

COUNTY OF HAWAII — DEPARTMENT OF FINANCE
**TRANSIENT ACCOMMODATIONS
TAX REFUND REQUEST VOUCHER**



PURPOSE OF VOUCHER

Effective January 1, 2022, the County of Hawai'i imposes a Hawai'i County Transient Accommodations Tax (HCTAT) at the rate of 3% on gross rental proceeds and/or fair market rental value attributable to the County of Hawai'i. Use this form to request your refund.

COMPLETING THE VOUCHER

Print the name that is associated with your Hawai'i State Tax ID account.

Fill in the period for the refund. Enter the date as MM/DD/YY.

Enter your **Hawai'i State Tax I.D. No.** that starts with **TA**, the 10-digit account number and the 2-digit extension.

Enter your mailing address in the space provided (street address, City, State, and zip code).

Enter your telephone number starting with the area code.

Enter your email address (please print legibly).

Line 1. Enter the amount of refund requested.

Line 2. Select reason for refund. **If selection is "other" please provide reason in space provided.**

*Please attach supporting documentation which may include: HCTAT-RV, Filed State TA-1/TA-2, payment receipts, or other documentation. Processing of refunds may be delayed or denied if adequate documentation is not included.

Name (Please print): _____ Period Ending: ____ / ____ / ____

Hawai'i State Tax I.D. Number: **TA** - ____ - ____ - ____ - ____ - ____

Mailing Address: _____
STREET UNIT TYPE/NO. CITY STATE ZIP CODE COUNTRY

Phone number: () _____ Email address: _____

Line 1. Refund requested	\$
Line 2. Reason for refund (check reason for request): ☐ Annual Reconciliation (attach completed HCTAT-RV) ☐ Duplicate Payment (attach proof of duplicate payment) ☐ Wrong County (attach filed State form TA-1 or TA-2) ☐ Overpayment of Periodic Tax (attach filed State form TA-1) ☐ Other:	

Signature: _____

Date: _____

By signing this form, I attest under penalty of perjury that the above information is true and correct.