Form AA-1 (2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION

APPEAL APPLICATION FOR THE ADMINISTRATIVE APPEALS AND DISPUTE RESOLUTION PROGRAM

IMPORTANT: Please use the separate instructions to complete this form.

Section 1 Your Information			Section 2 Your Representative (if any)				
Tell us who you are and how to contact you. A person			To appoint a representative to help you with your				
requesting an appeal is called a "petitioner." Social security number(s) or FEIN Hawaii tax identification number			appeal, complete section 2. I appoint the following person(s) as attorney(s)-in-fact to represent me in this				
Coolar coolarity framibol(c) of 1 Env	Trawaii tax io		appeal. I authorize my representative(s) to perform acts that I can perform with respect to this appeal including receiving and inspecting my confidential				
			tax information, and sig	_	_		
Name(s)			Name(s)				
DBA (Doing Business As)			Firm's name				
Mailing address			Mailing address				
City, town or post office	State	Postal/ZIP code	City, town or post office	•	State	Postal/ZIP code	
Daytime phone number	Fax number		Daytime phone number	r	Fax number		
Email address			Email address				
Section 3		Information Ab	out Your Appeal				
Tell us about the assessmen	nt(s) that yo	ou dispute.					
3a. Type of assessment: Notice(s) of Proposed Assessment Notice(s) of Final Assessment			3b. Tax year(s), tax type(s) & mailing date(s)				
□ Notice and Demand of F							
3c. Auditor's or examiner's name	3d. Branch	udit	3e. Branch location Oahu Maui Kauai Hawaii				
3f. Did you file an appeal with	n the Board	of Review?	s No				
3g. Did you file an appeal with	n the Tax A	ppeal Court? 🔲 🗅	∕es □ No				
Section 4		Reason for '	Your Appeal				
List the item(s) that you disa need more space, attach add	_	_	ason(s) you think t	the assessr	nent(s) is	incorrect. If you	
Disagreed item(s)			ee and the relief that you	u are seeking			

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Section 5	Sta	temen	t of Facts				
State the facts and the law oneed more space, attach add		if any	, to support your positi	ion on each d	isagreed item. If you		
Section 6	Signs	tura c	of Petitioner(s)				
Other Requirements: Please check off each box to indicate that you have fulfilled these requirements. <i>Do not</i> 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					Mail your application to: Hawaii Department of Taxation		
with this application.	Administrative Appeals Office 830 Punchbowl Street, Room 221						
☐ I provided a copy of this to the Department of Tax	Honolulu, HI 96813-5094						
I declare that the information is best of my knowledge and beli		ny acc	ompanying documents a	are true, correc	ct, and complete to the		
Signature of Petitioner(s)			ame(s) and title(s)		Date		
>							
To Be Completed by the Administrative Appeals Office							
Date application received	Was this application filed tim ☐ Yes ☐ No	ely?	SOL date		Case Number		