

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Key From Image Specifications
for
Form TA-1 (Rev. 2010)**

Contact Information

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**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.

FORM TA-1 (Rev. 2010)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form TA-1. Form TA-1 requires manually keying data from the image or KFI. A 1D barcode must be present on each page of the form. Form VP-1T is obsolete and no longer part of Form TA-1.

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

- 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 TA-1 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 top middle of the form for each page. Exact placement is not required. See attached exhibit.
- 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 inches from top edge of form and 1/2 inch from left edge of form

Page 2:

1-9/16 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.
- Open space surrounding the barcode should be adhered to as much as possible.
- DO NOT stretch the barcode image.
- The required barcode is QBT101 for page 1:



QBT101

The required barcode is QBT102 for page 2:



QBT102

The barcode includes the form number code (QB), type of form (T), form year (10), 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.

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRANSIENT ACCOMMODATIONS
TAX RETURN



QBT101

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

1/2 inch from the left edge of the form

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

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

Check this box if this is an AMENDED Return

NAME: _____

Month Quarter or Semiannual Period Ending ___ / ___ (MM/YY)
(Do not combine your income for more than one filing period on this return.)

• ATTACH CHECK OR MONEY ORDER HERE •

Table with columns: TAXATION DISTRICT, GROSS RENTAL OR GROSS RENTAL PROCEEDS (a), EXEMPTIONS/DEDUCTIONS (b), TAXABLE PROCEEDS (c), RATE, TAXES (d). Includes sections for PART I (before July 1, 2009), PART II (after June 30, 2009), PART III (after June 30, 2010), PART IV (Timeshare Occupancy Tax), and PART V (Total Periodic Return).

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 Transient Accommodations Tax Law, Chapter 237D, HRS and the rules issued thereunder. A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE TITLE DATE DAYTIME PHONE NUMBER

Name	Hawaii Tax I.D. Number	Period Ending (MM/YY)
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PART VI — TIMESHARE OCCUPANCY TAX

(To be completed by Plan Managers ONLY)



TAXATION DISTRICT	TOTAL FAIR MARKET RENTAL VALUE (a)	RATE (b)	TAXES (c)	
24 OAHU		.0725		24
25 MAUI, MOLOKAI, LANAI		.0725		25
26 HAWAII		.0725		26
27 KAUAI		.0725		27
28 Total Timeshare Occupancy Tax. Add Column (c) of lines 24 thru 27. Enter here and on Part IV, line 13				28

PART VII — EXEMPTIONS AND/OR DEDUCTIONS

LIST DETAILS CONCERNING "EXEMPTIONS" AND/OR "DEDUCTIONS" CLAIMED.

Amounts claimed as an exemption or deduction must be explained; otherwise, the amounts claimed will be disallowed and proposed assessments prepared against you. If any of these exemptions or deductions are claimed in Column (b) on the front page, you must itemize them in the spaces provided below. Refer to the SCHEDULE OF TRANSIENT ACCOMMODATIONS TAX EXCLUSIONS, EXEMPTIONS, AND DEDUCTIONS in Form TA-1 Instructions for further information about exemptions and deductions.

AMOUNT	OAHU

AMOUNT	MAUI, MOLOKAI, LANAI

AMOUNT	HAWAII

AMOUNT	KAUAI

AMOUNT	GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 23, front page.)

(NOTE: If additional space is needed, please attach schedule.)