FORM

KTAT-1X

## COUNTY OF KAUAI — DEPARTMENT OF FINANCE TRANSIENT ACCOMMODATIONS TAX REFUND VOUCHER FORM



If you need to request for a Credit to be Refunded, please use this KTAT-1X form and mail it to:

COUNTY OF KAUAI KAUAI TAT Office ATTN: KTAT-1X REFUND 4444 RICE STREET, SUITE A480 LIHUE HI 96766

## COMPLETING THE VOUCHER

Authorized signature:

Print the name that is associated with your Hawaii State Tax ID account. Fill in the filing period being amended. Enter the date as MM/DD/YY. Fill in the mailing address associated with your Hawaii State Tax ID account.

Enter your Hawaii State Tax I.D. No. that starts with TA, the 10-digit account number and the 2-digit extension

**Line 1.** Enter the gross rental proceeds from your Form TA-1, line 4, column c

**Line 2**. Enter the total fair market rental value from your State Form TA-1, line 8.

Skip Line 1 and Line 2 if you do not need to file an amended return, Form TA-1 with State DoTAX and the request only applies to KTAT.

- **Line 3**. Enter the amounts of penalty and/or interest assessed for the period that is filed applicable to KTAT. Breakdown the amount between penalty and interest in the space provided.
- Line 4. Add lines 1, 2 and 3. Enter the total here.
- **Line 5.** Enter total amount taxable subject to KTAT from your original Form KTAT-1, if applicable.
- **Line 6.** Enter total KTAT payments made from your original filing period return. (**REMINDER:** Payments are applied first to cover cost incurred by KTAT, then to any interest due, then to penalties, and finally, to taxes).

**Line 7.** Subtract lines 5 & 6, enter the result on line 7. A refund will be issued after verification of the Credit Amount. Please allow 15-20 business days for the KTAT Office to process your Refund request.

FORM KTAT-1X <sup>2022)</sup>	Cut carefully along this line to detach  COUNTY OF KAUAI • DEPARTMENT OF FINANCE  TRANSIENT ACCOMMODATIONS TAX AMENDED TAX  REFUND VOUCHER FORM					
Name (Please print:)	Period Ending:					
		Hawaii State Tax I.D. Num	ber: <b>TA</b> –			
Mailing Address:						
	STREET	UNIT TYPE/NO.	CITY	STATE	ZIP CODE	COUNTRY
Line 1. Enter the gross re	ental proceeds from	your Amended State Form TA	1, line 4, column c	1		
Line 3. Enter the penalty PENALTY: Line 4. Total Amount. A	& interest assessed  dd lines 1, 2, and 3	e from your Amended State For I during the period  INTEREST:		3		
Line 6. Enter Total KTAT Payments Made for the Period						
Line 7. CREDIT TO BE R	<b>EFUNDED</b> . Line 6 m	ninus line 5 and enter total am	ount	7		
				Form I	KTAT-1X AME	NDED (2022)
FOR OFFICIAL USE ONLY						
Director of Finance:						