



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	<b>Column a</b> VALUES, GROSS PROCEEDS OR GROSS INCOME	<b>Column b</b> EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	<b>Column c</b> 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 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

PERIOD ENDING

Hawaii Tax I.D. No.

Last 4 digits of your FEIN or SSN

Name:



BUSINESS ACTIVITIES	<b>Column a</b> VALUES, GROSS PROCEEDS OR GROSS INCOME	<b>Column b</b> EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	<b>Column c</b> TAXABLE INCOME (Column a minus Column b)
<b>PART III - INSURANCE COMMISSIONS @ .15% (.0015)</b>			
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
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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. <b>TOTAL TAXES DUE.</b> 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 \$ _____ INTEREST \$ _____		26.
27. <b>TOTAL AMOUNT.</b> Add lines 25 and 26.....			27.
28. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY).....			28.
29. <b>CREDIT TO BE REFUNDED.</b> Line 28 minus line 27 (For Amended Return ONLY) .....			29.
30. <b>ADDITIONAL TAXES DUE.</b> Line 27 minus line 28 (For Amended Return ONLY) .....			30.
31. <b>FOR LATE FILING ONLY</b> →	PENALTY \$ _____ INTEREST \$ _____		31.
32. <b>TOTAL AMOUNT DUE AND PAYABLE</b> (Original Returns, add lines 27 and 31; Amended Returns, add lines 30 and 31).....			32.
33. <b>PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.</b> 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-1G to: Hawaii Department of Taxation, P.O. Box 1730, Honolulu, HI 96806-1730	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		33.
If you are NOT submitting a payment with this return, please enter "0.00" here.....			33.
34. <b>GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.</b> (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.....			34.

**GENERAL EXCISE/USE  
TAX PAYMENT VOUCHER  
GENERAL INSTRUCTIONS**

**CHANGES YOU SHOULD NOTE**

The mailing address for the general excise/use tax payments has changed. Mail only the general excise/use tax payments to **P.O. Box 1730, Honolulu, HI 96806-1730**.

**PURPOSE OF FORM**

Use this form if you are submitting a payment to the Department of Taxation for your general excise/use tax. Using Form VP-1G allows us to process your payment accurately and efficiently.

**WHERE TO FILE**

Make your check or money order payable in U.S. dollars to the **“Hawaii State Tax Collector”**. **Do not send cash.** Detach Form VP-1G along the dotted line and mail Form VP-1G with your payment to the mailing address below.

**GENERAL EXCISE/USE TAX  
HAWAII DEPARTMENT OF TAXATION  
P.O. BOX 1730  
HONOLULU, HI 96806-1730**

✂ — — — — — DETACH HERE — — — — — ✂

Form (Rev. 2015)

**VP-1G**



XGF151

**STATE OF HAWAII  
DEPARTMENT OF TAXATION  
GENERAL EXCISE/USE  
TAX PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

**DO NOT SUBMIT A PHOTOCOPY  
OF THIS FORM**

Name

PERIOD ENDING

Last 4 Digits of Your FEIN or SSN

TAX YEAR ENDING

Hawaii Tax I.D. Number

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO “HAWAII STATE TAX COLLECTOR” Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order. **Mail this voucher with payment to:**

Hawaii Department of Taxation  
P.O. Box 1730  
Honolulu, HI 96806-1730

Amount of Payment