

**RENTAL MOTOR VEHICLE AND TOUR VEHICLE
SURCHARGE TAX ANNUAL
RETURN & RECONCILIATION
FOR CALENDAR YEAR 20__ __
OR FISCAL YEAR ENDING __/__/__
MO DAY YR**



RCF101

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

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

NAME: _____

• ATTACH CHECK OR MONEY ORDER 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 DUE (Add line 7, Columns A through C and enter result here)							8
9	PENALTY assessed during the year							9
10	INTEREST assessed during the year							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 tax year, if included above.	13						13
14	Penalties \$ _____ Interest \$ _____ paid during the period	14						14
15	TOTAL PAYMENTS MADE FOR THE TAX YEAR (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 "0.00" ON LINES 8 AND 17. THIS RETURN MUST BE FILED.		17	TOTAL TAXES DUE (Line 11 minus line 15)					17
FOR LATE FILING ONLY →		18a	PENALTY					18
		18b	INTEREST					
19	TOTAL AMOUNT 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 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 THE AMOUNT OF YOUR PAYMENT →					20

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: () _____

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

Name	Hawaii Tax I.D. Number	Tax Year Ending (MM/DD/YY)
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RCF102

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 \$ _____			