

STATE OF HAWAII — DEPARTMENT OF TAXATION
**APPLICATION FOR EXTENSION OF TIME TO FILE
THE TRANSIENT ACCOMMODATIONS TAX
ANNUAL RETURN AND RECONCILIATION (FORM TA-2)**

Please read instructions below before preparing form.

OPERATOR'S
NAME: _____

BUSINESS
NAME (DBA): _____

ADDRESS: _____

ZIP CODE +4: _____

HAWAII TAX I.D. NO.

W _____ - _____

LAST 4 DIGITS OF YOUR FEIN OR SSN _____

APPLICATION is hereby made for an extension of time to file the transient accommodations tax annual return and reconciliation (Form TA-2).

- a. For:
 - calendar year ending December 31, 20_____
 - fiscal year ending _____/_____/_____
 - MO DAY YR
- b. An extension is requested until:
 - (No more than 3 months. See Instructions below.)
 - _____/_____/_____
 - MO DAY YR
- c. Were you previously granted an extension of time to file this return?
 - Yes No
 - If yes, previous extension was granted to _____/_____/_____
 - MO DAY YR
- d. This extension is necessary for the following reasons (See Instructions below):

e. **ADDITIONAL TAXES DUE.** (If no payment is due, enter "0".) Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank **AND** Form VP-1 to Form TA-8. Write "TA-8", the tax year, and your Hawaii Tax I.D. No. on your check or money order.

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DECLARATION

I declare under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct, prepared in accordance with the provisions of the Transient Accommodations Tax Law and the rules issued thereunder.

SIGNATURE OF OWNER, PARTNER OR MEMBER, OFFICER, OR DULY AUTHORIZED AGENT DATE

INSTRUCTIONS FOR PREPARATION OF THIS FORM

1. Extensions will only be granted for 3 months or less. See 6 below if additional extensions are needed.
2. Extensions will only be granted for a good reason (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
3. This extension of time to file is **NOT AN EXTENSION OF TIME TO PAY**. If additional transient accommodations tax is due for the year, write the amount due on line e. Your check or money order for the entire amount, payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank and Form VP-1, Tax Payment Voucher, must be attached to this form.
4. Submit the completed form to the Hawaii Department of Taxation **ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN**. Applications for extensions filed after that date will **not** be granted.
5. **IMPORTANT** — Approved applications for extensions are **ONLY** valid if all monthly, quarterly, or semiannual periodic returns (Form TA-1) for the year have been filed.
6. **ADDITIONAL** extensions of time to file the transient accommodations tax annual return and reconciliation beyond the initial 3-month period may be requested by completing this form and submitting it to the Hawaii Department of Taxation before the expiration of the initial 3-month extension.
7. **IMPORTANT** — The total period for which extensions will be granted **cannot** exceed six (6) months.

THIS SPACE FOR DATE RECEIVED STAMP

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

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