

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**RENTAL MOTOR VEHICLE AND TOUR VEHICLE  
 SURCHARGE TAX**  
**ANNUAL RETURN & RECONCILIATION  
 FOR CALENDAR YEAR 20\_\_**  
**OR FISCAL YEAR ENDING** \_\_\_ / \_\_\_ / \_\_\_  
 MO DAY YR

DO NOT WRITE IN THIS AREA **98**

NAME: \_\_\_\_\_

HAWAII TAX I.D. NO. W \_\_\_\_\_ -

LAST 4 DIGITS OF YOUR FEIN OR SSN: \_\_\_\_\_

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

		COLUMN A		COLUMN B		COLUMN C		
		Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days		Tour Vehicle Surcharge Tax Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers		Tour Vehicle Surcharge Tax Enter the Number of Tour Vehicles Carrying 26 or More Passengers		
1	OAHU DISTRICT							1
2	MAUI DISTRICT							2
3	HAWAII DISTRICT							3
4	KAUAI DISTRICT							4
5	TOTALS (Add lines 1 thru 4 of columns A, B, and C)							5
6	RATES		\$3		\$15		\$65	6
7	TAXES (Multiply line 5 by line 6 of columns A, B, and C)		00		00		00	7
8	TOTAL TAXES (Add line 7, columns A thru C, and enter here)							8
9	PENALTY							9
10	INTEREST							10
11	TOTAL AMOUNT DUE (Add lines 8, 9, and 10; Enter amount here)							11
12	Total taxes paid on monthly, quarterly, or semiannual returns for the period.	12						12
13	Additional assessments paid for the period, if included above.	13						13
14	Penalties \$ _____ Interest \$ _____ paid during the period.	14						14
15	TOTAL PAYMENTS MADE (Add lines 12, 13, and 14)							15
16	CREDIT TO BE REFUNDED (Line 15 minus line 11)							16
IF YOU DO NOT HAVE ANY ACTIVITY, AND THE RESULT IS NO TAX LIABILITY, ENTER "0" ON LINES 8 AND 17. THIS RETURN MUST BE FILED.		17	TOTAL TAXES DUE (Line 11 minus line 15)					17
<b>FOR LATE FILING ONLY</b> →		18a	PENALTY					18
		18b	INTEREST					18
19	TOTAL AMOUNT NOW DUE AND PAYABLE (Add lines 17 and 18)							19
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 RV-3. WRITE "RV", THE FILING PERIOD, AND YOUR HAWAII TAX I.D. NO. ON YOUR CHECK OR MONEY ORDER.		20	PLEASE ENTER AMOUNT OF YOUR PAYMENT →					20

THIS SPACE FOR DATE RECEIVED STAMP

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 Rental Motor Vehicle and Tour Vehicle Surcharge Tax Law 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: ( ) \_\_\_\_\_

—MAILING ADDRESS—  
 Hawaii Department of Taxation  
 P. O. Box 2430  
 Honolulu, HI 96804-2430

## RECONCILIATION OF TAX PAYMENTS

PAYMENT OF TAXES BY MONTHS IF MONTHLY RETURNS WERE FILED, QUARTERS IF QUARTERLY RETURNS WERE FILED, OR SEMIANNUAL PERIODS IF SEMIANNUAL RETURNS WERE FILED. ALSO ENTER THE PAYMENT MADE WITH THE ANNUAL RETURN, IF APPLICABLE.

JAN \$ _____	APR \$ _____	JUL \$ _____	OCT \$ _____
FEB \$ _____	MAY \$ _____	AUG \$ _____	NOV \$ _____
MAR \$ _____	JUN \$ _____	SEP \$ _____	DEC \$ _____

1st QTR \$ _____	2nd QTR \$ _____	3rd QTR \$ _____	4th QTR \$ _____
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1st SEMIANNUAL PERIOD \$ _____	2nd SEMIANNUAL PERIOD \$ _____
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ANNUAL      \$ \_\_\_\_\_