

**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Key From Image Specifications  
for  
Form GEW-TA-RV-6 (2010)**

**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](http://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.

## FORM GEW-TA-RV-6 (2010)

### General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form GEW-TA-RV-6. Form GEW-TA-RV-6 requires manually keying data from the image or KFI. A 1D barcode must be present for each voucher 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 12 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

- 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 Form GEW-TA-RV-6 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 top middle of the form and at least a 1/2 inch from the barcode on each page. Exact placement is not required. See the attached exhibit.
- See [www.hawaii.gov/tax/vendor/vendor.htm](http://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.

#### 3. 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 on copies A, B, and C is:  
  
1-1/2 inches 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 GZT101 for page 1:



GZT101

- The barcode includes the form number code (GZ), type of form (T), form year (10), and page number (1). 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.

APPLICATION FOR EXTENSION OF TIME TO FILE THE GE/USE TAX ANNUAL RETURN & RECONCILIATION (FORM G-49), THE TA TAX ANNUAL RETURN & RECONCILIATION (FORM TA-2), OR THE RVST ANNUAL RETURN & RECONCILIATION (FORM RV-3)

1-1/2 inches from the top edge of the form

Read the instructions below before preparing form.



GZT101

ID NO 12

Placement for Hawaii Vendor ID Number

1/2 inch from the left edge of the form

Last 4 digits of your FEIN or SSN: \_\_\_\_\_

Check ONE (1) type of return to be filed:  Form G-49  Form TA-2  Form RV-3

ATTACH YOUR CHECK OR MONEY ORDER HERE

Taxpayer's/Operator's/Lessor's Name
Doing Business As (Dba) Name
Address (Number and Street)
City, State, and Postal/Zip Code
<b>APPLICATION is hereby made for an extension of time to file the GE/USE, TA Tax, or, RVST Annual Return &amp; Reconciliation as indicated by the check mark for the one (1) type of return marked above:</b>
a. For: <input type="checkbox"/> calendar year ending December 31, 20__ __ or <input type="checkbox"/> fiscal year ending __ __/ __ __/ __ __ (YY) (MM / DD / YY)
b. An extension is requested until: __ __/ __ __/ __ __ (MM / DD / YY) (No more than 3 months. See Instructions below.)
c. Were you previously granted an extension of time to file this return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous extension was granted to: __ __/ __ __/ __ __ (MM / DD / YY)
d. This extension is necessary for the following reasons (see instructions below): _____ _____ _____
e. <b>ADDITIONAL TAXES DUE. (If no payment is due, enter "0".) (See instructions below.)</b> ..... \$ _____

INSTRUCTIONS

NOTE: This form may be filed and payment made electronically with the Department of Taxation. For more information, go to: [www.ehawaii.gov/efile](http://www.ehawaii.gov/efile)

Use this form to request a 3-month extension of time to file the General Excise/Use Tax Annual Return & Reconciliation (Form G-49), the Transient Accommodations Tax Annual Return & Reconciliation (Form TA-2), or the Rental Motor Vehicle and Tour Vehicle Surcharge Annual Return & Reconciliation (Form RV-3). If additional time is needed, a second 3-month extension may be requested using this form. The maximum allowable extension period is 6 months. Provide a full explanation indicating the reason(s) an extension is needed on line d. A valid and compelling reason (e.g., hospitalization of taxpayer) for the extension must exist before the Department will approve an extension.

This extension of time to file is NOT AN EXTENSION OF TIME TO PAY. If additional taxes are due for the year, write the amount due on line e. Your check or money order for the entire amount, payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank must be attached to the completed Form GEW-TA-RV-6 and submitted to the Hawaii Department of Taxation ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Write "GEW-TA-RV-6", the tax type, the tax year, and your Hawaii Tax I.D. No. on your check or money order. If you are requesting a second 3-month extension, this form must be completed and submitted to the Department ON OR BEFORE THE EXPIRATION OF THE INITIAL 3-MONTH EXTENSION. Applications for extensions filed after these dates will not be granted. This form must be signed by a person who is authorized to sign the annual return (Form G-49, Form TA-2, or Form RV-3) or by a duly authorized agent.

IMPORTANT: An approved application for extension is valid ONLY IF all monthly, quarterly, or semiannual periodic returns (Form G-45, Form TA-1, or Form RV-2) and tax payments for the year have been filed and paid, and the balance, if any, of the properly estimated tax due for the year was paid with the initial application for extension. Form G-49, Form TA-2, or Form RV-3 with the payment of any tax to the extent not already paid must be filed on or before the expiration of the approved extension. Failure to meet these conditions will result in the extension being deemed invalid and penalties and interest shall be assessed on the amount of tax owed as if no extension had been granted.

DECLARATION: I declare under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct, prepared in accordance with the provisions of the GE and Use Tax Laws, the TA Tax Law, or the RVST Law and the rules issued thereunder.

SIGNATURE OF OWNER, PARTNER OR MEMBER, OFFICER, OPERATOR, LESSOR, OR DULY AUTHORIZED AGENT

PRINT NAME OF SIGNATORY

TITLE

DATE

( ) DAYTIME PHONE NUMBER

Mailing Address: Hawaii Department of Taxation P. O. Box 2430 Honolulu, HI 96804-2430

For More Information: Website: www.hawaii.gov/tax Telephone: 808-587-4242 Toll Free: 1-800-222-3229