26

TRANSIENT ACCOMMODATIONS TAX **ANNUAL RETURN & RECONCILIATION**

For Tax Years Ending After December 31, 2017

ID NO 01

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

TAX YEAR ENDING

HAWAII TAX I.D. NO.

NAME:

Last 4 digits of your FEIN or SSN

					0,				
ENT TAX		DISTRICT	Column a GROSS RENTAL OR GROSS RENTAL PROCEEDS	Column EXEMPTIONS/DE (Explain on Reve	DUCTIONS	Column c TAXABLE PROCEEDS (Column a minus Column b)			
PART I — TRANSIENT ACCOMMODATIONS TAX	1.	OAHU					1		
	2.	MAUI, MOLOKAI, LANAI					2		
PART	3.	HAWAII					3		
	4.	KAUAI					4		
ш					TOTAL FAIR MARKET RENTAL VALUE				
PART II — TIMESHARE OCCUPANCY TAX	5.	OAHU DISTRICT		5.					
- TIME	6.	MAUI, MOLOKAI LAN	AI DISTRICT		6.				
ART II-	7.	HAWAII DISTRICT		7.					
A A	8.	KAUAI DISTRICT			8.				
XZ	9.	9. TOTAL AMOUNT TAXABLE. Add Column c of lines 1 thru 4 and lines 5 thru 8.							
PART III — TAX COMPUTATION	10	(not less than zero)		×0 1005				
	10. 11.	Tax Rate	JE. Multiply Line 9 by Line 10 and en	10. ou did	x0.1025				
PAF	••••		for the year, enter "0.00" here						
JUSTMENTS & RECONCIL	12.	Amounts assessed du	PENALTY ring the year INTEREST		12.				
	13.	TOTAL AMOUNT	Add lines 11 and 12	13.					
	14.	TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR							
	15.	CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN (For Amended Return ONLY) 15.							
	16.	S. NET PAYMENTS MADE. Line 14 minus line 15							
ART	17. 18.								
	-	RATION - I declare, un examined by me and, to	der the penalties set forth in section 231-36 the best of my knowledge and belief, is a tr ons Tax Laws, and the rules issued thereund	6, HRS, that this return (inc	cluding any accompa	anying schedules or statements) has been d faith for the tax period stated, pursuant to	the		
		IN THE CASE OF A CORPO	DRATION OR PARTNERSHIP, THIS RETURN MUS	ST BE SIGNED BY AN OFFIC	ER, PARTNER OR MEN	IBER, OR DULY AUTHORIZED AGENT.			
		SIGNATURE	TITLE		DATE	DAYTIME PHONE NUMBER	R		



FORM TA-2 (Rev. 2018)	Name:								
	Hawaii Tax I.D. No.								
	Last 4 digits of your FE	IN or SSN	٦	TAX YEAR ENDING					
¹⁹ 19. FO	R LATE	PENALTY							
FIL		INTEREST		19.					
PLO1 PLEA payab Form r on you HONC	 TOTAL AMOUNT DUE AND PAYABLE. Add lines 18 and 19								
	y business expenses are NOT DED		EXEMPTIONS/DED supplies, etc.) on your transier		. For more information, see				
he Form TA-2 Inst You must ex	ructions. xplain your exemptions and deducti	ons, otherwise they will be	disallowed and you will owe	more taxes.					
DISTRICT / ED CODE	E AMOUNT	DISTRICT / ED CODE	AMOUNT	DISTRICT / ED CODE	AMOUNT				
Additional Instru- For each exemption 1. For the " 1 = Oahu 2. For the F	Exemptions and Deductions – clude the total deductions claimed from uctions for Exemptions/Deductions you have claimed, ent 'DISTRICT'' column, enter the nun u; 2 = Maui; 3 = Hawaii; and 4 = K ED Code please see the list of codes uur total amount of the exemption/d Taxpayer A received gross renta	any attachments in this total. (ctions (ED) ter: nber that represents the Tax auai s below and enter the corres eduction claimed for that Di	See Instructions) District from which the incor ponding Exemption/Deductio strict and ED Code.	ne was earned. on code.	ui. Taxpayer A				
	enters the following to justify th	e deduction entered in Part							
Diplomats and Consul Federal or state subs (§237D-3(5)) Health care facilities	nmodations (§237D-3(7))100 lar Officials (§237D-3(8))110	School Dormitories (§23 Students — Full-time Post-second	ED Code	Description (HRS) Temporary Lodging Allow (§237D-3(4)) Working Fringe Benefit (§					

- Gross rental or gross rental proceeds Total of Part I, column (a), lines 1 through 4. (Note: Does NOT includ 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).