Form AA-1 (Rev. 2017)

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 Rep	Your Representative (if any)		
Tell us who you are and how to contact you. A person requesting an appeal is called a "petitioner."			If you want someone to represent you during this appeal, complete this section and attach Form N-848.				
Social security number(s) or FEIN	Hawaii tax io	dentification number	I appoint the following person(s) as attorney(s)-in-fact to represent me in this 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 signing agreements, consents, or similar documents.				
Name(s)			Verified Practitioner ID No. or Tax Matters Representative ID No.				
			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		Fax number		
Email address			Email address				
Section 3		Information Ab	out Your Appea	al			
Tell us about the assessmen	it(s) that yo	ou dispute.					
3a. Check one box to indicate the type of assessment you are appealing: Notice(s) of Proposed Assessment Notice(s) of Final Assessment Notice and Demand of Penalty (preparer penalties)			3b. Tax year(s)	Tax type (e.g., inco	(e.g., income, GE) Assessment mailing date		
3c. Auditor's or examiner's name	3d. Branch	udit Office Audit	3e. Branch location ☐ Oahu ☐ Maui ☐ Kauai ☐ Hawaii				
3f. Did you file an appeal with the Board of Review? Yes No 3g. Did you file an appeal with the Tax Appeal Court? Yes No (If you checked "Yes," you must have permission from the Tax Appeal Court to participate in AADR. Attach a copy of the Court permission or pending motion/stipulation.)							
Section 4	***	Reason for					
List the item(s) that you disa need more space, attach add	_	-	ason(s) you th	ink the assessn	nent(s) is	s incorrect. If you	
Disagreed item(s) Reason(s) why you disagree and the relief that you 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 posit	ion on each d	isagreed item. If you		
Section 6			of Petitioner(s)				
Other Requirements: Check off each box to indicate that you have fulfilled the requirements below. Your application may be rejected or delayed if you don't fulfill 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 i best of my knowledge and bel		ny acc	ompanying documents a	are true, correc	ct, and complete to the		
Signature of Petitioner(s)		Print name(s) and title(s)			Date		
>							
	To Be Completed by	the A	dministrative Appeals	Office			
Date application received	Was this application filed tim ☐ Yes ☐ No	ely?	Case number		Date case closed		