## STATE OF HAWAII – DEPARTMENT OF TAXATION NOTICE OF INTENT TO OFFSET

, MARK O

PAYMENT DUE DATE: 02/28/05

Case Number:

58718

SSN:

58/18

Date of Notice:

12/28/04

#### Dear Taxpayer:

Our records indicate that you have an income tax liability of \$6,193.16. If you do not pay the balance in full or take other action described below within 60 days from the date of this notice, we will refer your statutorily eligible debt(s) to the Treasury Offset Program.

Treasury Offset Program: This program is governed by section 6402(e) of the Internal Revenue Code, which allows the Hawaii Department of Taxation to intercept your Federal income tax refund(s) to offset Hawaii income tax liability.

Once your case is submitted to the Treasury Offset Program, your Federal income tax refund(s) will be reduced by the referred amount. Any unpaid balance will remain eligible for future offset and interest will continue to accrue until the balance is paid in full. In addition, Section 231-25.5, Hawaii Revised Statutes, allows the Department of Taxation to pass on the fee charged by the U.S. Department of Treasury for each intercept, and the amount will be deducted from your Federal income ax refund directly.

To Avoid Referral to the Treasury Offset Program: One of the following actions must be taken within 60 days from the date of this notice

- 1. PAYMENT IN FULL: Mail payment voucher in the enclosed envelope with your check or money order in U. S. dollars payable to HAWAII STATE TAX COLLECTOR. Please write the Case Number and SSN, as shown above, on your check or money order. You may also pay this bill using an electronic check or credit card through our Internet website at <a href="www.ehawaiigov.org/efile">www.ehawaiigov.org/efile</a>. The amount due includes penalty and interest projected to the payment due date. If you pay in full before the payment due date, your account may result in a credit balance, which will then be subject to our refunding process.
- 2. **REQUEST A REVIEW:** If you believe that all or part of the liability is incorrect, you must send documentation to support your position to the address listed below.
- 3. BANKRUPT(Y: If you filed for bankruptcy, you are not subject to the offset while the automatic bankruptcy stay is in effect. Please send a copy of your bankruptcy documents to the address listed below.

Important Information: We will continue to use other collection actions, which may include but are not limited to, serving a levy, garnist ing of applicable wages, filing a civil suit, and seizure and foreclosure proceedings while this offset of your Federal ancome tax refund is being pursued.

If you have a payment agreement with the Hawaii Department of Taxation, the offset may reduce the length of the agreement, but it will not affect the scheduled installment amount.

The attached Detail of Account reflects the income tax liability for this case number. Other unpaid liabilities, if any, will be billed separately.

If you have any questions regarding this notice, please contact our office Monday through Friday (except holidays) between 7:45 a.m. and 4:15 p.m.

Department of Taxation
Oahu Collection Branch – Treasury Offset Program
P. O. Box 259
Honolulu, HI 96809-0259

Telephone No. (808) 587-1600 Fax No: (808) 587-1720 FORM D-142C (REV. 2004)

#### KEEP THIS PORTION FOR YOUR RECORDS



Case Number:

Billing Code:

999997 12/28/04

02/28/05

Date of Notice: Payment Due Date:

#### DETAIL OF ACCOUNT - INDIVIDUAL INCOME TAX

DATE	TAX PERIOD	TAX LIABILITY	UNDER- PAYMENT PENALTY / PENALTY	INTEREST TO 03/20/05	FEE CHARGED	TOTAL	CREDITS & PAYMENTS	AMOUNT DUE
06/16/03	1997	4,004.00	1,001.00	2,756.12	85.00	7,846.12	1,652.96	6,193.16
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								2 77
Total		\$4 004 00	\$1,001,00	\$2.756.12	# B5 00			
Total		\$4,004.00	\$1,001.00	\$2,756.12	\$ 85.00	\$7,846.12	\$1,652.96	\$

Please cut on dotted line and return the bottom portion with your payment.

FORM N-202V (2002)

DO NOT WRITE OR STAPLE IN THIS AREA

STATE OF HAWAII - DEPARIMENT OF TAXATION INDIVIDUAL INCOME TAX PAYMENT VOUCHER (CBV)

, MAR (O THIS SPACE FOR DATE RECEIVED STAMP

DATE OF NOTICE: PAYMENT DUE DATE: 12/28/04 02/28/05

CASE NO:

LOCATION CODE:

000002

BILLING CODE:

999997

TOTAL AMOUNT DUE:

\$6,193.16

AMOUNT ENCLOSED:

\$

You may also pay this bill using an electronic check or credit card through our Internet website at www.ehawaiigov.org/efile.

### DOWNLOADED FROM:

# Sovereignty Education and Defense Ministry (SEDM) Website

http://sedm.org

