

**State of Hawaii – Department of Taxation  
Deposit in the Nature of a Cash Bond**

(MM – DD – YYYY)

**Date of Deposit**

This form is for use by taxpayers who are objecting to an assessment of tax made by the Department of Taxation (Department), but who wish to limit the amount of interest accruing in the event they are unsuccessful. Without conceding liability for the assessment, this form allows the taxpayer to make a remittance that is designated as a Deposit in the Nature of a Cash Bond (hereinafter "Deposit"). Doing so limits the accrual of additional interest on the contested tax assessment in the event the taxpayer is unsuccessful, which currently is 8% per annum.

**Part I. Taxpayer Information**

Taxpayer's Name	Social Security Number (If an Individual)
Address (Number and Street)	Hawaii Tax I.D. (If applicable)
City, State, and ZIP Code	Federal Employer Identification No. (Business Only)

**Part II. Assessment and Remittance Information**

1. Type of entity the taxpayer is: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify): _____	
2. Tax type(s):	
3. Tax period(s):	
4. Examiner (if known):	
5. Amount of remittance designated as a Deposit (whole dollars only):	
	<b>.00</b>

**Part III: Signature**

By signing below, the taxpayer acknowledges and agrees that:

- This agreement is made pursuant to the Department's authority under Section 231-3 (13), Hawaii Revised Statutes (HRS), to enter into an agreement with a taxpayer relating to its tax liabilities;
- These funds shall be deposited into a trust accounts for the benefit of Taxpayer, and shall be held as a deposit, until the tax(es) noted above are assessable or collectable by the Department, or upon the Taxpayer's demand for the return of the Deposit, whichever is earlier;
- No interest shall be paid or otherwise accrued on the amount of the Deposit;
- The Deposit shall not be claimed by the Taxpayer as an overpayment of taxes or be the basis for a claim of refund;
- From and after the date that the Department receives the Deposit, statutory interest on the contested assessment shall cease to accrue, provided that such cessation shall apply only to the principal of the taxes not to exceeds the Deposit amount;
- Upon the Taxpayer instructions in writing, the Deposit will be applied against the assessed liability as a payment of tax as of the date the assessment is made, or applied as a prepayment of tax if such prepayment is required to be made by law or court rule as a condition precedent to perfecting an appeal;
- If the Deposit is being made pursuant to an on-going federal audit of a tax return, the Taxpayer (pursuant to HRS 235-101) shall file a report within ninety days after the change, correction, adjustment, or recomputation is finally determined by the Internal Revenue Service, along with such change document. The statutory period for the assessment of any deficiency or the determination of any refund attributable to this report shall not expire before the expiration of one year from the date the Department is notified by the taxpayer or the Internal Revenue Service, whichever is earlier; and
- The Taxpayer may make a request for return of the Deposit (whether in whole or in part) at any time before the Department is entitled to assess or collect the tax(es) as noted above. Upon such request, the Department shall initiate such return of the Deposit as demanded within five (5) business days from the receipt of the request, unless the Department determines that assessment or collection of the tax determined would be in jeopardy, or if there is any other unpaid tax liability owed by the Taxpayer, and the Deposit shall be applied against any jeopardy or assessment or unpaid tax liability of the Taxpayer. A request for the return of the Deposit shall be made in writing to the Department's Oahu Field Audit Branch Manager.

Taxpayer's signature	Title	Date
Print taxpayer name	Print company name	

**Note:** This form must be signed by:

- A principal officer, if the taxpayer is a corporation or a limited liability company;
- The general partner, if the taxpayer is a limited partnership or a limited liability partnership; A partner, if the taxpayer is a general partnership;
- The fiduciary, if the taxpayer is a trust or an estate; or
- An individual or sole proprietor, if the taxpayer is an individual or sole proprietorship.