GENERAL EXCISE/USE ANNUAL RETURN & RECONCILIATION

TAX YEAR ENDING	oval ONLY if this is an AM (mm/dd/yy) HAN	VAII TAX I.D. NO. GE	
Last 4 digits of your F	EIN or SSN		
NAME:			ID NO 01
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 EX	CISE and USE TAXES @ ½ OF	1% (.005)	
1. Wholesaling	<u> </u>	<u> </u>	Neg
2. Manufacturing			Neg Neg
3. Producing			Neg
4. Wholesale Services			Neg
5. Landed Value of Imports for Resale			Neg
Business Activities of Disabled Persons			Neg
	c (Taxable Income) — Enter the result (CISE and USE TAXES @ 4% (
Services Including Professional			Neg 100 Neg
10. Contracting			
11. Theater, Amusement and Broadcasting	<u> </u>	<u> </u>	.00 Neg
12. Commissions			
13. Transient Accommodations Rentals	.00	<u> </u>	.00 Neg
14. Other Rentals			Neg Neg
15. Interest and All Others	.00		Neg
16. Landed Value of Imports for Consumption			Neg
17. Sum of Part II, Column	c (Taxable Income) — Enter the result	here and on page 2, line 25, Column c	

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 PHON	IE NUMBER
	IE NOWDER

FORM G-49 (Rev. 2018) Page 2 of 2	Name:			TD NO. 01	
©\$\$@ \$\$\$@&\$	Hawaii Tax I.D. No. GE			ID NO 01 (mm/dd/yy)	
	Last 4 digits of your FEIN or S			AR ENDING / / / /	
BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEE OR GROSS INCOME	EDS EXEMPTIONS/DE (Attach Schedu	DUCTIONS	Column c TAXABLE INCOME (Column a minus Column b)	
PART III - INSU	JRANCE COMMISSIONS @ .1	5% (.0015)	E	nter this amount on line 26, Column c	
18. Insurance Commissions],00	III .00	Neg	1
PART IV - COL	JNTY SURCHARGE — Enter the the applic	amounts from Part II, line 17, Colucable county rate(s) and enter the t			
19. Oahu (rate = .0		100 É ПІТІПІТІ		Neg Neg	1
,		1.00 <u> </u>	O O		'
20. Maui		1.00 1.00		Neg	2
21. Hawaii (rate = .	.0025)			Neg	2
22. Kauai (rate = .0		BY DISTRICT (ALL townships MUST.	annelete this Part and	may be subject to a 10% penalty for noncomplianc	2
	ne taxation district in which you have conducted	, , ,	'		:e.)
23.	Oahu Maui	Hawaii	Kauai	MULTI	2
PART VI - TOT	AL RETURN AND RECONCILI	ATION TAXABLE INCOME	TAX RATE	TOTAL TAX	
		Column c	Column d	Column e = Column c X Column d	
24. Enter the an	nount from Part I, line 7			Column e = Column c X Column d	
	nount from Part I, line 7	<u> </u>	Column d	Column e = Column c X Column d	
25. Enter the an		11,111,111.00 111,111,111.00	Column d x .005 24.	Column e = Column c X Column d Neg Neg Neg	
25. Enter the amount26. Enter the amount	nount from Part II, line 17		x .005 24. x .04 25. x .0015 26.	Column e = Column c X Column d	
25. Enter the amount26. Enter the amount27. COUNTY S28. TOTAL TAX	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 through	r Part IV. Multi district complete Formula 27 and enter result here (but not less the	x .005 24. x .04 25. x .0015 26. m G-75 27.	Column e = Column c X Column d Neg Neg Neg	
25. Enter the amount26. Enter the amount27. COUNTY S28. TOTAL TAIN If you did not	nount from Part II, line 17 Int from Part III line 18, Column c	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	x .005 24. x .004 25. x .0015 26. m G-7527. an zero)	Column e = Column c X Column d Neg Neg Neg	
 25. Enter the amount 26. Enter the amount 27. COUNTY S 28. TOTAL TAIL If you did no 29. Amounts Ass (For Amende) 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, ent	r Part IV. Multi district complete Formula 27 and enter result here (but not less there "0.00" here	x .005 24. x .04 25. x .0015 26. m G-7527. an zero)	Column e = Column c X Column d Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAIL for you did not Amounts Ass (For Amende TOTAL AND 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, entered Return ONLY)	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAIL If you did not Amounts Ass (For Amende TOTAL AND TOTAL PAYM 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, entered Return ONLY) IOUNT. Add lines 28 and 29	r Part IV. Multi district complete Formula 27 and enter result here (but not less there "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount Enter the amount COUNTY S TOTAL TAIL for you did not Amounts Ass (For Amende TOTAL AND TOTAL PAYM CREDIT CLA 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, entered Return ONLY) MOUNT. Add lines 28 and 29	r Part IV. Multi district complete Formula 27 and enter result here (but not less there "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAILIF you did no Amounts Ass (For Amende TOTAL AN TOTAL PAYM CREDIT CLA NET PAYMEN 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, entred Return ONLY) MOUNT. Add lines 28 and 29	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAIL If you did not Amounts Ass (For Amende) TOTAL AND TOTAL PAYMEN CREDIT CLA NET PAYMEN CREDIT TO B 	unt from Part II, line 17	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAILIF you did not Amounts Ass (For Amende TOTAL AND TOTAL PAYMEN CREDIT CLA NET PAYMEN CREDIT TO B ADDITIONAL 	unt from Part II, line 17 URCHARGE TAX. See Instructions for XES DUE. Add column e of lines 24 throught have any activity for the period, entressed During the Period	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	
 Enter the amount COUNTY S TOTAL TAILIF you did not Amounts Ass (For Amende TOTAL AND TOTAL PAYMEN CREDIT CLA NET PAYMEN CREDIT TO B ADDITIONAL 	unt from Part II, line 17	r Part IV. Multi district complete Formula 27 and enter result here (but not less ther "0.00" here	Column d x .005	Column e = Column c X Column d Neg Neg Neg Neg Neg	

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38. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. If you are NOT submitting a

39. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule