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 Name (include both spouses if a joint appeal was filed)

Spouse's Name (if a joint appeal was filed)

Address (Number, Street, P.O. Box) City, State, and Postal/Zip Code

Hawaii Tax Identification Number (if applicable):

I voluntarily withdraw my appeal of the following assessment(s) to the State of Hawaii Taxation Board of Review:

Tax type: _____

For the period(s): _____

Issued by (check one) ☐ Office Audit ☐ Field Audit

By withdrawing my appeal, I understand I am giving up my right to appeal this matter with the BOR and that my appeal will be dismissed. I declare that I am the taxpayer or a representative duly authorized to execute and deliver this withdrawal on behalf of the above named taxpayer(s).

Signature	Print or Type Your Name	Title (if applicable)	Date
Spouse's Signature (if applicable)	Print or Type Spouse's Name	Title (if applicable)	Date

Please return this form to:

By mail: Taxation Board of Review
830 Punchbowl Street, Room 220
Honolulu, HI 96813-5094

By email: tax.bor@hawaii.gov

OFFICE USE ONLY

BOR case number: _____

The withdrawal is:

☐ Accepted and will conclude any further action on the appeal. Case closed on _____

☐ Denied, due to _____