

TAX RELIEF REQUEST FOR STATE DECLARED DISASTERS
MARCH 2026 KONA LOW



L115_I 2026A 01 VID01

Section 1 Your Information

Your first name, middle initial, last name	Your SSN/ITIN
If this is a joint return, spouse's first name, middle initial, last name	Your spouse's SSN/ITIN
Your mailing address (number and street)	
City or town, state, and postal/ZIP code	Your telephone number
Business name	FEIN
Your business mailing address (number and street)	
City or town, state, and postal/ZIP code	Business telephone number
Name of business officer or duly authorized agent	Telephone number

Section 2 Description of Event

Include details of your situation, including the actual date(s) of your loss, a description of your losses (real property, personal property, employment/job, income, etc.) Be brief, factual, but descriptive so the reviewer can understand your situation. If damage was to real property, be sure to include real property address(es) and indicate if this was your owned residence, a rental residence, a short-term rental property, second home, farmland, undeveloped land, etc.

Request Reason (*select one*):

- Home/business damaged or inaccessible
- Records damaged or inaccessible
- Involved in flood response efforts
- Financial hardship due to flooding
- Other (please specify): _____

Details of Situation (*Required for all reasons*):

Section 3 Select Tax Type

- 2025 Individual Income Tax Return (Form N-11 and N-15)
- 2025 Partnership Tax Return (Form N-20)
- 2025 Corporation Income Tax Return (Form N-30 and N-35)
- 2025 Fiduciary Income Tax Return (Form N-40)
- 2025 Exempt Organization Business Income Tax Return (Form N-70NP)

Section 4 Signature and Declaration

I declare, under penalties set forth in section 231-36, HRS, that this application (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application, made in good faith prepared in accordance with the provisions of Chapter 231, HRS, and the rules issued thereunder.

Note: For joint taxpayers listed on a return, each taxpayer must sign and date below. In the case of a corporation or partnership, this form must be signed by an officer, partner, member, or duly authorized agent.

➤ _____
Signature Title Date

Print name

➤ _____
Signature Title Date

Print name

GENERAL INFORMATION

Complete this form to request a waiver of late filing penalties, late payment penalties, and interest that resulted from a state-declared disaster.

SECTION 1 - TAXPAYER INFORMATION

Enter your legal name, taxpayer identification number and mailing address. Provide your complete social security number (SSN) or Individual Taxpayer Identification Number (ITIN); do not enter only the last four digits. Do not mask, redact, or omit any portion of your taxpayer identification number.

For joint taxpayers, be sure to enter information for both the taxpayer and the spouse.

For businesses, enter your legal business name, Federal Employer Identification Number (FEIN), and all required business information in the space provided.

SECTION 2 - DESCRIPTION OF EVENT

Briefly describe your situation, including loss date(s), type of losses, and key facts. For real property, include the address and property type. Add any available damage estimates or out-of-pocket amounts. Check the

appropriate box. If you select "Other," please specify your reason in the space provided.

SECTION 3 - SELECT TAX TYPE

Select the applicable tax type.

SECTION 4 - SIGNATURE AND DECLARATION

A wet (handwritten) signature is required. Joint filers must both sign and date. For corporations and partnerships, an officer, partner, member, or authorized agent must sign.

WHERE TO FILE

Electronic filing via Hawaii Tax Online at <https://hitax.hawaii.gov> by selecting "2026 Disaster Relief Request."

Or, mail completed form to:

State of Hawaii - Department of Taxation
Attn: Tax Relief Request
P.O. Box 259
Honolulu, HI 96809-0259