



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:

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 21, Column (a)			=====	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 22, Column (a)			=====	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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Continued on page 2 — Parts V & VI **MUST** be completed

Name: _____



Hawaii Tax I.D. No. **GE**

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)
PART III - INSURANCE COMMISSIONS @ .15% (.0015)			
18. Insurance Commissions	_____	_____	_____
			18
			Enter this amount on line 23, Column (a)

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

19. Oahu Surcharge _____

19

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, place an X in the "MULTI" box and attach Form G-75.

20.	Oahu	Maui	Hawaii	Kauai	MULTI	20
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PART VI - TOTAL PERIODIC RETURN	TAXABLE INCOME Column (a)	TAX RATE Column (b)	TOTAL TAX Column (c) = Column (a) X Column (b)
21. Enter the amount from Part I, line 7	_____	x .005	21. _____
22. Enter the amount from Part II, line 17	_____	x .04	22. _____
23. Enter the amount from Part III line 18, Column c.....	_____	x .0015	23. _____
24. Enter the amount from Part IV, line 19, Column c.....	_____	x .005	24. _____
25. TOTAL TAXES DUE. Add column (c) of lines 21 through 24 and enter result here (but not less than zero). If you did not have any activity for the period, enter "0.00" here			25. _____
26. Amounts Assessed During the Period..... (For Amended Return ONLY)	PENALTY \$ _____		26. _____
	INTEREST \$ _____		26. _____
27. TOTAL AMOUNT. Add lines 25 and 26.....			27. _____
28. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY).....			28. _____
29. CREDIT TO BE REFUNDED. Line 28 minus line 27 (For Amended Return ONLY)			29. _____
30. ADDITIONAL TAXES DUE. Line 27 minus line 28 (For Amended Return ONLY)			30. _____
31. FOR LATE FILING ONLY →	PENALTY \$ _____		31. _____
	INTEREST \$ _____		31. _____
32. TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 27 and 31; Amended Returns, add lines 30 and 31).....			32. _____
33. 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			33. _____
	Mail Form G-45 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		
34. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.....			34. _____