

# APPLICATION FOR ANNUAL AGRICULTURAL RATES (FY2024)

Account Holder Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Location: \_\_\_\_\_

In accordance with the provisions of the Department of Water Supply, County of Maui, amended Ordinance No. 3759, Bill No. 47 (2010), Article 1, Title 14 Maui County Code, I/(We) hereby apply for the agricultural rate for water service described herein, and submit the following required information and documentation:

1. Signed copy of the periodic General Excise/Use Tax Return, Form G-45 and/or General Excise/Use Annual Return & Reconciliation, Form G-49 filed with the State of Hawaii, Department of Taxation for the period immediately preceding the date of this application.
2. a) Copy of Form 1040 – Schedule F, Profit or Loss from Farming, or similar federal tax form filed with the Internal Revenue Service, **OR**  
b) Copy of the approved federal extension form in order to keep the agricultural rate until October 31, 2023. A copy of your actual filed return (Form 1040 – Schedule F, or similar Federal Tax form) must be received NO LATER THAN October 31, 2023 to receive the agricultural rate during FY2024 (July 1, 2023 to June 30, 2024).
3. Fully completed Supplement – A.
4. TMK: \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_\_
5. Reported Gross Annual Sales: \$ \_\_\_\_\_

By signing and submitting this application along with the required information and documentation, I (We) affirm that the commercial activity is a permitted and lawful use of my land; that I (We) have the authority to conduct business as the owner, and all information provided is truthful and duly recorded. Should I (We) cease to be actively engaged in agriculture, stock raising, aquaculture, or dairy farming, I (We) will notify the Department of Water Supply in writing within ten (10) days of inactivity.

I (We) further understand the information submitted as part of the application is kept confidential under the State Statute.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Authorized Signature(s)

**SUPPLEMENT – A**  
**Application for Annual Agricultural Rates (FY2024)**

Account Holder Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- a) Provide a written description of the commercial operation, including explanation of your products, customers, and related sales.

b) Anticipated monthly water usage: \_\_\_\_\_

c) Age of commercial crop or stock: \_\_\_\_\_

d) Five-year Timeline of Projected Annual Gross Receipts:

2023 \$ \_\_\_\_\_

2024 \$ \_\_\_\_\_

2025 \$ \_\_\_\_\_

2026 \$ \_\_\_\_\_

2027 \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

e) Attach site plan

\_\_\_\_\_  
Authorized Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**RESET FORM**