00	

On-Site Assistance	\$100.00	per occurrence
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Prices subject to review and change by the bank without advance notice. Any service not listed above will be billed at its prevailing rates.