FORM
M-22
(REV. 7/2016)

STATE OF HAWAII—DEPARTMENT OF TAXATION

QUARTERLY TAX RETURN FOR ADDITIONAL FUEL TAXES DUE

TO BE FILED BY END USER

THIS SPACE FOR DATE RECEIVED STAMP

FCT16B1

• PRINT OR TYPE •	Name	Federal Employer I.D. No or Social Security No.
	DBA or C/O	Hawaii Tax I.D. No. W __ __ __ __ __ __ __ __ - __ __
	Address (Number and Street)	Period Beginning ___ ___ / ___ ___ (MM/YY)
	City or Town, State, and Postal/ZIP Code. If foreign address, see Instructions.	Period Ending ___ ___ / ___ ___ (MM/YY)

NOTE: This return with payment must be submitted to the Department of Taxation on or before the 20th day of the month following the close of the filing period.

TYPES OF LIQUID FUEL	(a) CITY & COUNTY OF HONOLULU	(b) COUNTY OF MAUI	(c) COUNTY OF HAWAII	(d) COUNTY OF KAUAI	(e) TOTAL TAXES DUE (add cols. a thru d)	
PART I — DIESEL OIL						
1. (a) Gallons purchased where only 1¢ tax previously paid						
(b) Tax Rate	31.5¢	33¢[a]/38¢[b]	23.8¢	32¢		
(c) Additional Tax Due. Multiply line 1(a) by 1(b) of cols. a thru d					1c	
2. (a) Gallons purchased where NO tax was previously paid						
(b) Tax Rate	32.5¢	34¢[a]/39¢[b]	24.8¢	33¢		
(c) Additional Tax Due. Multiply line 2(a) by 2(b) of cols. a thru d					2c	
3. TOTAL DIESEL OIL TAX DUE — Add column (e), lines 1(c) and 2(c)					3	
PART II — ALTERNATIVE FUEL						
4. (a) Type/Gallons purchased where NO tax was previously paid						
(b) Tax Rate (see instructions)						
(c) Additional Tax Due. Multiply line 4(a) by 4(b) of cols. a thru d					4c	
PART III — NAPHTHA						
5. (a) Gallons purchased where only 2¢ tax previously paid						
(b) Tax Rate	30.5¢	32¢[a]/37¢[b]	22.8¢	31¢		
(c) Additional Tax Due. Multiply line 5(a) by 5(b) of cols. a thru d					5c	
6. (a) Gallons purchased where NO tax was previously paid						
(b) Tax Rate	32.5¢	34¢[a]/39¢[b]	24.8¢	33¢		
(c) Additional Tax Due. Multiply line 6(a) by 6(b) of cols. a thru d					6c	
7. TOTAL NAPHTHA TAX DUE — Add column (e), lines 5(c) and 6(c)					7	
8. TOTAL TAXES NOW DUE & PAYABLE — Add column (e), lines 3, 4(c), and 7, enter the total here. Include a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars with this form. Write "fuel", the period ending date, your FEIN or SSN, and daytime phone number on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. BOX 259, HONOLULU, HI 96806-0259.					8●	

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[a]-Tax rate for fuel used prior to July 1, 2016

[b]-Tax rate for fuel used on or after July 1, 2016 pursuant to Maui County Resolution No. 16-79

Name	FEIN or SSN	Period Ending (MM/YY)
		___ ___ / ___ ___ (MM/YY)

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PART IV — SUMMARY OF GALLONS IN THE COUNTY OF MAUI

TYPES OF LIQUID FUEL	(a) ISLAND OF LANAI	(b) ISLAND OF MOLOKAI	(c) ISLAND OF MAUI	(d) TOTAL GALS. FOR COUNTY OF MAUI (Add cols. a to c)	
9. Diesel Oil				9	
10. Alternative Fuel				10	
11. Naphtha				11	

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this is a true, correct, and complete return, prepared in accordance with the provisions of chapter 243, HRS, the Fuel Tax Law, and chapter 18-243, HAR.

Signature	Type or Print Name and Title	Date	(____) Daytime Phone Number