Last 4 digits of your FEIN or SSN

20

9999

Place QR Code Here	ID	NO	XX
Human Read	able text here		

TRANSIENT ACCOMMODATIONS TAX RETURN

For periods beginning AFTER December 31, 2017

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

PERIOD ENDING 99-99 **HAWAII TAX I.D. NO.** TA-999-999-999-99

		· · · · · · · · · · · · · · · · · ·				<u> </u>		
ENT 3 TAX		DISTRICT	Colum GROSS REN GROSS RENTA	ITAL OR	Column b EXEMPTIONS/DEDUCT (Explain on Reverse Si		Column c TAXABLE PROCEEDS (Column a minus Column b)	
ANSIE	1.	OAHU	9999999999	9999.99	99999999999999	.99	99999999999999.99	1
I TR MODA	2.	MAUI, MOLOKAI, LANAI	9999999999	9999.99	99999999999999	.99	9999999999999.99	2
PART I — TRANSIENT ACCOMMODATIONS TAX	3.	HAWAII	9999999999	9999.99	99999999999999	.99	9999999999999.99	3
<	4.	KAUAI	9999999999	9999.99	99999999999999	.99	9999999999999.99	4
							TOTAL FAIR MARKET RENTAL VALUE	
ESHARE Y TAX	5.	OAHU DISTRICT				5.	9999999999999.99	
II - TIMES	6.	Maui, Molokai, Lan	IAI DISTRICT	6.	9999999999999.99			
PART II - OCCU	7.	HAWAII DISTRICT				7.	9999999999999.99	
PA	8.	KAUAI DISTRICT				8.	9999999999999.99	
PART III — TAX COMPUTATION	 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.	9999999999999.99	
<u></u> =5	10.	Tax Rate				10.	x0.1025	
P RT MP	11.		UE. Multiply line 9	by line 10 and	enter the result here. If you did			
δΩ		not have any activity		11.	9999999999999.99			
TS	12.	Amounts Assessed Du	ring the Period	PENALTY	99999999999999.99			
TMEN.		(For Amended Return	ONLY)	INTEREST	9999999999999.99	12.	9999999999999.99	
ADJUSTMENTS	13. TOTAL AMOUNT. Add lines 11 and 12. (For Amended Return ONLY)					13.	9999999999999.99	
 ≥	14.	TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)14.					9999999999999.99	
PART	15. CREDIT TO BE REFUNDED. Line 14 minus line 13 (For Amended Return ONLY)				15.	9999999999999.99		
	16.	6. ADDITIONAL TAXES DUE. Line 13 minus line 14 (For Amended Return ONLY)					9999999999999.99	

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
 DAYTIN

 YITLEXXXXXXXX
 99-99-99
 (99)

TA11E3T4

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



FOF (Rev.		TA-1 ²⁾ Name: <u>TAXPAYER NA</u>	AMEXXXXX			
QR	ace Code ere	Hawaii Tax I.D. No.	TA-999-	999-9999-99		
Huma	n Read	dable text here ast 4 digits of your FEIN	l or SSN	9999	PERIOD END	DING (MM YY) 99-99
AMOUNT DUE	17.		PENALTY	99999999999999.9	9	
NNC		FILING ONLY	INTEREST	99999999999999.9	9 17.	9999999999999.99
AMC	18.	TOTAL AMOUNT DUE AND PAYABLE	(Original Retur	ns, add lines 11 and 17;		
AL		Amended Returns, add lines 16 and 17)			18.	99999999999999.99
PART V — TOTAL	19.	PLEASE ENTER THE AMOUNT OF payable to "HAWAII STATE TAX COLLEC Form TA-1. Write "TA," the filing period, a Mail to: HAWAII DEPARTMENT OF TAXA or file and pay electronically at hitax.haw this return, please enter "0.00" here	CTOR" in U.S. o nd your Hawaii ATION, P. O. Bo /aii.gov. If you	dollars drawn on any U.S. bank to Tax I.D. No. on your check or mo ox 1425, HONOLULU, HI 96806- are NOT submitting a payment	oney order. 1425 2 with	99999999999999.99
		· •				

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 COL	DE AMOUNT	DISTRI	CT / ED CO	DE AMOUNT	DISTRI	CT / ED CO	AMOUNT
99	99	999999999999.99	9	999	999999999999.99	9	999	9999999999999.99
99	99	9999999999999.99	9	999	999999999999.99	9	999	9999999999999.99
99	99	9999999999999.99	9	999	999999999999.99	9	999	9999999999999.99
99	99	999999999999.99	9	999	999999999999.99	9	999	9999999999999.99

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)

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: DISTRICT / ED CODE **AMOUNT**

2000.00

ED Code

Description (HRS)	ED Code
Complimentary Accommodations (§23	37D-3(7))100
Diplomats and Consular Officials (§23	37D-3(8))110
Federal or state subsidized lodging	
(§237D-3(5))	
Health care facilities defined in HR	RS§321-11(10)
(§237D-3(1))	

2 1 10 Description (HRS)

Nonprofit Organization, Lodging provided by a	
(§237D-3(3))	140
School Dormitories (§237D-3(2))	150
Students —	

Full-time Post-secondary (§237D-3(6))......160 Summer Employment (§237D-3(6))......170

Description (HRS)	ED Code
Temporary Lodging Allowance for n	nilitary
(§237D-3(4))	180
Working Fringe Benefit (§237D-3(7))190

999999999999.99