



GENERAL EXCISE/USE
ANNUAL RETURN &
RECONCILIATION

GCF151

Fill in this oval ONLY if this is an AMENDED return

TAX YEAR ENDING

NAME:

HAWAII TAX I.D. NO. **W**

Last 4 digits of your FEIN or SSN

BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)
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PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

- 1. Wholesaling
- 2. Manufacturing
- 3. Producing
- 4. Wholesale Services
- 5. Landed Value of Imports For Resale
- 6. Business Activities of Disabled Persons

7. **Sum of Part I, Column c** (Taxable Income) — Enter the result here and on Page 2, line 21, Column (a)

PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

- 8. Retailing
- 9. Services Including Professional
- 10. Contracting
- 11. Theater, Amusement and Broadcasting
- 12. Commissions
- 13. Transient Accommodations Rentals
- 14. Other Rentals
- 15. Interest and All Others
- 16. Landed Value of Imports For Consumption

17. **Sum of Part II, Column c** (Taxable Income) — Enter the result here and on Page 2, line 22, Column (a)

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 General Excise and Use 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 V & VI **MUST** be completed



GCF152

Name:

Hawaii Tax I.D. No. W

Tax Year Ending

Last 4 digits of your FEIN or SSN

BUSINESS ACTIVITIES

Column a
VALUES, GROSS PROCEEDS OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)

Column c
TAXABLE INCOME (Column a minus Column b)

PART III - INSURANCE COMMISSIONS @ .15% (.0015)

18. Insurance Commissions

Enter this amount on line 23, Column (a)

PART IV - CITY & COUNTY OF HONOLULU SURCHARGE TAX @ 1/2 OF 1% (.005)

19. Oahu Surcharge

Enter this amount on line 24, Column (a)

PART V - SCHEDULE OF ASSIGNMENT OF TAXES BY DISTRICT (ALL taxpayers MUST complete this Part and may be subject to a 10% penalty for noncompliance.) See Instructions. DARKEN the oval of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, darken the oval "MULTI" and attach Form G-75.

20. Oahu Maui Hawaii Kauai MULTI

PART VI - TOTAL RETURN AND RECONCILIATION

Table with columns: TAXABLE INCOME (Column a), TAX RATE (Column b), TOTAL TAX (Column c = Column (a) X Column (b)). Rows 21-24 for various tax amounts.

25. TOTAL TAXES DUE. Add column (c) of lines 21 through 24 and enter result here. If you did not have any activity for the period, enter "0.00" here

26. Amounts Assessed on Periodic Returns. PENALTY \$ INTEREST \$

27. TOTAL AMOUNT. Add lines 25 and 26

28. TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR

29. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY)

30. NET PAYMENTS MADE. Line 28 minus line 29

31. CREDIT TO BE REFUNDED. Line 30 minus line 27

32. ADDITIONAL TAXES DUE. Line 27 minus line 30

33. FOR LATE FILING ONLY -> PENALTY \$ INTEREST \$

34. TOTAL AMOUNT DUE AND PAYABLE (Add lines 32 and 33)

35. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order.

Mail your check or money order payable to "Hawaii State Tax Collector" in U.S. dollars and a completed Form VP-1 to: Hawaii Department of Taxation, P.O. Box 1730, Honolulu, HI 96806-1730

Mail Form G-49 with the required forms and attachments (Schedule GE and Form G-75 if applicable) to: Hawaii Department of Taxation, P.O. Box 1425, Honolulu, HI 96806-1425

If you are NOT submitting a payment with this return, please enter "0.00" here.

36. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.