



**GENERAL EXCISE/USE
TAX RETURN**

Fill in this oval 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 @ ½ OF 1% (.005)				
1. Wholesaling	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	1
2. Manufacturing	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	2
3. Producing	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	3
4. Wholesale Services	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	4
5. Landed Value of Imports for Resale	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	5
6. Business Activities of Disabled Persons	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	6
7. Sum of Part I, Column c (Taxable Income) — Enter the result here and on page 2, line 21, Column (a)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	7
PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)				
8. Retailing	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	8
9. Services Including Professional	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	9
10. Contracting	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	10
11. Theater, Amusement and Broadcasting	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	11
12. Commissions	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	12
13. Transient Accommodations Rentals	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	13
14. Other Rentals	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	14
15. Interest and All Others	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	15
16. Landed Value of Imports for Consumption	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	16
17. Sum of Part II, Column c (Taxable Income) — Enter the result here and on page 2, line 22, Column (a)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> .00	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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
	Enter this amount on line 23, Column (a)		

PART IV - CITY & COUNTY OF HONOLULU SURCHARGE TAX @ 1/2 OF 1% (.005)			
19. Oahu Surcharge	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
	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, darken the oval "MULTI" and attach Form G-75.

20. Oahu Maui Hawaii Kauai MULTI 20

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	x .005	21. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Enter the amount from Part II, line 17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	x .04	22. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Enter the amount from Part III line 18, Column c.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	x .0015	23. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Enter the amount from Part IV, line 19, Column c.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	x .005	24. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Amounts Assessed During the Period..... (For Amended Return ONLY)	PENALTY \$ _____		26. _____
	INTEREST \$ _____		_____
27. TOTAL AMOUNT. Add lines 25 and 26.....			27. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY).....			28. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. CREDIT TO BE REFUNDED. Line 28 minus line 27 (For Amended Return ONLY)			29. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
30. ADDITIONAL TAXES DUE. Line 27 minus line 28 (For Amended Return ONLY)			30. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
31. FOR LATE FILING ONLY →	PENALTY \$ _____		31. _____
	INTEREST \$ _____		_____
32. TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 27 and 31; Amended Returns, add lines 30 and 31).....			32. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00