

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



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

Contact Information

Hawaii Department of Taxation
Technical Section
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**Hawaii Software Vendor Website
Address:**

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

This document provides software vendors with the requirements for reproducing Form VP-1T. Form VP-1T is designed for electronic scanning that permits faster processing with fewer errors and is part of Form TA-1. Form TA-1 is a Key From Image form (see separate KFI specifications for reproducing Form TA-1). Software developers who reproduce, develop, or distribute Form VP-1T 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 3 inches by 8.5 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.

4. Variable Data Delimiters

- Tax Period Beginning/Ending 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 a dash (-), followed by a space, followed by 2 digits for the tax period).
- 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 50 at columns 21 and 22
- 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 "L's", 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 middle of row 56:



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 ($\frac{1}{4}$ 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 52 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 XDT081 for the form:



XDT081

The barcode includes the form number code (XD), 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-1T. If you are now reproducing Form VP-1T, 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-1T, please contact the Forms Coordinator.

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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

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FORM TA-1 (REV. 2008)

STATE OF HAWAII — DEPARTMENT OF TAXATION TRANSIENT ACCOMMODATIONS TAX RETURN

DO NOT WRITE IN THIS AREA 20



QBT081

NAME: _____

HAWAII TAX I.D. NO. W _____

Month Quarter Semiannual Period

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

Beginning _____, 20____ and Ending _____, 20____

(Do not combine your income for more than one filing period on this return.)

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1T HERE.

Table with 8 rows and multiple columns: DISTRICT, GROSS RENTAL OR GROSS RENTAL PROCEEDS (a), EXEMPTIONS/DEDUCTIONS (b), TAXABLE PROCEEDS (c), RATE, TAXES (d). Includes rows for districts 1-4, total taxes due, penalties, interest, and total payment.

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

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

FORM TA-1 20

NOTE: This form may be electronically filed (e-filed) and payment may be made electronically (e-pay) with the Department of Taxation. For more information, go to www.ehawaii.gov/efile.

DETACH HERE

Form (Rev. 2008)

ID NO 12

STATE OF HAWAII — DEPARTMENT OF TAXATION

TAX PAYMENT VOUCHER

TRANSIENT ACCOMMODATIONS TAX

DO NOT WRITE OR STAPLE IN THIS SPACE



XDT081

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" TO FORM TA-2. Write "TA", the filing period, and your Hawaii Tax I.D. Number on your check or money order.

Period Beginning 12 - 12 - 12 and Ending 12 - 12 - 12

Hawaii Tax I.D. Number Last 4 Digits of Your FEIN or SSN

W 12345678 - 12 1234

Name Amount of Payment

ABCDEFGHIJKLMN OPQRSTUVWXYZ1234567890XXXXXXXXX 123456789.99

FORM TA-1 (REV. 2008)

STATE OF HAWAII — DEPARTMENT OF TAXATION TRANSIENT ACCOMMODATIONS TAX RETURN

DO NOT WRITE IN THIS AREA 20



QBT081

NAME: _____

HAWAII TAX I.D. NO. W _____ - _____

Month Quarter Semiannual Period

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

Beginning _____, 20____ and Ending _____, 20____

(Do not combine your income for more than one filing period on this return.)

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1T HERE.

Table with 8 rows and columns: DISTRICT, GROSS RENTAL OR GROSS RENTAL PROCEEDS (a), EXEMPTIONS/DEDUCTIONS (b), TAXABLE PROCEEDS (c), RATE, TAXES (d). Includes rows for districts 1-4, total taxes due, penalties, interest, total payment, and grand total exemptions.

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.

() DAYTIME PHONE NUMBER

SIGNATURE

TITLE

DATE

DAYTIME PHONE NUMBER

NOTE: This form may be electronically filed (e-filed) and payment may be made electronically (e-pay) with the Department of Taxation. For more information, go to www.ehawaii.gov/efile.

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

FORM TA-1 20

✂ DETACH HERE ✂

Form (Rev. 2008) VP-1T

ID NO 12

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX PAYMENT VOUCHER TRANSIENT ACCOMMODATIONS TAX

DO NOT WRITE OR STAPLE IN THIS SPACE



XDT081

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" TO FORM TA-2. Write "TA", the filing period, and your Hawaii Tax I.D. Number on your check or money order.

Period Beginning 12 - 12 - 12 and Ending 12 - 12 - 12

Hawaii Tax I.D. Number

Last 4 Digits of Your FEIN or SSN

W 12345678 - 12

1234

Name

Amount of Payment

ABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890XXXXXXXX

123456789.99