

STATE OF HAWAII – DEPARTMENT OF TAXATION
PROMISE REMINDER NOTICE

COPY

[REDACTED]
[REDACTED]
HILO HI 96720-[REDACTED]

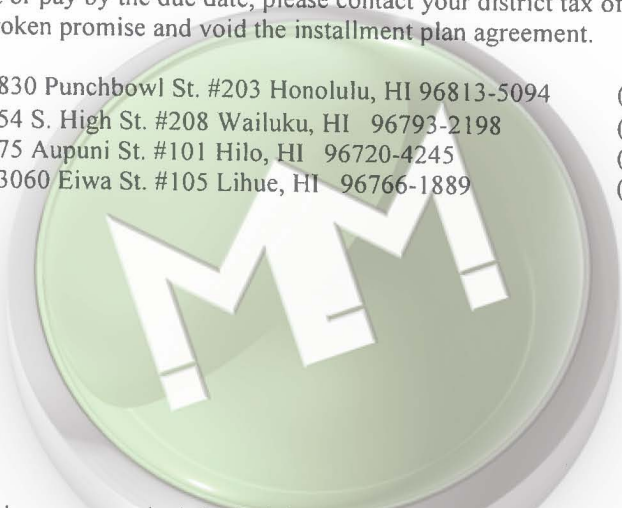
Payment Due By:	12/30/11
Date:	12/22/11
Case Number:	[REDACTED]
SSN/FEIN:	[REDACTED]
Contact:	[REDACTED]
Contact Phone No:	[REDACTED]

Dear Taxpayer,

In accordance with your current installment plan agreement, you have agreed to pay your next installment of **\$250.00** by 12/30/11. The balance remaining on your account is **\$10,277.08**. If your balance is less than your installment amount, please remit \$10,277.08.

If you are unable to send your payment or pay by the due date, please contact your district tax office immediately. Failing to comply with this agreement will constitute a broken promise and void the installment plan agreement.

Oahu District	830 Punchbowl St. #203 Honolulu, HI 96813-5094	(808) 587-1600
Maui District	54 S. High St. #208 Wailuku, HI 96793-2198	(808) 984-8511
Hawaii District	75 Aupuni St. #101 Hilo, HI 96720-4245	(808) 974-6374
Kauai District	3060 Eiwa St. #105 Lihue, HI 96766-1889	(808) 274-3456



Form D-140
(Rev. 2009)

TO MAKE A PAYMENT

1. **Do not send cash.** Make your check or money order in U. S. dollars payable to **HAWAII STATE TAX COLLECTOR**
2. Write your Case Number as shown above, and SSN/FEIN, on your check or money order
3. Enter the check or money order amount in the Amount Enclosed box on the Tax Payment Voucher (CBV)
4. Detach and mail the Tax Payment Voucher, and the check or money order using the enclosed envelope, or to one of the addresses shown above.
5. **You may also pay this bill using an electronic check or credit card through our Internet website at www.ehawaii.gov/efile.**
6. **You may also elect to pay by Electronic Fund Withdrawal. Please contact your district tax office for more information.**

----- DETACH HERE -----

Form (Rev. 2008)
ICS-202V

STATE OF HAWAII – DEPARTMENT OF TAXATION
TAX PAYMENT VOUCHER (CBV)

DO NOT WRITE OR STAPLE IN THIS SPACE



DATE OF NOTICE: 12/22/11
PAYMENT DUE DATE: 12/30/11
TOTAL AMOUNT DUE: \$ 250.00

CASE NO: [REDACTED]
LOCATION CODE: [REDACTED]
BILLING CODE: [REDACTED]

AMOUNT ENCLOSED: \$

