

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRANSIENT ACCOMMODATIONS TAX RETURN

DO NOT WRITE IN THIS AREA

20

NAME: _____

Month Quarter Semiannual Period

Beginning _____, 20____ and Ending _____, 20____

(Do not combine your income for more than one filing period on this return.)

Last 4 Digits of Your FEIN or SSN: _____ HAWAII TAX I.D. NO. W _____ - _____

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

DISTRICT		GROSS RENTAL OR GROSS RENTAL PROCEEDS <small>a</small>	EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) <small>b</small>	TAXABLE PROCEEDS <small>c</small>	RATE	TAXES <small>d</small>	
1	TAXATION DISTRICT 1 (OAHU)				.0725		1
2	TAXATION DISTRICT 2 (MAUI, MOLOKAI, LANAI)				.0725		2
3	TAXATION DISTRICT 3 (HAWAII)				.0725		3
4	TAXATION DISTRICT 4 (KAUAI)				.0725		4
5	IF YOU DO NOT HAVE ANY GROSS RENTAL OR GROSS RENTAL PROCEEDS, AND THE RESULT IS NO TAX DUE, ENTER "0" IN EACH COLUMN FOR THE APPLICABLE TAX DISTRICT(S) AND ON LINES 5 AND 8.			5	TOTAL TAXES DUE (ADD LINES 1 thru 4 of column d, AND ENTER HERE)		5
FOR LATE FILING ONLY →				6a	PENALTY		6a
				6b	INTEREST		6b
7	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-1T TO FORM TA-1. WRITE "TA", THE FILING PERIOD, AND YOUR HAWAII TAX I.D. NO. ON YOUR CHECK OR MONEY ORDER.			7	TOTAL PAYMENT (ADD LINES 5, 6a, and 6b; ENTER AMOUNT HERE)		7
8	GRAND TOTAL EXEMPTIONS/DEDUCTIONS FROM BACK OF FORM			8			

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 Transient Accommodations Tax Law, Chapter 237D, HRS and the rules issued thereunder.

A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE _____

TITLE _____

DATE _____

NOTE: This form may be electronically filed (e-filed) with the Department of Taxation. For more information, go to www.ehawaii.gov/efile

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

FORM TA-1 **20**

Form (Rev. 2007) **VP-1T**
STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX PAYMENT VOUCHER
TRANSIENT ACCOMMODATIONS

Period Beginning and Ending
MM/DD/YY MM/DD/YY

Hawaii Tax I.D. No. LAST 4 DIGITS OF YOUR FEIN OR SSN
W -

Name

DO NOT WRITE OR STAPLE IN THIS SPACE

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" TO FORM TA-1. Write "TA", the filing period, and your Hawaii Tax I.D. No. on your check or money order.

Amount of Payment
\$

