



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)
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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

• ATTACH CHECK OR MONEY ORDER HERE •

PERIOD ENDING

Hawaii Tax I.D. No.

Last 4 digits of your FEIN or SSN

Name:



Column a
BUSINESS
ACTIVITIES
PART III - INSURANCE COMMISSIONS @ .15% (.0015)

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c
TAXABLE INCOME
(Column a minus Column b)

18. Insurance
Commissions

Enter this amount on line 23, Column (a)

18

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

19. Oahu Surcharge

Enter this amount on line 24, Column (a)

19

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

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..... PENALTY \$ _____ 26.
(For Amended Return ONLY) INTEREST \$ _____

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 \$ _____

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.** Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. 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. 33.

34. **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.**
(Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed..... 34.