STATE OF HAWAII DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

SWORN STATEMENT OF TAXPAYER

Name of Taxpayer		Hawaii Tax I.D. No.
DBA (Name of Project)		Federal Employer I.D.
Addre	ess of Taxpayer	
Enter the name and phone number of the person to contact regarding this statement		
	vorn statement is provided by a qualified productiones (HRS) Section 235-17, in order to meet the requin	• • •
1.	Are you making a claim for products or services act that are directly related to the creation of visual accompany in Hawaii? Yes No	
2.	 Did you make a reasonable effort to secure and use comparable products or services within Hawaii? Yes No 	
3.	Were you unsuccessful in securing comparable pro Yes No	oducts or services within Hawaii?
4.	Have you paid the Use Tax (at the rate of 4% plus any applicable county surcharge) required under HRS Chapter 238 for the products or services acquired outside of Hawaii for use or consumption in Hawaii?	
	Yes (Please attach proof of Use Tax filing and particle) No, but we anticipate paying Use Tax on the inproof of that Use Tax filing with our final Hawaii Proof	nported products or services and will include
	DECLARATIO	N
corpora	n individual having personal knowledge of the facts may sation or partnership, the individual signing the declaration or general partner.	
	re, under the penalties set forth in section 231-36, HRS, the statement, and, to the best of my knowledge and belief, t	
Signatu	ure	Date
Print or Type Name		Print or Type Title