



TRANSIENT ACCOMMODATIONS
TAX RETURN

For periods beginning AFTER December 31, 2017

ID NO 01

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

PERIOD ENDING / (MM/YY) HAWAII TAX I.D. NO. TA ---

NAME: _____ Last 4 digits of your FEIN or SSN

	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)	
PART I — TRANSIENT ACCOMMODATIONS TAX	1. OAHU	<input type="text"/>	<input type="text"/>	<input type="text"/>	1
	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
PART II — TIMESHARE OCCUPANCY TAX	TOTAL FAIR MARKET RENTAL VALUE				
	5. OAHU DISTRICT			<input type="text"/>	5.
	6. MAUI, MOLOKAI, LANAI DISTRICT			<input type="text"/>	6.
	7. HAWAII DISTRICT			<input type="text"/>	7.
PART III — TAX COMPUTATION	8. KAUAI DISTRICT			<input type="text"/>	8.
	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).			<input type="text"/>	9.
	10. Tax Rate			<input type="text"/>	10.
	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			<input type="text"/>	11.
PART IV — ADJUSTMENTS	12. Amounts Assessed During the Period... PENALTY <input type="text"/>			<input type="text"/>	12.
	(For Amended Return ONLY) INTEREST <input type="text"/>			<input type="text"/>	
	13. TOTAL AMOUNT. Add lines 11 and 12. (For Amended Return ONLY)			<input type="text"/>	13.
	14. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)			<input type="text"/>	14.
15. CREDIT TO BE REFUNDED. Line 14 minus line 13 (For Amended Return ONLY)			<input type="text"/>	15.	
16. ADDITIONAL TAXES DUE. Line 13 minus line 14 (For Amended Return ONLY)			<input type="text"/>	16.	

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
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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 (MM/YY) /

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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<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"/>

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		