



GENERAL EXCISE/USE
TAX RETURN

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

PERIOD ENDING

HAWAII TAX I.D. NO. **GE**

Last 4 digits of your FEIN or SSN

NAME: _____

ID NO 99

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 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

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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• ATTACH CHECK OR MONEY ORDER HERE •

Name
Hawaii Tax I.D. No.
Last 4 digits of your FEIN or SSN
PERIOD 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)
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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 = .005) 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
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PART VI - TOTAL PERIODIC RETURN

	TAXABLE INCOME Column c	TAX RATE Column d	TOTAL TAX Column e = Column c X Column d
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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 \$ _____		29.
(For Amended Return Only)	INTEREST \$ _____		

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

31. **TOTAL PAYMENTS MADE FOR THE PERIOD** (For Amended Return ONLY)..... **31.**

32. **CREDIT TO BE REFUNDED.** Line 31 minus line 30 (For Amended Return ONLY) **32.**

33. **ADDITIONAL TAXES DUE.** Line 30 minus line 31 (For Amended Return ONLY) **33.**

34. FOR LATE FILING ONLY →	PENALTY \$ _____		34.
	INTEREST \$ _____		

35. **TOTAL AMOUNT DUE AND PAYABLE** (Original Returns, add lines 30 and 34;
Amended Returns, add lines 33 and 34)..... **35.**

36. **PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.** Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. BOX 1425, HONOLULU, HI 96806-1425 or file and pay electronically at hitax.hawaii.gov.
If you are NOT submitting a payment with this return, please enter "0.00" here. **36.**

37. **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.** (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed..... **37.**