

STATE OF HAWAII — DEPARTMENT OF TAXATION
**RENTAL MOTOR VEHICLE, TOUR VEHICLE, AND
 CAR-SHARING VEHICLE SURCHARGE TAX**
 ANNUAL RETURN & RECONCILIATION
 Tax Year Ending

THIS SPACE FOR DATE RECEIVED STAMP



MM / DD / YY

Check this box if this is an AMENDED Return

NAME: _____

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

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

• ATTACH CHECK OR MONEY ORDER HERE •

	COLUMN A Car-Sharing Vehicle Surcharge Tax — Enter the Number of Car-Sharing Vehicle Half-Hours After Dec. 31, 2014	COLUMN B Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days After June 30, 2012	COLUMN C Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers	COLUMN D 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 through 4 of Columns A through D)				5	
6	RATES	\$0.25	\$3	\$15	\$65	6
7	TAXES (Multiply line 5 by line 6 of Columns A through D)		00	00	00	7
8.	TOTAL TAXES DUE. Add line 7, Columns A through D and enter result here. If you did not have any activity for the period, enter "0.00" here.				8	
9.	Amounts Assessed during the year.				9	
		PENALTY				
		INTEREST				
10.	TOTAL AMOUNT. Add lines 8 and 9.				10	
11.	TOTAL TAXES PAID ON MONTHLY, QUARTERLY, OR SEMIANNUAL RETURNS FOR THE PERIOD (and the Annual Return if this is an Amended Return) LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR. RECONCILIATION ON PAGE 2 MUST BE COMPLETED.				11	
12.	Additional assessments paid for the tax year, if included on line 8.				12	
13.	PENALTIES \$ _____ INTEREST \$ _____ Paid.				13	
14.	TOTAL PAYMENTS MADE FOR THE TAX YEAR. (Add lines 11 thru 13)				14	
15.	CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY)				15	
16.	NET PAYMENTS MADE. Line 14 minus line 15.				16	
17.	CREDIT TO BE REFUNDED. Line 16 minus line 10				17	
18.	ADDITIONAL TAXES DUE. Line 10 minus line 16				18	
19.	FOR LATE FILING ONLY →				19	
		PENALTY				
		INTEREST				
20.	TOTAL AMOUNT DUE AND PAYABLE. (Add lines 18 and 19)				20	
21.	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-3. 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.				21	

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, Tour Vehicle, and Car-Sharing 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 _____

Name	Hawaii Tax I.D. Number	Tax Year Ending (MM/DD/YY)
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RCF142

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 \$ _____			