FORM G-49
(Rev. 2019)

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

16

GENERAL EXCISE/USE ANNUAL RETURN & RECONCILIATION

○ **Fill in this oval ONLY if this is an AMENDED return**

TAX YEAR ENDING (mm-dd-yy) □□-□□-□□

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

Last 4 digits of your FEIN or SSN □□□□

ID NO 01

NAME: _____

• ATTACH CHECK OR MONEY ORDER HERE •

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

Continued on page 2 — Parts V & VI *MUST* be completed

Name:_____

ID NO 01

Hawaii Tax I.D. No. **GE**-___-___-____-__

(mm-dd-yy)

Last 4 digits of your FEIN or SSN ____ TAX YEAR 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)

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

Enter this amount on line 26, Column c

18. Insurance Commissions	0.00	0.00	0.00	Neg ☐	**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)	0.00	0.00	0.00	Neg ☐	**19**
20. Maui	0.00				**20**
21. Hawaii (rate = .005)	0.00	0.00	0.00	Neg ☐	**21**
22. Kauai (rate = .005)	0.00	0.00	0.00	Neg ☐	**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 RETURN AND RECONCILIATION

		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	0.00	x	.005	**24.**	0.00 Neg ☐	
25.	Enter the amount from Part II, line 17	0.00	x	.04	**25.**	0.00 Neg ☐	
26.	Enter the amount from Part III line 18, Column c	0.00	x	.0015	**26.**	0.00 Neg ☐	
27.	**COUNTY SURCHARGE TAX.** See Instructions for Part IV. Multi district complete Form G-75				**27.**	0.00 Neg ☐	
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.**	0.00 Neg ☐	
29.	Amounts Assessed During the Period	PENALTY $_____ INTEREST $_____			**29.**	_____	
30.	**TOTAL AMOUNT.** Add lines 28 and 29				**30.**	0.00 Neg ☐	
31.	**TOTAL PAYMENTS MADE** LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR				**31.**	0.00	
32.	CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. *(For Amended Return ONLY)*				**32.**	0.00	
33.	NET PAYMENTS MADE. Line 31 minus line 32				**33.**	0.00	
34.	**CREDIT TO BE REFUNDED.** Line 33 minus line 30				**34.**	0.00	
35.	**ADDITIONAL TAXES DUE.** Line 30 minus line 33				**35.**	0.00	
36.	**FOR LATE FILING ONLY ➔**	PENALTY $_____ INTEREST $_____			**36.**	_____	
37.	**TOTAL AMOUNT DUE AND PAYABLE** (Add lines 35 and 36)				**37.**	0.00	
38.	**PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.** If you are NOT submitting a payment with this return, please enter "0.00" here.				**38.**	0.00	
39.	**GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.** (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.				**39.**	0.00	