

**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form VP-1 (Rev. 2008)**

**Contact Information**

Hawaii Department of Taxation  
Technical Section  
Attn: Alexis Shiohira, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: Tax.Technical.Section@hawaii.gov

**Hawaii Software Vendor Website  
Address:**

[www.hawaii.gov/tax/vendor/vendor.htm](http://www.hawaii.gov/tax/vendor/vendor.htm)

**Note:** Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

**Form VP-1 (Rev. 2008)****General Information and Scannable Specifications**

This document provides software vendors with the requirements for reproducing Form VP-1. Form VP-1 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form VP-1 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms **MUST** meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

**GENERAL INFORMATION****1. Substitute Form**

- Substitute scannable forms must be created according to Department specifications and be approved prior to release or distribution.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.

**2. Paper and Ink**

- The paper size is 8.5 inches by 11 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. Variable Data**

- All variable data fields must utilize 12 pt Courier Font.
- All variable data fields require exact placement.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

**4. Variable Data Delimiters**

- License Fee Period End, Tax Period Begin/End, and Tax Year Begin/End must be printed with spaces between the dash (-) delimiter. For example: MM - DD - YY  
(2 digits for month, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits for the day, followed by a space, followed by followed by a dash (-), followed by a space, followed by 2 digits for the period Begin and or End).
- Taxpayer's Hawaii Tax I.D. Number should be printed with spaces between the dash (-) delimiters. For example:

12345678 - 01

(8 digits, followed by a space, followed by a dash (-), followed by a space, followed by 2 digits)

Note: The Taxpayer's Hawaii Tax ID Number begins with a "W". The W should be hardcoded on the form. If the "W" is not hardcoded on the form, the W must be included in the variable data field.

**5. Dollar Amounts**

123456789 . 12

- Do not use commas as thousand separators.
- Amounts are right justified.
- Dollar and cent signs should not be used.

**6. Testing and Approval of the Scannable Form**

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed in Appendix A. If you have not received the overlays, please contact the Forms Coordinator. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16", do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.

## SCANNABLE SPECIFICATIONS

### 1. Layout

- The form was designed on a 6x10 grid. See exhibits.
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

### 2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label Row 63 at columns 19 and 20
- See Appendix A for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

### 3. Registration Marks

- Registration marks are required on the form. The scanning equipment looks for "Ls", or registration marks, printed on the form. Exact placement of the registration marks are required.
- The vertical and horizontal edges of the registration marks must be the same length of .5 inch long and .0278 inch thick.
- There are **two** registration marks on the form.
  1. The top right registration mark should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 52:



2. The bottom left registration mark should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64.



- The tolerance is 1mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a .5 inch square of the registration mark.



### 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 approximately at the top of row 47 and at the beginning of column 6.
- 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 XBT081 for the form:



XBT081

The barcode includes the form number code (XB), type of form (T), form year (08), and page number (1). 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.

### 5. Acetate overlays

- Acetate overlays will be mailed to vendors listed in Appendix A who previously reproduced Form VP-1. If you are now reproducing Form VP-1, contact the Forms Coordinator for the acetate overlays. If your company is not listed in the Hawaii Vendor I.D. Number Table and you are reproducing Form VP-1, please contact the Forms Coordinator.

[THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.]

**Appendix A**  
**HAWAII VENDOR I.D. NUMBER**

Company	HI Vendor I.D. No.
2nd Story Software, Inc.	90
Aatrix Software, Inc.	11
AccountantsWorld	18
ACOM Solutions, Inc.	34
ADP Taxware	33
ADP, Inc.	21
Advanced Micro Solutions	29
Advantage Payroll	28
AME Software Products, Inc.	36
ATX II, LLC	10
Business Software, Inc.	22
CBIZ – Century Business Services	26
CCH Incorporated (CA)	16
CCH Incorporated (IL)	17
CCH Incorporated (KS)	15
Ceridian	27
Condominium Rentals Hawaii	32
CORPTax, LLC	25
CS Professional Suite	20
Data Technology Group	24
Destination Resorts Hawaii	39
Drake Software	30
H&R Block	40
H&R Block Digital Tax Solutions	19
IntelliTax	58
Intuit	50
iSystems LLC	38

Company	HI Vendor I.D. No.
Jackson Hewitt Tax Service	55
Liberty Tax Service	54
MasterTax	57
Nelco	56
Oishi Property Management	64
On-Line Taxes, Inc.	68
Pacific Data Services, Inc.	63
Paychex, Inc.	62
Payroll Tax People LLC	61
Petz Enterprises, Inc.	59
PrimePay, Inc.	67
Rhodes Computer Services, Inc.	60
Sage Software	23
STF Services Corporation	70
Tax\$imple, Inc.	74
TaxSation, Inc.	71
Taxware Systems Inc.	73
TaxWorks LLC	75
Thomson Tax & Accounting	65
TriTech Software Development	77
Trust Tax Services of America (TTSOA)	78
Universal Tax Systems, Inc.	79
Vertex Inc. – Sarasota	80
Wal-Mart Stores, Inc., Financial Support Division	85
Wolters Kluwer North America Shared Services (IL)	89
WSN Systems Corporation	37

[THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.]

STATE OF HAWAII — DEPARTMENT OF TAXATION
GENERAL EXCISE/USE, EMPLOYER'S WITHHOLDING, TRANSIENT ACCOMMODATIONS AND RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE

TAX PAYMENT VOUCHER

GENERAL INSTRUCTIONS

PURPOSE OF FORM

Use this form when you send a payment to the Department of Taxation for your Form G-39, TA-1, TA-2, TA-8, HW-26, RV-2, RV-3 or RV-7 (or applicable amended returns for these returns, including amended returns Forms HW-20, and HW-23), or if you are submitting Form BB-1 or BB-1X. Using Form VP-1 allows us to process your payment accurately and efficiently.

HOW TO COMPLETE FORM

- 1) Print your name in the space provided.
2) Enter the last 4 digits of your FEIN or SSN in the space provided.
3) Check the appropriate "Tax Type" box.
4) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.
5) Print your Hawaii Tax I.D. No. and the amount of your payment in the space provided.

6) Make your check or money order payable in U.S. dollars to the "Hawaii State Tax Collector". Make sure your name, tax type, filing period, and Hawaii Tax I.D. No. appear on your check or money order. Do not postdate your check. Do not send cash.

WHERE TO FILE

Detach Form VP-1 along the dotted line. Attach your payment and Form VP-1 to the front of your form and send to the appropriate mailing address based upon the type of form you are filing. The mailing addresses are as follows:

GENERAL EXCISE TAX RETURNS
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425

WITHHOLDING TAX RETURNS
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

TRANSIENT ACCOMMODATIONS TAX RETURNS
RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE TAX RETURNS

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 2430
HONOLULU, HI 96804-2430

FORMS BB-1 and BB-1X
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
HONOLULU, HI 96806-1425

Form (Rev. 2008) DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

VP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX PAYMENT VOUCHER



DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

XBT081

Name (Please print): ABCDEFGHIJKLMNOPQRSTUVWXYZ123

Tax Type (check only 1)

Filing Type (check only 1) Enter Date as MM-DD-YY

X General Excise (GE)

X License Fee

1st Period End 12 - 12 - 12

X Transient Accommodations (TA)

X Periodic Return

Period Begin 12 - 12 - 12

X Hawaii Withholding (WH)

Period End 12 - 12 - 12

X Rental Motor & Tour Vehicle (RV)

X Annual Return

Tax Year Begin 12 - 12 - 12

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order.

Last 4 Digits of Your FEIN or SSN

1234

Hawaii Tax I.D. Number

W

12345678 - 12

Amount of Payment

ID NO 12

Tax Year End 12 - 12 - 12

123456789.99

STATE OF HAWAII — DEPARTMENT OF TAXATION  
GENERAL EXCISE/USE, EMPLOYER'S  
WITHHOLDING, TRANSIENT ACCOMMODATIONS  
AND RENTAL MOTOR VEHICLE &  
TOUR VEHICLE SURCHARGE

**TAX PAYMENT VOUCHER**

**GENERAL INSTRUCTIONS**

**PURPOSE OF FORM**

Use this form when you send a payment to the Department of Taxation for your Form G-39, TA-1, TA-2, TA-8, HW-26, RV-2, RV-3 or RV-7 (or applicable amended returns for these returns, including amended returns Forms HW-20, and HW-23), or if you are submitting Form BB-1 or BB-1X. Using Form VP-1 allows us to process your payment accurately and efficiently.

**HOW TO COMPLETE FORM**

- 1) Print your name in the space provided.
- 2) Enter the last 4 digits of your FEIN or SSN in the space provided.
- 3) Check the appropriate "Tax Type" box.
- 4) Check the appropriate "Filing Type" box and fill in the period or year in the space provided.  
If you are filing a Form BB-1 or BB-1X, check the box "License Fee". Enter the last day of your first filing period. (e.g., you are a calendar year quarterly filer and began business on January 21st, your first filing period end date is 03/31/09)  
If you are filing an extension (Form G-39, HW-26, TA-8 or RV-7) and you have a payment due with the form, check the "Annual" box and enter the appropriate dates.
- 5) Print your Hawaii Tax I.D. No. and the amount of your payment in the space provided. If you are applying for a new number, please leave this area blank.

- 6) Make your check or money order payable in U.S. dollars to the "Hawaii State Tax Collector". Make sure your name, tax type, filing period, and Hawaii Tax I.D. No. appear on your check or money order. Do not postdate your check. **Do not send cash.**

**WHERE TO FILE**

Detach Form VP-1 along the dotted line. Attach your payment and Form VP-1 to the front of your form and send to the appropriate mailing address based upon the type of form you are filing. The mailing addresses are as follows:

**GENERAL EXCISE TAX RETURNS**  
HAWAII DEPARTMENT OF TAXATION  
P.O. BOX 1425  
HONOLULU, HI 96806-1425

**WITHHOLDING TAX RETURNS**  
HAWAII DEPARTMENT OF TAXATION  
P.O. BOX 3827  
HONOLULU, HI 96812-3827

**TRANSIENT ACCOMMODATIONS TAX RETURNS  
RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE TAX RETURNS**  
HAWAII DEPARTMENT OF TAXATION  
P.O. BOX 2430  
HONOLULU, HI 96804-2430

**FORMS BB-1 and BB-1X**  
HAWAII DEPARTMENT OF TAXATION  
P.O. Box 1425  
HONOLULU, HI 96806-1425

✂ — — — — — DETACH HERE — — — — — ✂

Form (Rev. 2008)

**VP-1**

STATE OF HAWAII — DEPARTMENT OF TAXATION  
TAX PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPACE



XBT081

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Name (Please print): ABCDEABCDEF GHIJKLMNOPQRSTUVWXYZ123

Tax Type (check only 1)

Filing Type (check only 1) Enter Date as MM-DD-YY

General Excise (GE)

License Fee  
1st Period End 12 - 12 - 12

Transient Accommodations (TA)

Periodic Return  
Period Begin 12 - 12 - 12

Hawaii Withholding (WH)

Period End 12 - 12 - 12

Rental Motor & Tour Vehicle (RV)

Annual Return  
Tax Year Begin 12 - 12 - 12

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order.

Last 4 Digits of Your FEIN or SSN

1234

Hawaii Tax I.D. Number

**W**

12345678 - 12

Amount of Payment

ID NO 12

Tax Year End 12 - 12 - 12

123456789.99