

STATE OF HAWAII — DEPARTMENT OF TAXATION
**TRANSIENT ACCOMMODATIONS TAX
ANNUAL RETURN & RECONCILIATION**

THIS SPACE FOR DATE RECEIVED STAMP

26



QCF141

Tax Year Ending

____/____/____
(MM/DD/YY)☐ Check this box if this is an AMENDED Return

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

NAME: _____

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

• ATTACH CHECK OR MONEY ORDER HERE •

| TAXATION DISTRICT | GROSS RENTAL OR GROSS RENTAL PROCEEDS (a) | EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) (b) | TAXABLE PROCEEDS (c) | RATE | TAXES (d) |
|---|---|---|----------------------|-------|-----------|
| PART I — For Periods ending BEFORE July 1, 2009 | | | | | |
| 1 OAHU | | | | .0725 | 1 |
| 2 MAUI, MOLOKAI, LANAI | | | | .0725 | 2 |
| 3 HAWAII | | | | .0725 | 3 |
| 4 KAUAI | | | | .0725 | 4 |
| PART II — For Periods beginning AFTER June 30, 2009 and ending BEFORE July 1, 2010 | | | | | |
| 5 OAHU | | | | .0825 | 5 |
| 6 MAUI, MOLOKAI, LANAI | | | | .0825 | 6 |
| 7 HAWAII | | | | .0825 | 7 |
| 8 KAUAI | | | | .0825 | 8 |
| PART III — For Periods beginning AFTER June 30, 2010 | | | | | |
| 9 OAHU | | | | .0925 | 9 |
| 10 MAUI, MOLOKAI, LANAI | | | | .0925 | 10 |
| 11 HAWAII | | | | .0925 | 11 |
| 12 KAUAI | | | | .0925 | 12 |
| PART IV — TIMESHARE OCCUPANCY TAX (To be completed by Plan Managers ONLY) | | | | | |
| 13. Enter the total taxes for Timeshare Occupancy from page 2, Part VI, line 30, here. | | | | | 13 |
| PART V — TOTAL ANNUAL RETURN AND RECONCILIATION | | | | | |
| 14. TOTAL TAXES DUE. Add column (d) of lines 1 through 13 and enter result here. If you did not have any activity for the year, enter "0.00" here | | | | | 14 |
| 15. Amounts Assessed during the year | | | | | 15 |
| 16. TOTAL AMOUNT. Add lines 14 and 15. | | | | | 16 |
| 17. TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR. | | | | | 17 |
| 18. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN (For Amended Return ONLY) | | | | | 18 |
| 19. NET PAYMENTS MADE. Line 17 minus line 18. | | | | | 19 |
| 20. CREDIT TO BE REFUNDED. Line 19 minus line 16 | | | | | 20 |
| 21. ADDITIONAL TAXES DUE. Line 16 minus line 19 | | | | | 21 |
| 22. FOR LATE FILING ONLY → | | | | | 22 |
| 23. TOTAL AMOUNT DUE AND PAYABLE (Add lines 21 and 22) | | | | | 23 |
| 24. 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 TA-2. Write "TA", 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 or file and pay electronically at tax.hawaii.gov/eservices/ . If you are NOT submitting a payment with this return, please enter "0.00" here. | | | | | 24 |
| 25. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED from back of form. | | | | | 25 |

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 | Tax Year Ending (MM/DD/YY) |
|------|------------------------|----------------------------|



QCF142

PART VI — TIMESHARE OCCUPANCY TAX*(To be completed by Plan Managers ONLY)*

| TAXATION DISTRICT | | TOTAL FAIR MARKET RENTAL VALUE (a) | RATE (b) | TAXES (c) | |
|-------------------|---|---------------------------------------|-------------|--------------|----|
| 26 | OAHU | | .0725 | | 26 |
| 27 | MAUI, MOLOKAI, LANAI | | .0725 | | 27 |
| 28 | HAWAII | | .0725 | | 28 |
| 29 | KAUAI | | .0725 | | 29 |
| 30 | Total Timeshare Occupancy Tax. Add column (c) of lines 26 thru 29. Enter here and on Part IV, line 13 | | | | 30 |

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-2 Instructions for further information about exemptions and deductions. *(NOTE: If additional space is needed, please attach schedule.)*

| AMOUNT | OAHU |
|--------|------|
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| | |
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| | |

| AMOUNT | MAUI, MOLOKAI, LANAI |
|--------|----------------------|
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| AMOUNT | HAWAII |
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| | |
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| AMOUNT | KAUAI |
|--------|-------|
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| | |

AMOUNT

| | | |
|--|--|--|
| | | GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 25, front page.) |
|--|--|--|

PART VIII — RECONCILIATION OF GROSS RENTAL OR GROSS RENTAL PROCEEDS

AMOUNT

| | | |
|--|--|--|
| | | 1. Gross rental or gross rental proceeds (Total of column (a), lines 1 through 12, from front page) LESS the gross rental proceeds attributable to transient accommodations furnished at no charge and reported on column (a), lines 9 through 12 on the front page. (Note: Does NOT include general excise taxes visibly passed on or transient accommodations taxes visibly passed on.) |
| | | 2. Total general excise taxes visibly passed on. |
| | | 3. Add lines 1 and 2. This amount is your gross proceeds from furnishing transient accommodations that are reportable on line 13, column c of your General Excise/Use Tax Annual Return & Reconciliation (Form G-49). |