• ATTACH CHECK OR MONEY ORDER HERE •

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

Fill in this or	val ONLY if this is an A	MENDED return									
TAX YEAR ENDING	<u> </u>	AWAII TAX I.D. NO. <b>GE</b>									
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			1								
2. Manufacturing	00		2								
3. Producing	<u> </u>	<u> </u>	3								
4. Wholesale Services	.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
5. Landed Value of Imports for Resale		00,	00 Neg 5								
Business Activities of Disabled Persons			00 Neg 6								
7. Sum of Part I, Column c (Taxable Income) — Enter the result here and on page 2, line 21, Column (a)  PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)											
8. Retailing			Neg 8								
Services Including     Professional			OO Neg								
10. Contracting			00 Neg								
11. Theater, Amusement and Broadcasting			00 Neg								
12. Commissions			00 Neg								
13. Transient Accommodations Rentals			13 Neg								
14. Other Rentals			00 Neg								
15. Interest and All Others			15 Neg								
16. Landed Value of Imports for Consumption			16 Neg								
	c (Taxable Income) — Enter the resu	alt here and on page 2, line 22, Column (a)	17 Neg								
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.

_	ORM G-49 ge 2 of 2	Name	:									_		
風器	70 100 100 100 100 100 100 100 100 100 1	Hawa	ii Tax I.D. No. <b>GE</b>								(m	m/dd/yy)	_	
	17 P	Last 4	digits of your FEIN o	r SSN				TAX	YEAR EN	IDING				
	BUSINESS ACTIVITIES		Column a VALUES, GROSS PROC OR GROSS INCOM			Colum MPTIONS/DI Attach Sched	EDUCTIO	NS			umn c E INCOI ninus Colu			
PA	RT III - INSU	JRANC	E COMMISSIONS @	.15% (.0	015)									
18.	Insurance Commissions			<b>I</b> .00		], ,		.00	Enter this a	amount or	n line 23			18
PA	RT IV - CITY	/ & CO	UNTY OF HONOLUL	U SURC	HARGE T	AX @ ½ C	)F 1% (	.005)	Littor timo t	arriodrit or	11110 20,	Columnia	ω,	
19.	Oahu Surcharg	je		<b>II</b> .00		], ,		.00	Enter this a	amount or	line 24.	II.00		19
PA	RT V — SCH	HEDUL	E OF ASSIGNMENT	OF TAX	ES BY DIS	STRICT (A	LL taxpa	yers M					,	Э
	, ,	,	nce.) See Instructions. <b>DA</b> darken the oval "MULTI" and			xation distric	t in which	n you h	ave conduc	ted busin	ess. IF y	ou did bus	iness in	
20.		Oahu	Maui		Hawaii		Kauai			MULTI			1	20
PA	ART VI - TOTA	AL RET	URN AND RECONC	LIATION	TAXABLE INCO	OME	TAX RAT		Co	olumn (c) = Co	OTAL TAX	Column (h)		
0.1	Fater the con-		- Double Bas 7		Column (a)			,		idilli (e) = ec	numm (a) X	Column (b)	Neg	
21.	Enter the amo	ount from	n Part I, line 7				x .005	21.		<u> </u>	<del>-</del>		Neg	
22.	Enter the amo	ount from	n Part II, line 17	<del>                                     </del>			x .04	22.		<u> </u>		<b>∐.</b>	] 🗀 1	
23.	Enter the amour	nt from Par	t III line 18, Column c	Щ,	<u></u>	<u>00</u>	x .0015	23.		_,	_,	∐.Щ	Neg	
24.	Enter the amour	nt from Par	t IV, line 19, Column c			<u> </u>	x .005	24.			_,		Neg	
25.			<b>JE.</b> Add column (c) of lines vity for the period, enter "	_			-	25		1 1		ПП	Neg	
26		-	Periodic Returns	PENAL	TY \$					<del></del>			1 —	
20.	Amounts Asse	53360 OH	T enouic returns	INTER	EST \$			26.					Nog	
27.	TOTAL AM	OUNT.	Add lines 25 and 26					27.			_,	Ш,Ш	Neg	
28.	TOTAL PAYME	ENTS MA	ADE LESS ANY REFUNDS	RECEIVE	D FOR THE	TAX YEAR .		28.		], 🔲	$\exists, \square$			
29.	CREDIT CLAI	MED ON	I ORIGINAL ANNUAL RET	URN. (For A	Amended Re	turn ONLY).		29.						
30.	NET PAYMEN	ITS MAD	E. Line 28 minus line 29					30.		1mm	1m	ПП		
											77	ПП		
31.	CREDIT TO B	E KEFUI	NDED. Line 30 minus line	27				31.		<del>-1,1-11</del>	7		1	
			DUE. Line 27 minus line 30	PΕΝΙΔΙ				32.					1	
33.	FOR LA	MEF	ILING ONLY -	INTER	EST \$			33.						
			AND PAYABLE (Add lines		,							∐,∐_		
35.	to "HAWAII STATI I.D. No. on your cl HONOLULU, I	E TAX COL heck or mo HI 96806	AMOUNT OF YOUR LECTOR" in U.S. dollars to Formoney order. Mail to: HAWAII E 3-1425 or file and pay elect tting a payment with this	G-49. Write EPARTME ronically at	the filing period NT OF TAXA hitax.hawaii.	and your Haw TION, P. O. I gov.	aii Tax BOX 142	5,		, 	, 	□.□	]	
36. 	(	(Attach S	(EMPTIONS/DEDUCTIONS) chedule GE) If Schedule C			nptions/dedu	ctions			· 1		<b>□</b>		
	(	claimed v	vill be disallowed					36.		11 1 1		1   1,11,1		

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