

LINDA LINC LE  
GOVERNOR



KURT KAWAFUCHI  
DIRECTOR OF TAXATION

JAMES R. AIOHIA JR.  
LT. GOVERNOR

STATE OF HAWAII  
DEPARTMENT OF TAXATION

MARIE C. LADERTA  
DEPUTY DIRECTOR

VIRGINIA L. [REDACTED]  
[REDACTED]  
Kihei, HI [REDACTED]

Date: 12/20/2004  
Primary Tax Acct No: 001-[REDACTED]  
Tax Account Period: 1998  
Total Amount Due: 5,935.04

### NOTICE OF PROPOSED ASSESSMENT OF INCOME TAX

#### IMPORTANT NOTICE - READ CONTENTS CAREFULLY

Your income tax return has been adjusted to reflect adjustments made by the Internal Revenue Service. The information was obtained through our Information Exchange Program which is allowed by IRC section 6103(d) and section 231-18, Hawaii Revised Statutes (HRS). Section 235-111, HRS, of the Hawaii Income Tax Law provides a three-year statute of limitation for the assessment or refund of taxes. Section 235-101(b), HRS, also provides that the statutory period for the assessment will not expire before one year from the date the Department is notified in writing by the taxpayer or the Internal Revenue Service, whichever is earlier, of any changes to the federal tax return. *past 3 yrs limits.*

Please examine this PROPOSED Notice of Assessment carefully. If you do not agree to the adjustment(s) or need clarification, please contact the preparer of this notice whose name appears at the end of this notice. It is important that you respond within thirty (30) days from the Proposed Assessment Mail Date. The Final Notice of Assessment will be issued 30 days after the Proposed Assessment Mail Date and no changes or adjustments can be made after that date.

If you agree to this Notice of Proposed Assessment of Income Tax, please remit your payment with the voucher provided below. The remaining pages of this notice provide detailed information about the assessment.

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

Form N-204V Tax Year 1998 STATE OF HAWAII - DEPARTMENT OF TAXATION  
**PRIOR YEAR INCOME TAX PAYMENT VOUCHER**  
 INDIVIDUAL  CORPORATION/PARTNERSHIP  FIDUCIARY  
 Check this box if this is a change of address.

Name: VIRGINIA L. [REDACTED]	Your social security number or FEIN [REDACTED]
DBA, C/O, or If joint return, spouse's name	Spouse's social security number
Present mailing or home address (Number and street, including rural route) 671 Malimali St	
City, town, or post office, State, ZIP Code and Country Kihei, HI [REDACTED]	For office use only

DO NOT WRITE OR STAPLE IN THIS SPACE

Calendar or Fiscal Year Ending (MM/DD/YY)  
12/31/98

Amount of Payment  
\$ [REDACTED]

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."

DOWNLOADED FROM:

***Sovereignty Education and Defense Ministry  
(SEDM) Website***

<http://sedm.org>

