

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Key From Image Specifications
for
Form TA-2 (Rev. 2009)**

Contact Information

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**Hawaii Software Vendor Website
Address:**

www.hawaii.gov/tax/vendor/vendor.htm

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

FORM TA-2 (Rev. 2009)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form TA-2. Form TA-2 requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form. Form VP-1T is obsolete and no longer part of Form TA-2.

The form must be an exact replica of the official version of the form with respect to layout, data dots, shading and content.

Substitute KFI forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- Photocopies of the form must not be submitted to the Department for processing. This will distort the 1D barcode.

2. Paper and Ink

- The paper size is 8.5 inches by 8 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Testing and Approval of the KFI Form

- A review of the form will be done based on processing specifications. It is assumed that there

are no spelling errors, incorrect or missing words, missing lines, etc.

- 1 test sample is required to be submitted for testing of the barcodes and must be an original. Photocopies, fax submissions, etc. will not be accepted.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

KEY FROM IMAGE (KFI) SPECIFICATIONS

1. Layout

- The form must be an exact replica of the official Form TA-2 with respect to layout, data dots, shading, and content.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label at top middle of the form for each page. Exact placement is not required.
- See www.hawaii.gov/tax/vendor/vendor.htm for the Hawaii Vendor I.D. Number Listing. If your company is not listed, please contact the Forms Coordinator.

4. Barcode

- A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
- Placement of the barcode is as follows:
Page 1:
1-3/16 inches from top edge of form and 1/2 inch from left edge of form

Page 2:

1-1/2 inches from top edge of form and 1/2 inch from left edge of form

- Height of the barcode is .5 inch.
- Length of the barcode is approximately 2 inches.
- Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
- Narrow to Wide Ratio is set to 2.
- Open space surrounding the barcode should be adhered to as much as possible.
- DO NOT stretch the barcode image.
- The required barcode is QCT091 for page 1:



QCT091

The required barcode is QCT092 for page 2:



QCT092

The barcode includes the form number code (QC), type of form (T), form year (09), and page number (1) or (2). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRANSIENT ACCOMMODATIONS TAX
LIABILITY

DO NOT WRITE IN THIS AREA
26



QCT091

1-3/16 inch from the top edge of the form

1/2 inch from the left edge of the form

(MM/DD/YY)

DED Return

HAWAII TAX I.D. NO. W _____

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

NAME: _____

• ATTACH CHECK OR MONEY ORDER HERE •

TAXATION DISTRICT	GROSS RENTAL OR GROSS RENTAL PROCEEDS (a)	EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) (b)	TAXABLE PROCEEDS (c)	RATE	TAXES (d)
PART I — For Periods ending BEFORE July 1, 2009					
1 OAHU				.0725	1
2 MAUI, MOLOKAI, LANAI				.0725	2
3 HAWAII				.0725	3
4 KAUAI				.0725	4
PART II — For Periods beginning AFTER June 30, 2009 and ending BEFORE July 1, 2010					
5 OAHU				.0825	5
6 MAUI, MOLOKAI, LANAI				.0825	6
7 HAWAII				.0825	7
8 KAUAI				.0825	8
PART III — For Periods beginning AFTER June 30, 2010					
9 OAHU				.0925	9
10 MAUI, MOLOKAI, LANAI				.0925	10
11 HAWAII				.0925	11
12 KAUAI				.0925	12

PART IV — TOTAL ANNUAL RETURN AND RECONCILIATION

13. TOTAL TAXES DUE. Add Column (d) of lines 1 through 12 and enter result here. If you did not have any activity for the year, enter "0.00" here					13
14. Amounts Assessed during the year	PENALTY				14
	INTEREST				
15. TOTAL AMOUNT. Add lines 13 and 14.					15
16. TOTAL TAXES PAID ON MONTHLY, QUARTERLY, OR SEMIANNUAL RETURNS FOR THE PERIOD (and the Annual Return if this is an Amended Return). PART VII ON PAGE 2 MUST BE COMPLETED.	16				16
17. Additional assessments paid for the tax year, if included on line 13.	17				17
18. PENALTIES \$ _____ INTEREST \$ _____ Paid	18				18
19. TOTAL PAYMENTS MADE FOR THE TAX YEAR (Add lines 16 thru 18)	19				19
20. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN (For Amended Return ONLY)	20				20
21. NET PAYMENTS MADE. Line 19 minus line 20.					21
22. CREDIT TO BE REFUNDED. Line 21 minus line 15					22
23. ADDITIONAL TAXES DUE. Line 15 minus line 21					23
24. FOR LATE FILING ONLY →	PENALTY				24
	INTEREST				
25. TOTAL AMOUNT DUE AND PAYABLE (Add lines 23 and 24)					25
26. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form TA-2. Write "TA", the filing period, and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. BOX 2430, HONOLULU, HI 96804-2430 or file and pay electronically at www.ehawaii.gov/efile. If you are NOT submitting a payment with this return, please enter "0.00" here.					26
27. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED from back of form.					27

DECLARATION: I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the Transient Accommodations Tax Law, Chapter 237D, HRS and the rules issued thereunder.

A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE TITLE DATE () DAYTIME PHONE NUMBER

Name	Hawaii Tax I.D. Number	Tax Year Ending (MM/DD/YY)
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PART V — EXEMPTIONS AND/OR DEDUCTIONS

LIST DETAILS CONCERNING "EXEMPTIONS" AND/OR "DEDUCTIONS" CLAIMED.

Amounts claimed as an exemption or deduction must be explained; otherwise, the amounts claimed will be disallowed and proposed assessments prepared against you. If any of these exemptions or deductions are claimed in Column (b) on the front page, you must itemize them in the spaces provided on this schedule. For a complete SCHEDULE OF TRANSIENT ACCOMMODATIONS TAX EXCLUSIONS, refer to the INSTRUCTIONS and SUPPLEMENTARY INSTRUCTIONS in Form TA-2 Instructions for further information about exemptions and deductions. (NOTE: If additional space is needed, please attach schedule.)



QCT092

1/2 inch from the left edge of the form

1-1/2 inch from the top edge of the form

A		

AMOUNT		MAUI, MOLOKAI, LANAI

AMOUNT		HAWAII

AMOUNT		KAUAI

AMOUNT		GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 27, front page.)
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PART VI — RECONCILIATION OF GROSS RENTAL OR GROSS RENTAL PROCEEDS

AMOUNT		
		1. Gross rental or gross rental proceeds (Total of Column (a), lines 1 through 12, from front page.) (Note: Does NOT include general excise taxes visibly passed on or transient accommodations taxes visibly passed on.)
		2. Total general excise taxes visibly passed on.
		3. Add lines 1 and 2. This amount is your gross proceeds from furnishing transient accommodations that are reportable on line 13, Column c of your General Excise/Use Tax Annual Return & Reconciliation (Form G-49).

PART VII — RECONCILIATION OF PAYMENT OF TRANSIENT ACCOMMODATIONS TAXES

ENTER TAXES PAID BY MONTHS IF MONTHLY RETURNS WERE FILED, QUARTERS IF QUARTERLY RETURNS WERE FILED, OR SEMI-ANNUAL PERIODS IF SEMI-ANNUAL RETURNS WERE FILED. ALSO, ENTER THE PAYMENT MADE WITH THE ANNUAL RETURN, IF APPLICABLE

JAN \$ _____	APR \$ _____	JUL \$ _____	OCT \$ _____
FEB \$ _____	MAY \$ _____	AUG \$ _____	NOV \$ _____
MAR \$ _____	JUN \$ _____	SEP \$ _____	DEC \$ _____
1st QTR \$ _____	2nd QTR \$ _____	3rd QTR \$ _____	4th QTR \$ _____
1st SEMI-ANNUAL PERIOD \$ _____		2nd SEMI-ANNUAL PERIOD \$ _____	
ANNUAL \$ _____			