

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



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

countyTAT@kauai.gov

Please allow 15-20 business days for the KTAT office to process your refund request.

All refunds shall be paid by voucher approved by the County Finance Director setting forth the details of each transaction. If the taxpayer entitled to the refund is delinquent in the payment of the County transient accommodations tax, the County Finance Director, after notice to the delinquent taxpayer, shall withhold the amount of the delinquent taxes, together with penalties and interest thereon, from the amount of the refund and apply the same to the amount owed. (Chapter 5, Art 5-4, § 5-4.19, (c). Ord. No. 1099, September 16, 2021; Ord. No. 1109, April 7, 2022)

COMPLETING THE VOUCHER

Print the name that is associated with your Hawaii State Tax ID account. Fill in the filing period being amended using MM/DD/YYYY format. Fill in the mailing address associated with your Hawaii State Tax ID account. Enter your telephone number and email address.

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 amount of refund requested.

Line 2. Select reason for refund. If selection is "other" please provide reason in space provided.

***Please attach all supporting documentation.**

Incomplete forms or if documentation is missing processing refund request may be delayed or denied.

COUNTY OF KAUAI • DEPARTMENT OF FINANCE
**TRANSIENT ACCOMMODATIONS TAX AMENDED
 TAX REFUND VOUCHER FORM**



Name (Please print): _____

Period Ending: ____ / ____ / ____

Hawaii State Tax I.D. Number: **TA-** _____

Mailing Address: _____

STREET

UNIT TYPE/NO.

CITY

STATE

ZIP CODE

COUNTRY

Phone Number: () _____

Email Address: _____

Line 1. Refund requested

Line 2. Reason for refund (check reason for request):

- ☐ Annual Reconciliation (attach completed KTAT-2)
- ☐ Duplicate Payment (attach proof of duplicate payment)
- ☐ Wrong County (attach filed State form TA-1 or TA-2)
- ☐ Overpayment of Periodic Tax (attach filed State form TA-1)
- ☐ **Other:** _____

Printed Name: _____

Signature: _____ Date: _____

By signing this form, I attest under penalty of perjury that the above information is true and correct.

KTAT INTERNAL USE ONLY

RECIEVED DATE: _____

Total KTAT Outstanding Liability: _____

☐ **APPROVED**

☐ **DENIED**

Reason for Denial: _____

Director of Finance: _____