

In The Tax Appeal Court of the State of Hawai‘i

In the Matter of the Tax Appeal) Case No. _____
)
of)
)
)
)
)
)
Appellant(s))
_____)

NOTICE OF APPEAL TO TAX APPEAL COURT

FROM _____ OF THE _____ TAXATION DISTRICT
Board of Review/Assessor

I

Appellant(s) name(s) _____
(If corporation, indicate state of incorporation):

Appellant(s) address: _____

Appellant(s) Hawai‘i general excise license number (if applicable): _____

II

Post-marked date of notice of assessment (where applicable): _____

Date of decision of the board of review (where applicable): _____

III

Nature of the tax: _____

Amount of deficiency determined by board of review/assessor: _____

Year of period for which determination was made: _____

Approximate amount of taxes in controversy (including penalties and interest): _____

(ATTACH A COPY OF THE NOTICE OF ASSESSMENT AND/OR TAXPAYER'S RETURN, IF APPLICABLE)

IV

Where real property tax is involved, furnishing the following information:

a. Location (Tax Key No.): _____

b. Land area: _____

c. Assessed single valuation for the year 20 ____ :

| Single Appellant's Value | Single Assessor's Value | Single Board of Review's Value (if applicable) |
|--------------------------|-------------------------|--|
| | | |

If more than 1 year involved, attach separate sheets if necessary.

V

Amount of general excise tax (if applicable): _____

Place a "X" in box if paid under protest:

VI

The basis of this appeal is as follows: (Make your statements clear and concise. For property tax, see Section 232-3, HRS. Attached separate sheet if necessary.)

WHEREFORE, appellant(s) pray(s) that the court enters its judgment herein determining the amount of the assessment or refund due and ordering such other relief as the court shall deem necessary and proper.

DATED: at _____, Hawai'i, this _____ day of _____, 20 ____ .

Appellant's or Counsel's Signature

Appellant's or Counsel's Signature

Amount of court costs paid: (\$100.00 non-refundable filing fee for regular claim in any one case)



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodations for a disability, please contact the ADA Coordinator at the Tax Appeal Court at (808) 539-4777 or FAX (808) 539-4713, at least ten (10) working days prior to your hearing or appointment date. For other related matters please call (808) 539-4777.