

Section 5**Statement of Facts**

State the facts and the law or other legal authority, if any, to support your position on each disagreed item. If you need more space, attach additional sheets.

Section 6**Signature of Petitioner(s)**

Other Requirements: Please check off each box to indicate that you have fulfilled these requirements. *Do not* submit your tax return, receipts, or other types of evidence with this application.

- ☐ I enclosed a copy of each Department of Taxation assessment that I dispute with this application.
- ☐ I provided a copy of this application including any accompanying documents to the Department of Taxation auditor or examiner assigned to my case.

Mail your application to:
Hawaii Department of Taxation
Administrative Appeals Office
830 Punchbowl Street, Room 221
Honolulu, HI 96813-5094

I declare that the information in this application and any accompanying documents are true, correct, and complete to the best of my knowledge and belief.

Signature of Petitioner(s)	Print name(s) and title(s)	Date
➤		
➤		

To Be Completed by the Administrative Appeals Office

Date application received	Was this application filed timely? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOL date	Case Number
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