

Department of Transportation
Airports Division
Honolulu International Airport
400 Rodgers Boulevard, Suite 700
Honolulu, Hawaii 96819-1880

Month of _____

STATEMENT OF GROSS INCOME FOR:

Quarter Ending _____

Lease/Permit Agreement
Number _____ Number _____ Campus _____

	Reportable Gross Receipts for this period	\$ _____
_____	% of \$ _____	= \$ _____
_____	% of \$ _____	= \$ _____
_____	% of \$ _____	= \$ _____
Sub-Total		\$ _____

Less Basic Minimum paid:

By check # _____ dated _____ \$ _____

Balance of fee due \$ _____

I certify that the above is true and correct:

By _____ Date _____
(Signature and Title)

Account Name _____

DBA _____

Account Number _____

Address _____

Phone Number _____ Email Address _____

NOTE: An interest charge of 12% per annum will be charged for late filing and/or payments. Please refer to your Lease, Revocable Permits or other agreements for due dates.

AIRPORTS DIVISION USE ONLY

Date Paid _____

Receipt No. _____

Account No. _____

Amount _____