



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, Hawaii 96813
Web site: www.invest.hawaii.gov

ENTERPRISE ZONES PROGRAM END OF YEAR REPORT FORM

The End-of-Year Report form includes two sections: SECTION A – Gross Revenue & Hiring Information:
SECTION B – Tax & Payroll Information.

Please complete and submit this form to DBEDT at least two weeks prior to your tax filing deadline or prior to any deadline for amending past tax returns in order for DBEDT to certify and notify you that the business has met the program requirements for the year.

If the EZ program requirements are met, you will be issued a certification letter. Attach copies of the certification letter to your general excise and state income tax forms when they are filed. (Note: You will also need to include State of Hawaii Tax Department Form N-756 and N-756A for corporations with your State income tax return.) Thus, it is important to submit this report prior to your general excise and State income tax filing deadlines. If you do not qualify, you will also be notified and you will be required to pay all taxes due when you file.

Only a person authorized to act on behalf of the business is permitted to sign each section. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

For more details on EZ Program requirements please go to <http://invest.hawaii.gov/business/ez/updates>

_____ **I have read and understand all the items above.**

To submit an online version of this form, visit ezforms.ehawaii.gov.

To submit a paper form, mail your completed form to Department of Business, Economic Development & Tourism, No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, HI 96813, or fax your completed form to (808) 586-2589. NOTE: If submitting forms by mail or fax instead of online, please allow an extra 2-4 weeks processing time.



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QUESTIONS? Call the State Enterprise Zone Coordinator at (808) 587-2757, or your County Enterprise Zone Coordinator. For a list of contact phone numbers, visit <http://invest.hawaii.gov/business/ez#contact>

Some of the information submitted via EZ Program forms may be subject to public inspection under Hawaii's Uniform Information Practices Act, Chapter 92F, Hawaii Revised Statutes, which governs public access to government records. For more information on what may be disclosed and what may be considered confidential please see our program confidentiality guidelines at <http://invest.hawaii.gov/business/ez/disclosure>.



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SECTION A: GROSS REVENUE & HIRING INFORMATION

Reminder: Both the EZ general excise tax exemption and the EZ income tax credits apply only to taxes due on gross revenues from EZ-eligible transactions within a county. Also, if you are applying for EZ benefits for a partial tax year, only revenues from those months during which your EZ establishment was eligible to participate in the EZ Program qualify for benefits.

Business Name (EZ Address)

Tax Year Beginning (mm/dd/yyyy): _____ Tax Year Ending (mm/dd/yyyy): _____

0.5% GENERAL EXCISE TAX RATE

Total Gross Revenues within the EZ County subject to 0.5% GET rate \$ _____

0.5% General Excise Tax \$ _____

4% GENERAL EXCISE TAX RATE

Total Gross Revenues within the EZ County subject to 4% GET rate \$ _____

4% General Excise Tax \$ _____

AGRICULTURAL SALES

Agricultural Wholesale Gross Revenues in EZ County \$ _____

0.5% General Excise Tax \$ _____

Agricultural Retail Revenue in EZ County \$ _____

HIRING INFORMATION

Average Full Time Employees _____



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SECTION B: PAYROLL & TAX INFORMATION

NOTE: When providing the information requested below, leave blank any questions that request information for a year during which your EZ establishment and/or other Hawaii operations did not exist.

Contractor Exemption from General Excise Tax

If you used a Hawaii-licensed Contractor and/or Sub-Contractor and the Contractor took the General Excise Tax Waiver, please complete the following:

Contractor Business Name _____

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Contractor Contact _____

Title _____

Telephone _____ Fax _____

Email _____

Contractor GET Waiver \$ _____

Unemployment Insurance Premium in EZ paid last year. \$ _____

EZ Unemployment Insurance Premium Tax Credit claimed in previous tax year. \$ _____

EZ Income Tax Credit claimed in the previous tax year. \$ _____

Real Property Taxes paid last year. \$ _____



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Average Monthly Payroll

Payroll EZ \$ _____

Payroll Hawaii \$ _____

CONTACT INFORMATION

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Contact Person _____

Title _____

Telephone _____ Fax _____

Email _____

***** END OF REPORT*****