FORM AA-5 (Rev. 2023)

STATE OF HAWAII — DEPARTMENT OF TAXATION

BOARD OF REVIEW (BOR) APPEAL WITHDRAWAL NOTICE

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

Instructions: File this form with the Director of Taxation to withdraw your appeal to the State of Hawaii Taxation Board of Review (BOR). If a joint appeal was filed, both spouses must sign this form. The withdrawal will not be honored if the BOR has issued a decision or other dispositive order.

Spouse's Name (if a joint appeal was			
	filed)		
Address (Number, Street, P.O. Box)	City, State, and Postal/Zip Code		
 Hawaii Tax Identification Number (if ap	oplicable):		
I voluntarily withdraw my appeal of the	e following assessment(s) to the St	ate of Hawaii Taxation Board of	Review:
Tay type:			
Tax type:			
For the period(s): Issued by (check one) Office	 ce Audit □ Field Audit		
Signature	Print or Type Your Name	Title (if applicable)	Date
Spouse' signature (if applicable)	Print or Type Spouse Name	Title (if applicable)	Date
Please return this form to: Director of Taxation Department of Taxation 830 Punchbowl Street Room 227 Honolulu, HI 96813-5094	1		
BOR case number:	OFFICE USE ONLY		
The withdrawal is:			
THE WILLIAMANIS.			