



**TRANSIENT ACCOMMODATIONS
TAX RETURN**
For periods beginning AFTER December 31, 2025

TA1_F 2025A.01 VID01

Place an "X" in this box ONLY if this is an AMENDED return

PERIOD ENDING

HAWAII TAX I.D. NO.

NAME: _____

Last 4 digits of your FEIN or SSN

	DISTRICT	Column a GROSS RENTAL OR GROSS RENTAL PROCEEDS	Column b EXEMPTIONS/DEDUCTIONS (Explain on Reverse Side)	Column c TAXABLE PROCEEDS (Column a minus Column b)	
PART I — TRANSIENT ACCOMMODATIONS TAX	1. OAHU				1
	2. MAUI, MOLOKAI, LANAI				2
	3. HAWAII				3
	4. KAUAI				4
					TOTAL FAIR MARKET RENTAL VALUE
PART II — TIMESHARE OCCUPANCY TAX	5. OAHU DISTRICT			5.	
	6. MAUI, MOLOKAI, LANAI DISTRICT			6.	
	7. HAWAII DISTRICT			7.	
	8. KAUAI DISTRICT			8.	
					TOTAL CRUISE FARE
PART III — CRUISE FARE OCCUPANCY TAX	9. OAHU DISTRICT			9.	
	10. MAUI, MOLOKAI, LANAI DISTRICT			10.	
	11. HAWAII DISTRICT			11.	
	12. KAUAI DISTRICT			12.	
PART IV — TAX COMPUTATION	13. TOTAL AMOUNT TAXABLE. Add Column c of lines 1 through 4 and lines 5 through 12. Enter result here (but not less than zero).....				13.
	14. Tax Rate			14.	x0.11
	15. TOTAL TAXES DUE. Multiply line 13 by line 14 and enter the result here. If you did not have any activity for the period, enter "0.00" here				15.

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the Transient Accommodations Tax Laws, 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
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Continued on page 2 — Parts VI *MUST* be completed

(REV. 2025)

Name: _____



Hawaii Tax I.D. No.

TA1_F 2025A 02 VID01

Last 4 digits of your FEIN or SSN

PERIOD ENDING (MM YY)

PART V—ADJUSTMENTS

- | | | | |
|------------|--|----------|------------|
| 16. | Amounts Assessed During the Period... | PENALTY | |
| | (For Amended Return ONLY) | INTEREST | 16. |
| 17. | TOTAL AMOUNT. Add lines 15 and 16. (For Amended Return ONLY) | | 17. |
| 18. | TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY) | | 18. |
| 19. | CREDIT TO BE REFUNDED. Line 18 minus line 17 (For Amended Return ONLY) | | 19. |
| 20. | ADDITIONAL TAXES DUE. Line 17 minus line 18 (For Amended Return ONLY) | | 20. |

PART VI — TOTAL AMOUNT DUE

- | | | | | |
|------------|--|---|----------|------------|
| 21. | FOR LATE FILING ONLY | ➔ | PENALTY | 21. |
| | | | INTEREST | 21. |
| 22. | TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 15 and 21;
Amended Returns, add lines 20 and 21) | | | 22. |
| 23. | 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-1. Write "TA," the filing period, and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. Box 1425, HONOLULU, HI 96806-1425 or file and pay electronically at hitax.hawaii.gov . If you are NOT submitting a payment with this return, please enter "0.00" here. | | | 23. |

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your transient accommodations tax return. For more information, see the Form TA-1 Instructions.

You must explain your exemptions and deductions, otherwise they will be disallowed and you will owe more taxes.

DISTRICT / ED CODE **AMOUNT** DISTRICT / ED CODE **AMOUNT** DISTRICT / ED CODE **AMOUNT**

Grand Total of Exemptions and Deductions — Add the amounts above in Part VII and enter here. If more space is needed, attach a schedule. Include the total deductions claimed from any attachments in this total. (See Instructions)

Description (HRS)	ED Code	Description (HRS)	ED Code	Description (HRS)	ED Code
Complimentary Accommodations (§237D-3(7))	100	Nonprofit Organization, Lodging provided by a		Temporary Lodging Allowance for military	
Diplomats and Consular Officials (§237D-3(8)).....	110	(§237D-3(3)).....	140	(§237D-3(4)).....	180
Federal or state subsidized lodging		School Dormitories (§237D-3(2)).....	150	Working Fringe Benefit (§237D-3(7)).....	190
(§237D-3(5)).....	120	Students —			
Health care facilities defined in HRS §321-11(10)		Full-time Post-secondary (§237D-3(6)).....	160		
(§237D-3(1)).....	130	Summer Employment (§237D-3(6)).....	170		