STATE OF HAWAII
DEPARTMENT OF TAXATION

General Information
and Key From Image Specifications
for
Dual Rate Form RV-3 (Rev. 2012)

Contact Information

Hawaii Department of Taxation
Technical Section
Attn: Alexis Shiohira, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

Hawaii Software Vendor Website Address:
www.hawaii.gov/tax/vendor/vendor.htm

Note: Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

DUAL RATE FORM RV-3 (Rev. 2012)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Dual Rate Form RV-3. Dual Rate Form RV-3 requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form.

The form must be an exact replica of the official version of the form with respect to layout, data dots, shading and content.

Substitute KFI forms MUST meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. **Substitute Form**
   - Photocopies of the form must not be submitted to the Department for processing. This will distort the 1D barcode.
2. **Paper and Ink**
   - The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
   - Black ink should be used in printing the text on the form and the variable data.
3. **Variable Data**
   - All variable data fields must utilize 10 pt Courier font, and all variable text data must be in uppercase letters. Text labels must not touch variable data.
4. **Testing and Approval of the KFI Form**
   - The deadline to submit test samples is December 31, 2012
   - A review of the form will be done based on processing specifications. It is assumed that there are no spelling errors, incorrect or missing words, missing lines, etc.
   - 1 test sample is required to be submitted for testing of the barcodes and must be an original. Photocopies, fax submissions, etc. will not be accepted.
   - It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted sample.
   - Approval of the facsimile must be obtained from the Department **prior** to filing.

KEY FROM IMAGE (KFI) SPECIFICATIONS

1. **Layout**
   - The form must be an exact replica of the official Dual Rate Form RV-3 with respect to layout, data dots, shading, and content.
2. **Hawaii Vendor I.D. Number**
   - Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label at the bottom middle of the form on pages 1 and 2. Exact placement is not required. See attached exhibits.
   - See **www.hawaii.gov/tax/vendor/vendor.htm** for the Hawaii Vendor I.D. Number Listing. If your company is not listed, please contact the Forms Coordinator.
4. **Barcode**
   - A 1-D barcode is specific to the form. The property of the 1-D symbology barcode uses 3 of 9 (Code 39).
   - Placement of the barcode is as follows:
     Page 1:
     1-3/16 inch from top edge of form and 1/2 inch from left edge of form.

     Page 2:
     1-5/16 inch from top edge of form and 1/2 inch from left edge of form.
   - Height of the barcode is .5 inch.
   - Length of the barcode is approximately 2 inches.
   - Density of narrow bar width is set to 20 mils with resolution set to 300 dpi.
   - Narrow to Wide Ratio is set to 2.
   - A ¼ inch minimum clearance (blank space) must surround the barcode with the exception of the text required to be printed underneath the barcode.
   - DO NOT stretch the barcode image.

- The required barcode is RFT121 for page 1:

RFT121

The required barcode is RFT122 for page 2:

RFT122

The barcode includes the form number code (RF), type of form (T), form year (12), and page number (1) or (2). There are no hyphens.

- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

DUAL RATE FORM RV-3
(REV. 2012)

1-3/16 inches from top edge of the form

RFT121

1/2 inch from the left edge of the form

HAWAII — DEPARTMENT OF TAXATION

MOTOR VEHICLE AND TOUR VEHICLE SURCHARGE TAX ANNUAL RETURN & RECONCILIATION

Tax Year Ending

__ __ / __ __ / __ __
MM DD YY

THIS SPACE FOR DATE RECEIVED STAMP

98

☐ box if this is an AMENDED Return

NAME:_____

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

LAST 4 DIGITS OF YOUR FEIN OR SSN: ___ ___ ___ ___

• ATTACH CHECK OR MONEY ORDER HERE •

		COLUMN A1 Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days **After June 30, 2012**	COLUMN A2 Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days **Prior to July 1, 2012**	COLUMN B Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers	COLUMN C 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 through 4 of Columns A1 through C)					5
6	RATES	$3	$7.50	$15	$65	6
7	TAXES (Multiply line 5 by line 6 of Columns A1 through C)	00	00	00	00	7

8. **TOTAL TAXES DUE.** Add line 7, Columns A1 through C and enter result here. **If you did not have any activity for the period, enter "0.00" here.** 8

9. Amounts Assessed during the year. . . . . PENALTY / INTEREST 9

10. **TOTAL AMOUNT.** Add lines 8 and 9.. 10

11. TOTAL TAXES PAID ON MONTHLY, QUARTERLY, OR SEMIANNUAL RETURNS FOR THE PERIOD (and the Annual Return if this is an Amended Return) LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR. RECONCILIATION ON PAGE 2 MUST BE COMPLETED. 11 11

12. Additional assessments paid for the tax year, if included on line 8. . . . 12 12

13. PENALTIES $ _____ INTEREST $ _____ Paid. . 13 13

14. TOTAL PAYMENTS MADE FOR THE TAX YEAR. *(Add lines 11 thru 13)* 14 14

15. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (*For Amended Return ONLY*) . 15 15

16. **NET PAYMENTS MADE.** Line 14 minus line 15 16

17. **CREDIT TO BE REFUNDED.** Line 16 minus line 10 17

18. **ADDITIONAL TAXES DUE.** Line 10 minus line 16 18

19. **FOR LATE FILING ONLY** ➔ PENALTY / INTEREST 19

20. **TOTAL AMOUNT DUE AND PAYABLE.** (Add lines 18 and 19) 20

21. **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 Dual Rate Form RV-3. Write "RV", the filing period, your Hawaii Tax I.D. No., and your daytime phone number on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P.O. BOX 2430, HONOLULU, HI 96804-2430. **If you are NOT submitting a payment with this return, enter "0.00" here.** 21

DECLARATION: 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 _____

ID NO 12 ← Placement for Hawaii Vendor ID Number

1-5/16 inches from top edge of the form

Name	Hawaii Tax I.D. Number	Tax Year Ending (MM/DD/YY)

1/2 inch from the left edge of the form

RFT122

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 $ _____
1st SEMIANNUAL PERIOD $ _____		2nd SEMIANNUAL PERIOD $ _____	
ANNUAL $ _____			

ID NO 12

Placement for Hawaii Vendor ID Number