

**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form RV-2 (Rev. 2019)**

Contact Information for General Questions

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

**Contact Information for Mailing
Test Packages and Testing Inquiries**

Hawaii Department of Taxation
Attn: Document Processing — Quality
Assurance Test Team
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

FORM RV-2 (Rev. 2019)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form RV-2. Form RV-2 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form RV-2 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms MUST meet the requirements as established in this document and our Forms Reproduction Policy, and be approved prior to release or distribution.

GENERAL INFORMATION

1. Substitute Form

- We highly recommend you use the Department's official Form RV-2 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

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. Fonts

- The form was designed using the following fonts:
 1. Helvetica
 2. Times New Roman
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
 1. Form RV-2: 10 pt Helvetica bold
 2. Rev. 2019: 8 pt Helvetica
- The following font and size should be used for the form number and revision year located at the bottom right corner of the form:
 1. Form RV-2 (Rev. 2019): 8 pt Helvetica

4. Variable Data

- All variable data fields must utilize 12 pt Courier Font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox. See exhibit for exact placement. The use of a checkmark is not acceptable.

5. Variable Data Delimiters

- Period Ending must be printed with a dash (-) delimiter. For example:

MM-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the tax year ending).

- Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

123-456-7890-01

(3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

Note: The Taxpayer's Hawaii I.D. Number begins with "RV." The RV should be hardcoded on the form. If the "RV" is not hardcoded on the form, the RV must be included in the variable data field.

6. Dollar Amounts

999999999999.99

- Do not use commas as thousand separators.
- Do not use leading signs.
- Amounts are right justified.
- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents if the amount is a whole dollar value.

7. Testing and Approval of the Scannable Form

- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).

General Information and Scannable Specifications

- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- 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.

SCANNABLE SPECIFICATIONS**1. Hawaii Vendor I.D. Number**

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label (see exhibit for exact placement). The 2-digit Hawaii Vendor I.D. Number should begin at column 45, row 64.

2. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (see exhibit for exact placement): The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 9.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code is
RV2_T 2019A 01 VIDXX

The QR code includes the form number (RV2), an underscore, type of form (T), space, 4-digit form year (2019), 1-letter revision indicator (A), space, 2-digit

page number (01) or (02), and vendor ID number. There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of each page at column 6, row 64, utilizing 6 pt Helvetica font.
 - Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.
 - DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.
- 3. Acetate Overlays**
- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
 - Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Form Reproduction Program and who will be reproducing Form RV-2. If you did not receive the acetate overlays, please contact the Forms Coordinator.

Place
QR Code
Here

For periods beginning **AFTER** June 30, 2019

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

PERIOD ENDING 12 - 19 (MM-YY) HAWAII TAX I.D. NO. RV 123 - 456 - 7890 - 01

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXX Last 4 digits of your FEIN or SSN 1234

ATTACH CHECK OR MONEY ORDER HERE.

	COLUMN A Car-Sharing Vehicle Surcharge Tax — Enter the Number of Car-Sharing Vehicle Half-Hours	COLUMN B Rental Motor Vehicle Surcharge Tax — Enter the Number of Motor Vehicle Days	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	999999999999	999999999999	999999999999	999999999999	1
2 MAUI DISTRICT	999999999999	999999999999	999999999999	999999999999	2
3 HAWAII DISTRICT	999999999999	999999999999	999999999999	999999999999	3
4 KAUAI DISTRICT	999999999999	999999999999	999999999999	999999999999	4
5 TOTALS (Add lines 1 through 4 of Columns A through D)	999999999999	999999999999	999999999999	999999999999	5
6 RATES	\$0.25	\$5	\$16	\$66	6
7 TAXES (Multiply line 5 by line 6 of Columns A through D)	999999999.99	999999999.00	999999999.00	999999999.00	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.				999999999.99	8
9. Amounts Assessed During the Period (For Amended Return ONLY)	PENALTY		999999999.99		
	INTEREST		999999999.99	999999999.99	9
10. TOTAL AMOUNT. Add lines 8 and 9.				999999999.99	10
11. TOTAL PAYMENTS MADE FOR THE PERIOD. (For Amended Return ONLY)				999999999.99	11
12. CREDIT TO BE REFUNDED. Line 11 minus line 10 (For Amended Return ONLY)				999999999.99	12
13. ADDITIONAL TAXES DUE. Line 10 minus line 11 (For Amended Return ONLY)				999999999.99	13
14. FOR LATE FILING ONLY →	PENALTY		999999999.99		
	INTEREST		999999999.99	999999999.99	14
15. TOTAL AMOUNT DUE AND PAYABLE. (Original Returns, add lines 10 and 14; Amended Returns, add lines 13 and 14)				999999999.99	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.				999999999.99	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, 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 _____ TITLEXXXXXXXXXXXXX 12-12-19 (999) 999-9999
SIGNATURE TITLE DATE DAYTIME PHONE NUMBER

STATE OF HAWAII — DEPARTMENT OF TAXATION
**RENTAL MOTOR VEHICLE, TOUR VEHICLE, AND
CAR-SHARING VEHICLE SURCHARGE TAX**

DO NOT WRITE IN THIS AREA

Place
QR Code
Here

For periods beginning **AFTER** June 30, 2019

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

PERIOD ENDING 12 - 19 (MM-YY) HAWAII TAX I.D. NO. RV 123 - 456 - 7890 - 01

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXX Last 4 digits of your FEIN or SSN 1234

• ATTACH CHECK OR MONEY ORDER HERE •

	COLUMN A Car-Sharing Vehicle Surcharge Tax — Enter the Number of Car-Sharing Vehicle Half-Hours	COLUMN B Rental Motor Vehicle Surcharge Tax — Enter the Number of Motor Vehicle Days	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	999999999999	999999999999	999999999999	999999999999	1
2	MAUI DISTRICT	999999999999	999999999999	999999999999	999999999999	2
3	HAWAII DISTRICT	999999999999	999999999999	999999999999	999999999999	3
4	KAUAI DISTRICT	999999999999	999999999999	999999999999	999999999999	4
5	TOTALS (Add lines 1 through 4 of Columns A through D)	999999999999	999999999999	999999999999	999999999999	5
6	RATES	\$0.25	\$5	\$16	\$66	6
7	TAXES (Multiply line 5 by line 6 of Columns A through D)	999999999.99	999999999.00	999999999.00	999999999.00	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.				999999999.99	8
9.	Amounts Assessed During the Period (For Amended Return ONLY)		PENALTY	999999999.99	999999999.99	9
			INTEREST	999999999.99		
10.	TOTAL AMOUNT. Add lines 8 and 9.				999999999.99	10
11.	TOTAL PAYMENTS MADE FOR THE PERIOD. (For Amended Return ONLY)				999999999.99	11
12.	CREDIT TO BE REFUNDED. Line 11 minus line 10 (For Amended Return ONLY)				999999999.99	12
13.	ADDITIONAL TAXES DUE. Line 10 minus line 11 (For Amended Return ONLY)				999999999.99	13
14.	FOR LATE FILING ONLY →		PENALTY	999999999.99	999999999.99	14
			INTEREST	999999999.99		
15.	TOTAL AMOUNT DUE AND PAYABLE. (Original Returns, add lines 10 and 14; Amended Returns, add lines 13 and 14)				999999999.99	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.				999999999.99	16

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SIGNATURE _____ TITLEXXXXXXXXXXXXX 12-12-19 (999) 999-9999
SIGNATURE TITLE DATE DAYTIME PHONE NUMBER

Human Readable text here

ID NO XX