



GENERAL EXCISE/USE
ANNUAL RETURN &
RECONCILIATION

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

TAX YEAR ENDING

HAWAII TAX I.D. NO.

Last 4 digits of your FEIN or SSN

ID NO 99

NAME: _____

	Column a	Column b	Column c
BUSINESS ACTIVITIES	VALUES, GROSS PROCEEDS OR GROSS INCOME	EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	TAXABLE INCOME (Column a minus Column b)

PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

- 1. Wholesaling 1
- 2. Manufacturing 2
- 3. Producing 3
- 4. Wholesale Services 4
- 5. Landed Value of Imports for Resale 5
- 6. Business Activities of Disabled Persons 6
- 7. **Sum of Part I, Column c** (Taxable Income) — Enter the result here and on page 2, line 24, Column c 7

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

- 8. Retailing 8
- 9. Services Including Professional 9
- 10. Contracting 10
- 11. Theater, Amusement and Broadcasting 11
- 12. Commissions 12
- 13. Transient Accommodations Rentals 13
- 14. Other Rentals 14
- 15. Interest and All Others 15
- 16. Landed Value of Imports for Consumption 16
- 17. **Sum of Part II, Column c** (Taxable Income) — Enter the result here and on page 2, line 25, Column c 17

• ATTACH CHECK OR MONEY ORDER HERE •

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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FORM G-49

(Rev. 2018)
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Name: _____

ID NO 99



Hawaii Tax I.D. No.

(mm/dd/yy)

Last 4 digits of your FEIN or SSN

TAX YEAR ENDING

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)

Enter this amount on line 26, Column c

18. Insurance Commissions

18

PART IV - COUNTY SURCHARGE — Enter the amounts from Part II, line 17, Column c attributable to each county. Multiply Column c by the applicable county rate(s) and enter the total of the result(s) on Part VI, line 27, Column e.

19. Oahu (rate = .005)

19

20. Maui

20

21. Hawaii (rate = .0025)

21

22. Kauai (rate = .005)

22

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.)

Place an X in the box of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, place an X in the box for "MULTI" and attach Form G-75.

23. Oahu Maui Hawaii Kauai MULTI 23

PART VI - TOTAL RETURN AND RECONCILIATION

TAXABLE INCOME Column c

TAX RATE Column d

TOTAL TAX Column e = Column c X Column d

24. Enter the amount from Part I, line 7 x .005 24.

25. Enter the amount from Part II, line 17 x .04 25.

26. Enter the amount from Part III line 18, Column c..... x .0015 26.

27. COUNTY SURCHARGE TAX. See Instructions for Part IV. Multi district complete Form G-75 27.

28. TOTAL TAXES DUE. Add column e of lines 24 through 27 and enter result here (but not less than zero). If you did not have any activity for the period, enter "0.00" here 28.

29. Amounts Assessed During the Period..... PENALTY \$ _____ INTEREST \$ _____ 29.

30. TOTAL AMOUNT. Add lines 28 and 29..... 30.

31. TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR 31.

32. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY) 32.

33. NET PAYMENTS MADE. Line 31 minus line 32 33.

34. CREDIT TO BE REFUNDED. Line 33 minus line 30 34.

35. ADDITIONAL TAXES DUE. Line 30 minus line 33..... 35.

36. FOR LATE FILING ONLY -> PENALTY \$ _____ INTEREST \$ _____ 36.

37. TOTAL AMOUNT DUE AND PAYABLE (Add lines 35 and 36)..... 37.

38. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. If you are NOT submitting a payment with this return, please enter "0.00" here. 38.

39. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed. 39.