



Form QA-1

### DOTAX – QA FORM TESTING APPROVAL TRANSMITTAL

<p><b>Company Name:</b></p> <p><b>Contact Name(s):</b></p> <p><b>Mailing Address:</b></p> <p><b>Contact Number(s):</b></p> <p><b>Email(s):</b></p> <p><b>Please highlight one:</b> Original    Resubmit</p>	<p>State of Hawaii Department of Taxation Document Processing Branch- Quality Assurance 830 Punchbowl Street, Rm 126 Honolulu, HI 96813 Or PO Box: 259 Honolulu, HI 96809-0259  Tax.dp.qa@hawaii.gov</p>
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The following forms are submitted for approval as a substitute form to be used in lieu of the official state form.

List each form separately below.

State Form Number	Vendor No.	Comments	Pass	Fail
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<b>Reviewer Information</b>	Signature:	Title:	Date:
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