

Annual Filing Deadline – September 30th, 2022

Tax Map Key/Parcel ID #:

_____-_____-_____-_____-_____-_____-
 Zone Section Plat Parcel CPR

Address of Property for which exemption is being claimed

Does this property have a current Home Exemption? Yes No

Attach the following proof of Income:

- 1) Filed **2021** State of Hawai'i Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed **2021** U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) **If any applicants were not required to file any tax return(s) a signed declaration by a Tax Preparer and an affidavit will need to be signed, notarized & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income. If any returns are submitted without signature or proof of filing, applicant must provide proof of filing before processing continues.**

PROGRAM I

2023 Additional Home Exemption Relating to Owner-Occupants' Income

1. Print Names of ALL Owner Occupants & Spouse (if filed joint return) who occupy this property

Last	First	M.I.	Social Security No.	Phone No.

Mailing Address: _____

- a) #of dwellings on property? _____ If more than 1, state approx. year the dwelling you live in was built _____
- b) Is any portion of the dwelling you live in used as rental? _____ business? Yes - Sq ft. _____ No

My Gross Income for last year is: **TO BE DETERMINED**

	First Owner	Second Owner	TOTAL
From Federal Returns			
From State Returns			

PROGRAM II

2023 Very Low Income Tax Credit

THE COMBINED TOTAL OF ALL TITLEHOLDERS GROSS INCOME IS TO BE DETERMINED

I understand that my current year taxes MUST BE PAID IN FULL as of June 30th, 2022 to benefit Initial

COMBINED Titleholders Gross Income \$ _____ 3% of COMBINED TITLEHOLDERS Gross Income \$ _____

PART III CERTIFICATION

I hereby certify that I am a qualified title holder and spouse thereof, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kaua'i, or his duly designated representative of the Department of Finance, County of Kaua'i, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service. ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXEMPTION

Signature _____

Date _____

Signature _____

Date _____

(FOR OFFICIAL USE)

Received by: _____

Date: _____

(FOR OFFICIAL USE)

PITT # _____
 BLDG # _____
 BLDG % _____
 LAND % _____
 PROC. BY _____
 DATE _____

(FOR OFFICIAL USE)
Received by: _____
Date: _____

REAL PROPERTY ASSESSEMENT DIVISION
DEPARTMENT OF FINANCE COUNTY OF KAUAI
4444 Rice St., Suite A-454, Lihue, HI 96766-1326
Phone: 808-241-4224 Fax: 808-241-6252
Email: rpassessment@kauai.gov
Annual Filing Deadline – September 30, 2022
Tax Map Key/Parcel ID #:

(FOR OFFICIAL USE)
PITT # _____
BLDG # _____
BLDG % _____
LAND % _____
PROC. BY _____
DATE _____

_____-_____-_____-_____-_____-_____-
Zone Section Plat Parcel CPR

Address of Property for which exemption is being claimed

Attach the Following Proof of Income for EACH additional titleholder:

- 1) Filed 2021 U.S. Individual Income Tax Return Form 1040 with Schedules 1-3, Schedule C, D, E and/or F, as applicable
- 2) Filed 2021 State of Hawai'i Individual Income Tax Return (N-11 or N-13) Pages 1, 2, 3, & 4
- 3) **If any applicants were not required to file tax return(s) a signed declaration by a Tax Preparer and an affidavit will need to be signed, notarized & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements received to validate income.**

2023 Additional Titleholders Very Low Income Tax Credit Application

GROSS INCOME OF ALL TITLEHOLDERS TO BE DETERMINED

Information of ADDITIONAL TITLEHOLDERS not listed on original application:

Applicant's Name _____ Social Security # _____ - _____ - _____

Mailing Address _____ Email Address _____

Phone _____ Title Holders Gross Income \$ _____

Applicant's Name _____ Social Security # _____ - _____ - _____

Mailing Address _____ Email Address _____

Phone _____ Title Holders Gross Income \$ _____

PART III CERTIFICATION

I hereby certify that I am a qualified title holder, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kauai, or his duly designated representative of the Department of Finance, County of Kauai, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXEMPTION.

Signature

Date

Signature

Date