

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Key From Image Specifications
for
Form RV-2 (Rev. 2011)**

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 RV-2 (Rev. 2011)

General Information and Key From Image Specifications

This document provides software vendors with the requirements for reproducing Form RV-2. Form RV-2 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

- 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 RV-2 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. 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:
 - 1-3/16 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.
- 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 RBT111:



RBT111

- The barcode includes the form number code (RB), type of form (T), form year (11), 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.

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

DEPARTMENT OF TAXATION
**FOR VEHICLE AND TOUR
VEHICLE SURCHARGE TAX**

THIS SPACE FOR DATE RECEIVED STAMP

80



RBT111

1/2 inch from
the left edge
of the form

is box if this is an AMENDED Return

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

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

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 •

		COLUMN A	COLUMN B	COLUMN C	
		Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days After June 30, 2011	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	\$7.50	\$15	\$65	6
7	TAXES (Multiply line 5 by line 6 of Columns A, B, and C)			00	7
8.	TOTAL TAXES DUE. Add line 7, Columns A 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 Period (For Amended Return ONLY)	PENALTY			9
		INTEREST			
10.	TOTAL AMOUNT. Add lines 8 and 9.				10
11.	TOTAL PAYMENTS MADE FOR THE PERIOD. (For Amended Return ONLY)				11
12.	CREDIT TO BE REFUNDED. Line 11 minus line 10 (For Amended Return ONLY)				12
13.	ADDITIONAL TAXES DUE. Line 10 minus line 11 (For Amended Return ONLY)				13
14.	FOR LATE FILING ONLY →	PENALTY			14
		INTEREST			
15.	TOTAL AMOUNT DUE AND PAYABLE. (Original Returns, add lines 10 and 14; Amended Returns, add lines 13 and 14)				15
16.	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 RV-2. 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.				16

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