



**GENERAL EXCISE/USE
TAX RETURN**

Fill in this oval ONLY if this is an AMENDED return

PERIOD ENDING -
(mm-yy)

HAWAII TAX I.D. NO. **GE** ---

Last 4 digits of your FEIN 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 EXCISE and USE TAXES @ 1/2 OF 1% (.005)				
1. Wholesaling	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	1
2. Manufacturing	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	2
3. Producing	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	3
4. Wholesale Services	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	4
5. Landed Value of Imports for Resale	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	5
6. Business Activities of Disabled Persons	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	6
7. Sum of Part I, Column c (Taxable Income) — Enter the result here and on page 2, line 24, Column c	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	7
PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)				
8. Retailing	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	8
9. Services Including Professional	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	9
10. Contracting	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	10
11. Theater, Amusement and Broadcasting	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	11
12. Commissions	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	12
13. Transient Accommodations Rentals	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	13
14. Other Rentals	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	14
15. Interest and All Others	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	15
16. Landed Value of Imports for Consumption	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	16
17. Sum of Part II, Column c (Taxable Income) — Enter the result here and on page 2, line 25, Column c	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	17

• ATTACH CHECK OR MONEY ORDER HERE •

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: _____

ID NO 01
(mm-yy)



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

Last 4 digits of your FEIN or SSN [][][][][]

PERIOD ENDING [][] - [][]
Column c
TAXABLE INCOME
(Column a minus Column b)

BUSINESS
ACTIVITIES

Column a
VALUES, GROSS PROCEEDS
OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

PART III - INSURANCE COMMISSIONS @ .15% (.0015)

Enter this amount on line 26, Column c

18. Insurance Commissions [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 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) [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 19

20. Maui [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 20

21. Hawaii (rate = .005) [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 21

22. Kauai (rate = .005) [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 [][][][][][][][][][][][][][][][][] .00 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.)
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.

23. Oahu Maui Hawaii Kauai MULTI 23

PART VI - TOTAL PERIODIC RETURN

	TAXABLE INCOME Column c	TAX RATE Column d	TOTAL TAX Column e = Column c X Column d
24. Enter the amount from Part I, line 7	[][][][][][][][][][][][][][][][][] .00	x .005	24. [][][][][][][][][][][][][][][][][]
25. Enter the amount from Part II, line 17	[][][][][][][][][][][][][][][][][] .00	x .04	25. [][][][][][][][][][][][][][][][][]
26. Enter the amount from Part III line 18, Column c	[][][][][][][][][][][][][][][][][] .00	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,..... <i>(For Amended Return Only)</i>	PENALTY \$ _____ INTEREST \$ _____		29. _____
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 \$ _____ INTEREST \$ _____		34. _____
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. [][][][][][][][][][][][][][][][][] .00