

COUNTY OF MAUI — 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
<b>Check all that apply:</b> <input type="checkbox"/> Reporting Agent (Tax preparer, property management company, payroll company, and others who prepare returns for multiple clients or multiple locations for the same client.) <input type="checkbox"/> Direct Transmitter (Company that may "transmit" the bulk file to MCTAT 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	MCTAT Bulk Filer ID Number (For Amended Only)

**PART IV — DECLARATION**

Print Name of Authorized Individual	Title
Signature	Date
Authorized Individual's Phone Number	SSN/PTIN/VPID of Authorized Individual
<p>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, Hawaii 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 Maui, Department of Finance reserves the right to revoke or suspend participation in the BFP.</p>	

**Mail to:**

COUNTY OF MAUI  
DEPARTMENT OF FINANCE  
MCTAT OFFICE  
ATTN: BULK FILERS PROGRAM  
110 'ALA 'IHI STREET, SUITE 107  
KAHULUI, HI 96732

**Department Use Only**

Registration Date \_\_\_\_\_  
 Added to BFP \_\_\_\_\_  
 MCTAT Blk Filer ID Number \_\_\_\_\_  
 IRS-assigned EFIN or ETIN \_\_\_\_\_  
 Employee Initials \_\_\_\_\_

## GENERAL INSTRUCTIONS

### PURPOSE OF THIS FORM

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

Taxpayers who wish to individually electronically file tax returns may use the County's Individual DirectBiller system at <https://www.mauicounty.gov/tat>.

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

**Note:** Reporting agents must obtain Form MCTAT-3, Hawaii Reporting Agent Authorization, from the taxpayer before submitting any returns 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 MCTAT-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 MCTAT-2.** Participants must submit an amended Form MCTAT-2 to MCTAT 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 MCTAT-2 to:

COUNTY OF MAUI  
DEPARTMENT OF FINANCE  
MCTAT OFFICE  
ATTN: BULK FILERS PROGRAM  
110 'ALA 'IHI STREET, SUITE 107  
KAHULUI, HI 96732

### WHERE TO OBTAIN INFORMATION

For information about the Bulk Filing program contact:

Phone: (808) 270-7637  
Website: <https://www.mauicounty.gov/tat>.  
E-mail: [MauiTATBulkFilers@co.maui.hi.us](mailto:MauiTATBulkFilers@co.maui.hi.us)

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 MCTAT Bulk Filer ID Number.

#### 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.