FORM BOR-5 (REV. 2024)

STATE OF HAWAII

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 BOR to withdraw your appeal. 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.

Taxpayer's N	ame (include both spous	ses if a joint appeal was filed)		
Spouse's Na	me (if a joint appeal was	filed)		
Address (Number, Street, P.O. Box)		City, State, and Postal/Zip Code		
Hawaii Tax Id	lentification Number (if a	pplicable):		
l voluntarily w	vithdraw my appeal of th	e following assessment(s) to the St	tate of Hawaii Taxation Board o	f Review:
Tax type:				
	eriod(s):			
		ice Audit 🛛 Field Audit		
behalf of the	above named taxpayer(S). Print or Type Your Name	Title (if applicable)	Date
Spouse's S	ignature (if applicable)	Print or Type Spouse's Name	Title (if applicable)	Date
Please return By mail: By email:	this form to: Taxation Board of Re 830 Punchbowl Stree Honolulu, HI 96813-5 tax.bor@hawaii.gov	et, Room 220		
		OFFICE USE ONLY		
	al is: Accepted and will conclu	de any further action on the appeal		