



**GENERAL EXCISE/USE
ANNUAL RETURN &
RECONCILIATION**

Fill in this oval ONLY if this is an AMENDED return

TAX YEAR ENDING / / (mm/dd/yy) 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"/> <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	<input type="checkbox"/> Neg 1
2. Manufacturing	<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	<input type="checkbox"/> Neg 2
3. Producing	<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	<input type="checkbox"/> Neg 3
4. Wholesale Services	<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	<input type="checkbox"/> Neg 4
5. Landed Value of Imports for Resale	<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	<input type="checkbox"/> Neg 5
6. Business Activities of Disabled Persons	<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	<input type="checkbox"/> Neg 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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> Neg 7
PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)				
8. Retailing	<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	<input type="checkbox"/> Neg 8
9. Services Including Professional	<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	<input type="checkbox"/> Neg 9
10. Contracting	<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	<input type="checkbox"/> Neg 10
11. Theater, Amusement and Broadcasting	<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	<input type="checkbox"/> Neg 11
12. 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	<input type="checkbox"/> Neg 12
13. Transient Accommodations Rentals	<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	<input type="checkbox"/> Neg 13
14. Other Rentals	<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	<input type="checkbox"/> Neg 14
15. Interest and All Others	<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	<input type="checkbox"/> Neg 15
16. Landed Value of Imports for Consumption	<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	<input type="checkbox"/> Neg 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"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> Neg 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

• ATTACH CHECK OR MONEY ORDER HERE •



Name: _____

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

Last 4 digits of your FEIN or SSN

TAX YEAR ENDING / / ^(mm/dd/yy)

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)

18. Insurance Commissions , , , .00 , , , .00 , , , .00 Neg **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 , , , .00 , , , .00 , , , .00 Neg **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, darken the oval "MULTI" and attach Form G-75.

20. Oahu Maui Hawaii Kauai MULTI **20**

PART VI - TOTAL RETURN AND RECONCILIATION

	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"/> .00 <input type="checkbox"/> Neg
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"/> .00 <input type="checkbox"/> Neg
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"/> .00 <input type="checkbox"/> Neg
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"/> .00 <input type="checkbox"/> Neg
25. TOTAL TAXES DUE. Add column (c) of lines 21 through 24 and enter result here. 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"/> .00 <input type="checkbox"/> Neg
26. Amounts Assessed on Periodic Returns.....	PENALTY \$ _____		26.	
	INTEREST \$ _____			
27. TOTAL AMOUNT. Add lines 25 and 26.....			27.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00 <input type="checkbox"/> Neg
28. TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR			28.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
29. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY).....			29.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
30. NET PAYMENTS MADE. Line 28 minus line 29			30.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
31. CREDIT TO BE REFUNDED. Line 30 minus line 27			31.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
32. ADDITIONAL TAXES DUE. Line 27 minus line 30.....			32.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
33. FOR LATE FILING ONLY →	PENALTY \$ _____		33.	
	INTEREST \$ _____			
34. TOTAL AMOUNT DUE AND PAYABLE (Add lines 32 and 33).....			34.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
35. 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-49. 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.			35.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00
36. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.....			36.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .00