



**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.

Last 4 digits of your FEIN or SSN

NAME: _____

ID NO 99

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 @ ½ OF 1% (.005)

- | | | |
|--------------------------------------|---|---|
| • ATTACH CHECK OR MONEY ORDER HERE • | 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 24, Column c | 7 |

PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

- | | | |
|--------------------------------------|---|----|
| • ATTACH CHECK OR MONEY ORDER HERE • | 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 25, Column c | 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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Name
Hawaii Tax I.D. No.
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)
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PART III - INSURANCE COMMISSIONS @ .15% (.0015) Enter this amount on line 26, Column c

18. Insurance Commissions 18

PART IV - COUNTY SURCHARGE — Enter the amounts from Part II, line 17, Column c attributable to each county. Multiply Column c by the applicable county rate(s) and enter the total of the result(s) on Part VI, line 27, Column e.

19. Oahu (rate = .005) 19

20. Maui 20

21. Hawaii (rate = .0025) 21

22. Kauai (rate = .005) 22

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.)
Place an X in the box of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, place an X in the box for "MULTI" and attach Form G-75.

23.	Oahu	Maui	Hawaii	Kauai	MULTI	23
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PART VI - TOTAL PERIODIC RETURN

	TAXABLE INCOME Column c	TAX RATE Column d	TOTAL TAX Column e = Column c X Column d
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24. Enter the amount from Part I, line 7 x .005 **24.**

25. Enter the amount from Part II, line 17 x .04 **25.**

26. Enter the amount from Part III line 18, Column c x .0015 **26.**

27. **COUNTY SURCHARGE TAX.** See Instructions for Part IV. Multi district complete Form G-75 **27.**

28. **TOTAL TAXES DUE.** Add column e of lines 24 through 27 and enter result here (but not less than zero).
If you did not have any activity for the period, enter "0.00" here **28.**

29. Amounts Assessed During the Period..... PENALTY \$ _____ **29.**
(For Amended Return ONLY) INTEREST \$ _____

30. **TOTAL AMOUNT.** Add lines 28 and 29..... **30.**

31. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)..... **31.**

32. **CREDIT TO BE REFUNDED.** Line 31 minus line 30 (For Amended Return ONLY) **32.**

33. **ADDITIONAL TAXES DUE.** Line 30 minus line 31 (For Amended Return ONLY) **33.**

34. **FOR LATE FILING ONLY** → PENALTY \$ _____ **34.**
INTEREST \$ _____

35. **TOTAL AMOUNT DUE AND PAYABLE** (Original Returns, add lines 30 and 34;
Amended Returns, add lines 33 and 34) **35.**

36. **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. **36.**

37. **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.** (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed..... **37.**