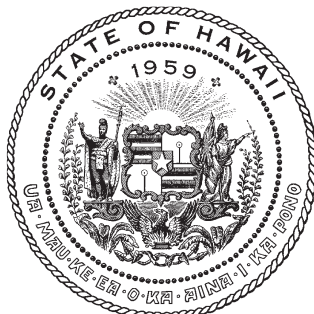


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form RCA-1 (2024)**

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 RCA-1 (2024)

General Information and Scannable Specifications

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

- We highly recommend you use the Department's official Form RCA-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 font:
 1. Arial
- 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 RCA-1: 10 pt Arial bold
 2. 2024: 10 pt Arial
- The following font and size should be used for the form number located at the bottom right corner of the form:
 1. FORM RCA-1 (2024): 10 pt Arial bold

4. Variable Data

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

- All variable data fields require exact placement.
- Print all alpha characters uppercase.

5. Variable Data Delimiters

- Taxpayer's Social Security Number must be printed with the dash (-) delimiters. For example:
123-45-6789
(3 digits, followed by a dash (-), followed by 2 digits, followed by a dash (-), followed by 4 digits)
- Taxpayer's Federal Employer Identification Number must be printed with a dash (-) delimiter. For example:
12-1234567
(2 digits, followed by a dash (-), followed by 7 digits).
- Taxpayer's Hawaii Tax Identification Number must be printed with the dash (-) delimiters. For example:
123-456-7890-01
(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)

6. 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 samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form RCA-1 (2024) cannot be filed until 2025.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibit.
- Open space around variable data fields should be adhered to as much as possible. 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 (see exhibit for exact placement).
 1. Page 1: The 2-digit Hawaii Vendor I.D. Number should begin at column 42, row 64.

3. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measure in CM.
- Placement of the QR code is as follows (see exhibit for exact placement)
 1. Pages 1 and 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
- 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
RCA1_T 2024A 01 VIDXX

RCA1_T 2024A 02 VIDXX

The QR code includes the form number (RCA1), an underscore, type of form (T), space, 4-digit form year

(2024), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), and your 2-digit Hawaii Vendor I.D. number (XX). There are no hyphens.

- The human readable text for the QR code MUST be printed below the QR code utilizing 6 pt Arial font. Placement of the human readable text is as follows (see exhibits for exact placement):

1. Pages 1 - 2: Column 6, row 11

- Please do not print the outline around the human readable text and QR code. The outline is 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. Form Serial Number

- The form serial number MUST be printed at column 6, row 64, utilizing 12 pt Courier New font.
- The required form serial number for page 1 is:
RCA1K1W3
- The required form serial number for page 2 is:
RCA2K1W3

5. 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 RCA-1. If you did not receive the acetate overlays, please contact the Forms Coordinator.

STATE OF HAWAII — DEPARTMENT OF TAXATION
SCHEDULE OF PROPERTY OWNERS ENTERING INTO A RENTAL COLLECTION AGREEMENT

TAX YEAR 2012

Place QR Code Here

Human Readable text here

PART I PROPERTY MANAGEMENT COMPANY INFORMATION

Name of Authorized Rent Collector

Hawaii Tax I.D. Number:

NAME OF AUTHORIZED RENT COLLECTOR XXXX

GE 123-456-7890-01

PART II SCHEDULE OF PROPERTY OWNERS

Name of Property Owner

NAME OF PROPERTY OWNER XXX

Owner's Social Security No. Owner's FEIN Owner's Hawaii Tax I.D. Number(s)

123-45-6789 12-3456789 GE 123-456-7890-01 TA 123-456-7890-01

Property Owner's Address (number and street) City, State, and Postal/ZIP Code

PROPERTY OWNER ADDRESS XXX

Name of Property Owner

NAME OF PROPERTY OWNER XXX

Owner's Social Security No. Owner's FEIN Owner's Hawaii Tax I.D. Number(s)

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Property Owner's Address (number and street) City, State, and Postal/ZIP Code

PROPERTY OWNER ADDRESS XXX

Place QR Code Here	Name of Authorized Rent Collector	Authorized Rent Collector Hawaii Tax I.D. Number
	NAME OF AUTHORIZED RENT COLLECTOR XXXX	GE 123-456-7890-01

Human Readable text here

PART II SCHEDULE OF PROPERTY OWNERS INFORMATION - CONTINUED

Name of Property Owner

NAME OF PROPERTY OWNER XXX

Owner's Social Security No.	Owner's FEIN	Owner's Hawaii Tax I.D. Number(s)
123-45-6789	12-3456789	GE 123-456-7890-01 TA 123-456-7890-01

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PROPERTY OWNER ADDRESS XXX

STATE OF HAWAII — DEPARTMENT OF TAXATION
**SCHEDULE OF PROPERTY OWNERS ENTERING
INTO A RENTAL COLLECTION AGREEMENT**

Place
QR Code
Here

Human Readable text here

PART I PROPERTY MANAGEMENT COMPANY INFORMATION

Name of Authorized Rent Collector

Hawaii Tax I.D. Number:

NAME OF AUTHORIZED RENT COLLECTOR XXXX

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Place
QR Code
Here

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Authorized Rent Collector Hawaii Tax I.D. Number

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Human Readable text here

PART II SCHEDULE OF PROPERTY OWNERS INFORMATION - CONTINUED

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