



**TRANSIENT ACCOMMODATIONS
TAX RETURN**

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

PERIOD ENDING / HAWAII TAX I.D. NO. TA ---

NAME: _____ Last 4 digits of your FEIN or SSN

PART I — TRANSIENT ACCOMMODATIONS TAX	DISTRICT	Column a GROSS RENTAL OR GROSS RENTAL PROCEEDS	Column b EXEMPTIONS/DEDUCTIONS (Explain on Reverse Side)	Column c TAXABLE PROCEEDS (Column a minus Column b)	
	1.	OAHU	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	MAUI, MOLOKAI, LANAI	<input type="text"/>	<input type="text"/>	<input type="text"/>	2
3.	HAWAII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3
4.	KAUAI	<input type="text"/>	<input type="text"/>	<input type="text"/>	4
					TOTAL FAIR MARKET RENTAL VALUE
PART II — TIMESHARE OCCUPANCY TAX	5.	OAHU DISTRICT	5.	<input type="text"/>	
	6.	MAUI, MOLOKAI, LANAI DISTRICT	6.	<input type="text"/>	
	7.	HAWAII DISTRICT	7.	<input type="text"/>	
	8.	KAUAI DISTRICT	8.	<input type="text"/>	
PART III — TAX COMPUTATION	9.	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.	<input type="text"/>	
	10.	Tax Rate	10.	x0.0925	
	11.	TOTAL TAXES DUE. Multiply line 9 by line 10 and enter the result here. If you did not have any activity for the period, enter "0.00" here	11.	<input type="text"/>	
PART IV — ADJUSTMENTS	12.	Amounts Assessed During the Period... PENALTY <input type="text"/> (For Amended Return ONLY) INTEREST <input type="text"/>	12.	<input type="text"/>	
	13.	TOTAL AMOUNT. Add lines 11 and 12. (For Amended Return ONLY)	13.	<input type="text"/>	
	14.	TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)	14.	<input type="text"/>	
	15.	CREDIT TO BE REFUNDED. Line 14 minus line 13 (For Amended Return ONLY)	15.	<input type="text"/>	
	16.	ADDITIONAL TAXES DUE. Line 13 minus line 14 (For Amended Return ONLY)	16.	<input type="text"/>	

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 _____ DAYTIME PHONE NUMBER _____

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

• ATTACH CHECK OR MONEY ORDER HERE •



Name: _____

Hawaii Tax I.D. No. TA

Last 4 digits of your FEIN or SSN

PERIOD ENDING /

PART V — TOTAL AMOUNT DUE

17.	FOR LATE FILING ONLY →	PENALTY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		INTEREST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18.	TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 11 and 17; Amended Returns, add lines 16 and 17)		18.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19.	PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form TA-1. Write "TA", the filing period, and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. Box 2430, HONOLULU, HI 96804-2430 or file and pay electronically at tax.hawaii.gov/eservices/ . If you are NOT submitting a payment with this return, please enter "0.00" here.		19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 CODE	AMOUNT	DISTRICT / ED CODE	AMOUNT	DISTRICT / ED CODE	AMOUNT
<input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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:

- 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
- For the ED Code please see the list of codes below and enter the corresponding Exemption/Deduction code.
- 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
2 / 110	2,000.00

Description (HRS)	ED Code	Description (HRS)	ED Code	Description (HRS)	ED Code
Complimentary Accommodations (§237D-3(7)).....	100	Nonprofit Organization, Lodging provided by a (§237D-3(3)).....	140	Temporary Lodging Allowance for military (§237D-3(4)).....	180
Diplomats and Consular Officials (§237D-3(8)).....	110	School Dormitories (§237D-3(2)).....	150	Working Fringe Benefit (§237D-3(7)).....	190
Federal or state subsidized lodging (§237D-3(5)).....	120	Students —			
Health care facilities defined in HRS§321-11(10) (§237D-3(1)).....	130	Full-time Post-secondary (§237D-3(6)).....	160		
		Summer Employment (§237D-3(6)).....	170		