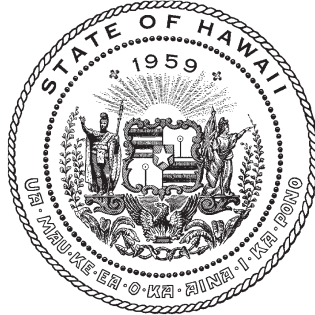


STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Form TA-1 (Rev. 2018)

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, 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

Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation
Attn: Document Processing — Quality
Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

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

FORM TA-1 (Rev. 2018)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form TA-1. Form TA-1 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form TA-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 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**

- We highly recommend you use the Department's official Form TA-1 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- 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.
- Substitute scannable forms must be proofread prior to submission.

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. Fonts

- The form was designed using the following fonts:
 1. Helvetica
 2. Times New Roman
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
 1. Form TA-1: 10 pt Helvetica bold
 2. Rev. 2018: 8 pt Helvetica
- The following font and size should be used for the form number and revision year located at the bottom right corner of the form:
 1. Form TA-1 (Rev. 2018): 8 pt Helvetica

4. Variable Data

- All variable data fields must utilize 12 pt Courier font.

- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. Variable Data Delimiters

- Period Ending must be printed with a dash (-) delimiter. For example:

MM-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the tax year ending).

- Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

TA-012-345-6789-01

(TA, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits.)

Note: The Taxpayer's Hawaii Tax I.D. Number begins with "TA." "TA" must be included in the variable data field.

6. Dollar Amounts 999999999999 . 99

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified.

7. Testing and Approval of the Scannable Form

- 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 sample.

General Information and Scannable Specifications

- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form TA-1 (Rev. 2018) cannot be filed until 2019.

SCANNABLE SPECIFICATIONS**1. Hawaii Vendor I.D. Number**

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label (see exhibit for exact placement).
 - Page 1: The 2-digit Hawaii Vendor I.D. Number begins in column 22 on row 9.
 - Page 2: The 2-digit Hawaii Vendor I.D. Number begins in column 32 on row 62.

2. Anchors

- Anchors are required on every page. The scanning equipment looks for "L" anchors printed on the form. Exact placement of the anchors are required.
- The vertical and horizontal edges of the "L" anchors must be the same length of 0.3125 inch long and 0.0278 inches thick.
- There are **two** anchors on each page.
 - Page 1: The top right "L" anchor's vertical edge is in column 81 of the form and the horizontal edge is at the top of row 10 of the form.



- Page 2: The top right "L" anchor's vertical edge is in column 81 of the form and the horizontal edge is at the top of row 6 of the form.
- Page 1: The bottom left "L" anchor's vertical edge is at the beginning of column 6 of the form and the horizontal edge is at the bottom of row 63 of the form.



- Page 2: The bottom left "L" anchor's vertical edge is at the beginning of column 6 of the form and the horizontal edge is at the bottom of row 63 of the form.
- The tolerance is 1 mm (1/4 of a grid).
 - No data or other stray marks are allowed to encroach within the white space in a 0.3125 inch square of the anchor.

**3. QR Code**

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement):

- Page 1: The bottom left-hand corner of the QR code is at the beginning of column 6 and the bottom of row 8.
- Page 2: The bottom left-hand corner of the QR code is at the beginning of column 6 and at the bottom of row 10.

- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is TA1_T 2018A 01 VIDXX

The required QR code for page 2 is
TA1_T 2018A 02 VIDXX

The QR code includes the form number code (TA1), an underscore, type of form (T), space, 4-digit form year (2018), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), and vendor ID number. There are no hyphens.

- The human readable text for the QR code **MUST** be printed at the bottom of each page beginning in column 6 of row 64 of the form utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

4. Acetate Overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form TA-1. If you did not receive the acetate overlays, please contact the Forms Coordinator.

Place
QR Code
HereTRANSIENT ACCOMMODATIONS
TAX RETURN

For periods beginning AFTER December 31, 2017

ID NO XX

X Place an "X" in this box ONLY if this is an AMENDED return

PERIOD ENDING 99-99

HAWAII TAX I.D. NO.

TA-999-999-9999-99

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

Last 4 digits of your FEIN or SSN

9999

	DISTRICT	Column a GROSS RENTAL OR GROSS RENTAL PROCEEDS	Column b EXEMPTIONS/DEDUCTIONS (Explain on Reverse Side)	Column c TAXABLE PROCEEDS (Column a minus Column b)	
PART I — TRANSIENT ACCOMMODATIONS TAX	1. OAHU	999999999999.99	999999999999.99	999999999999.99	1
	2. MAUI, MOLOKAI, LANAI	999999999999.99	999999999999.99	999999999999.99	2
	3. HAWAII	999999999999.99	999999999999.99	999999999999.99	3
	4. KAUAI	999999999999.99	999999999999.99	999999999999.99	4
PART II — TIMESHARE OCCUPANCY TAX	5. OAHU DISTRICT		5.	999999999999.99	
	6. MAUI, MOLOKAI, LANAI DISTRICT		6.	999999999999.99	
	7. HAWAII DISTRICT		7.	999999999999.99	
	8. KAUAI DISTRICT		8.	999999999999.99	
PART III — TAX COMPUTATION	9. TOTAL AMOUNT TAXABLE. Add Column c of lines 1 through 4 and lines 5 through 8. Enter result here (but not less than zero).		9.	999999999999.99	
	10. Tax Rate		10.	x0.1025	
	11. TOTAL TAXES DUE. Multiply line 9 by line 10 and enter the result here. If you did not have any activity for the period, enter "0.00" here		11.	999999999999.99	
PART IV — ADJUSTMENTS	12. Amounts Assessed During the Period... (For Amended Return ONLY)	PENALTY 999999999999.99 INTEREST 999999999999.99	12.	999999999999.99	
	13. TOTAL AMOUNT. Add lines 11 and 12. (For Amended Return ONLY)		13.	999999999999.99	
	14. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)		14.	999999999999.99	
	15. CREDIT TO BE REFUNDED. Line 14 minus line 13 (For Amended Return ONLY)		15.	999999999999.99	
	16. ADDITIONAL TAXES DUE. Line 13 minus line 14 (For Amended Return ONLY)		16.	999999999999.99	

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the Transient Accommodations Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

DAYTIME PHONE NUMBER

TITLEXXXXXXXXXX

99/99/99

(999) 999-9999

Continued on page 2 — Parts V & VI MUST be completed

FORM TA-1

(Rev. 2018)

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

Place
QR Code
Here

Hawaii Tax I.D. No. TA-999-999-9999-99

Last 4 digits of your FEIN or SSN 9999

PERIOD ENDING (MM/YY) 99-99

PART V — TOTAL AMOUNT DUE

17. FOR LATE FILING ONLY



PENALTY

999999999999.99

INTEREST

999999999999.99

17.

999999999999.99

18. TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 11 and 17;

Amended Returns, add lines 16 and 17)18.

999999999999.99

19. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form TA-1. 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 tax.hawaii.gov/eservices/. If you are NOT submitting a payment with this return, please enter "0.00" here.19.

999999999999.99

PART VI — SCHEDULE OF EXEMPTIONS/DEDUCTIONS

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your transient accommodations tax return. For more information, see the Form TA-1 Instructions.

You must explain your exemptions and deductions, otherwise they will be disallowed and you will owe more taxes.

DISTRICT / ED CODE	AMOUNT	DISTRICT / ED CODE	AMOUNT	DISTRICT / ED CODE	AMOUNT
9 999	999999999999.99	9 999	999999999999.99	9 999	999999999999.99
9 999	999999999999.99	9 999	999999999999.99	9 999	999999999999.99
9 999	999999999999.99	9 999	999999999999.99	9 999	999999999999.99
9 999	999999999999.99	9 999	999999999999.99	9 999	999999999999.99

Grand Total of Exemptions and Deductions — Add the amounts above in Part VI and enter here. If more space is needed, attach a schedule. Include the total deductions claimed from any attachments in this total. (See Instructions)

999999999999.99

Additional Instructions for Exemptions/Deductions (ED)

For each exemptions/deductions you have claimed, enter:

- For the "DISTRICT" column, enter the number that represents the Tax District from which the income was earned.
1 = Oahu; 2 = Maui; 3 = Hawaii; and 4 = Kauai
- For the ED Code please see the list of codes below and enter the corresponding Exemption/Deduction code.
- Enter your total amount of the exemption/deduction claimed for that District and ED Code.

Example: Taxpayer A received gross rental proceeds of \$2,000.00 from the Consul General of the Philippines for lodging on Maui. Taxpayer A enters the following to justify the deduction entered in Part I, Line 2, Column b of the Transient Accommodations Tax Return:

DISTRICT / ED CODE

AMOUNT

2/110 000,002,000.00

Description (HRS)	ED Code	Description (HRS)	ED Code	Description (HRS)	ED Code
Complimentary Accommodations (§237D-3(7))100		Nonprofit Organization, Lodging provided by a		Temporary Lodging Allowance for military	
Diplomats and Consular Officials (§237D-3(8)).....110		(§237D-3(3))140		(§237D-3(4))180	
Federal or state subsidized lodging		School Dormitories (§237D-3(2)).....150		Working Fringe Benefit (§237D-3(7)).....190	
(§237D-3(5)).....120		Students —			
Health care facilities defined in HRS§321-11(10)		Full-time Post-secondary (§237D-3(6)).....160			
(§237D-3(1))130		Summer Employment (§237D-3(6)).....170			

ID NO XX

Form TA-1
Page 2 of 2 20

Human Readable Text Here

Place
QR Code
Here**TRANSIENT ACCOMMODATIONS
TAX RETURN**For periods beginning **AFTER** December 31, 2017

ID NO XX

X Place an "X" in this box **ONLY** if this is an **AMENDED** return

PERIOD ENDING 99-99

HAWAII TAX I.D. NO.

TA-999-999-9999-99

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

Last 4 digits of your FEIN or SSN

9999

	DISTRICT	Column a GROSS RENTAL OR GROSS RENTAL PROCEEDS	Column b EXEMPTIONS/DEDUCTIONS (Explain on Reverse Side)	Column c TAXABLE PROCEEDS (Column a minus Column b)	
PART I — TRANSIENT ACCOMMODATIONS TAX	1. OAHU	999999999999.99	999999999999.99	999999999999.99	1
	2. MAUI, MOLOKAI, LANAI	999999999999.99	999999999999.99	999999999999.99	2
	3. HAWAII	999999999999.99	999999999999.99	999999999999.99	3
	4. KAUAI	999999999999.99	999999999999.99	999999999999.99	4
PART II — TIMESHARE OCCUPANCY TAX	TOTAL FAIR MARKET RENTAL VALUE				
	5. OAHU DISTRICT		5.	999999999999.99	
	6. MAUI, MOLOKAI, LANAI DISTRICT		6.	999999999999.99	
	7. HAWAII DISTRICT		7.	999999999999.99	
PART III — TAX COMPUTATION	8. KAUAI DISTRICT		8.	999999999999.99	
	9. TOTAL AMOUNT TAXABLE. Add Column c of lines 1 through 4 and lines 5 through 8. Enter result here (but not less than zero).		9.	999999999999.99	
	10. Tax Rate		10.	x0.1025	
	11. TOTAL TAXES DUE. Multiply line 9 by line 10 and enter the result here. If you did not have any activity for the period, enter "0.00" here		11.	999999999999.99	
PART IV — ADJUSTMENTS	12. Amounts Assessed During the Period... (For Amended Return ONLY)	PENALTY 999999999999.99			
		INTEREST 999999999999.99	12.	999999999999.99	
	13. TOTAL AMOUNT. Add lines 11 and 12. (For Amended Return ONLY)		13.	999999999999.99	
	14. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)		14.	999999999999.99	
	15. CREDIT TO BE REFUNDED. Line 14 minus line 13 (For Amended Return ONLY)		15.	999999999999.99	
	16. ADDITIONAL TAXES DUE. Line 13 minus line 14 (For Amended Return ONLY)		16.	999999999999.99	

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the Transient Accommodations Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE	TITLE	DATE	DAYTIME PHONE NUMBER
	TITLEXXXXXXXXXX	99/99/99	(999) 999-9999

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

Place
QR Code
Here

Hawaii Tax I.D. No. TA-999-999-9999-99

Last 4 digits of your FEIN or SSN 9999

PERIOD ENDING (MM/YY) 99-99

PART V — TOTAL AMOUNT DUE

- 17. FOR LATE FILING ONLY → PENALTY 999999999999.99
INTEREST 999999999999.99 17. 999999999999.99
- 18. TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 11 and 17;
Amended Returns, add lines 16 and 17) 18. 999999999999.99
- 19. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order
payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to
Form TA-1. 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 tax.hawaii.gov/eservices/. If you are NOT submitting a
payment with this return, please enter "0.00" here. 19. 999999999999.99

PART VI — SCHEDULE OF EXEMPTIONS/DEDUCTIONS

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your transient accommodations tax return. For more information, see the Form TA-1 Instructions.

You must explain your exemptions and deductions, otherwise they will be disallowed and you will owe more taxes.

Table with 6 columns: DISTRICT / ED CODE, AMOUNT, DISTRICT / ED CODE, AMOUNT, DISTRICT / ED CODE, AMOUNT. Rows contain placeholder values like 9 999 999999999999.99.

Grand Total of Exemptions and Deductions — Add the amounts above in Part VI and enter here. If more space is needed, attach a schedule. Include the total deductions claimed from any attachments in this total. (See Instructions) 999999999999.99

Additional Instructions for Exemptions/Deductions (ED)

For each exemptions/deductions you have claimed, enter:

- 1. For the "DISTRICT" column, enter the number that represents the Tax District from which the income was earned.
1 = Oahu; 2 = Maui; 3 = Hawaii; and 4 = Kauai
- 2. For the ED Code please see the list of codes below and enter the corresponding Exemption/Deduction code.
- 3. Enter your total amount of the exemption/deduction claimed for that District and ED Code.

Example: Taxpayer A received gross rental proceeds of \$2,000.00 from the Consul General of the Philippines for lodging on Maui. Taxpayer A enters the following to justify the deduction entered in Part I, Line 2, Column b of the Transient Accommodations Tax Return:

Table with 6 columns: DISTRICT / ED CODE, AMOUNT, Description (HRS), ED Code, Description (HRS), ED Code. Includes example entries for Complimentary Accommodations, Nonprofit Organization, School Dormitories, etc.