FORM AA-1 (REV. 2024)

## STATE OF HAWAII — DEPARTMENT OF TAXATION

## APPEAL APPLICATION FOR THE ADMINISTRATIVE APPEALS AND DISPUTE RESOLUTION (AADR) PROGRAM

IMPORTANT: Use the instructions to complete this form. E-filing available at hitax.hawaii.gov.

Section 1 Your Information			Section 2 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 have a representative, complete this section and attach the <u>required</u> Power of Attorney (Form N-848).					
Social security number(s) or FEIN	Hawaii tax id	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			Daytime phone number					
E-mail address			E-mail address					
Section 3		Informa	tion About Yo	our Appeal				
Tell us about the assessment(s) that you dispute.  3a. Check one box to indicate the type of assessment you are appealing.  ☐ Proposed Assessment ☐ Final Assessment  3b. Assessment mailing date(s) ☐ Tax year(s)				e Notice(s) of:  Demand of Penalty (tax return preparer only)  Tax type(s) (e.g., income, GE, TAT)				
3c. Auditor's or examiner's name	3d. Bra	anch   Field Audit     Office	e Audit	3e. Branch location ☐ Oahu ☐ Maui ☐ Kauai ☐ Hawaii				
<ul><li>3f. Did you or do you plan to ap</li><li>3g. Did you or do you plan to ap</li><li>permission from the Court to parti</li></ul>	peal to the	Tax Appeal Court?	Yes	☐ No ☐ No (If you checked "Ynission or pending motion)				
Section 4		Re	ason for You	r Appeal				
List the item(s) that you disa need more space, attach add			eason(s) you	think the assessmen	t(s) is i	ncorrect. If you		
Disagreed item(s)	Re	Reason(s) why you disagree and the relief that you are seeking						

Section 5	Statement of Facts								
State the facts and the law need more space, attach ac		y, if any	, to support your pos	ition on each	disagreed item. If you				
•									
Section 6 Other Requirements: Check	off each boy to indic	_	ture of Petitioner(s)						
the requirements below. Yo	ur application may be	rejecte	d or delayed if you	Mail your application to:					
don't fulfill these requirement other types of evidence wit	Hawaii Department of Taxation								
☐ I enclosed a copy of the d	• •	h this ap	plication.	Administrative Appeals Office					
		tachments to the auditor or		830 Punchbowl Street, Room 221					
examiner assigned to my case.				Honolulu, HI 96813-5094					
I declare that the information in t knowledge and belief.	his application and any ac	company	ring documents are true, o	correct, and com	plete to the best of my				
Signature of Petitioner(s)		Print name(s) and title(s)		Date					
>									
	To Be Completed by	the Ac	Iministrative Appeals	Office					
Date application received	Case number		The application is:  Timely Untimely	Ineligible	Date case closed				