**FORM G-45**
(Rev. 2018)

STATE OF HAWAII — DEPARTMENT OF TAXATION

**DO NOT WRITE IN THIS AREA**

**10**

Place QR Code Here

# GENERAL EXCISE/USE TAX RETURN

X Place an X in this box ONLY if this is an AMENDED return

PERIOD ENDING 99-99 HAWAII TAX I.D. NO. GE-999-999-9999-99

Last 4 digits of your FEIN or SSN 9999

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXX ID NO XX

| 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 | 999999999999 | 999999999999 | 999999999999 | 1 |
| **2.** Manufacturing | 999999999999 | 999999999999 | 999999999999 | 2 |
| **3.** Producing | 999999999999 | 999999999999 | 999999999999 | 3 |
| **4.** Wholesale Services | 999999999999 | 999999999999 | 999999999999 | 4 |
| **5.** Landed Value of Imports for Resale | 999999999999 | 999999999999 | 999999999999 | 5 |
| **6.** Business Activities of Disabled Persons | 999999999999 | 999999999999 | 999999999999 | 6 |
| **7. Sum of Part I, Column c** (Taxable Income) — Enter the result here and on page 2, line 24, Column c | | | 999999999999 | 7 |
| **PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)** | | | | |
| **8.** Retailing | 999999999999 | 999999999999 | 999999999999 | 8 |
| **9.** Services Including Professional | 999999999999 | 999999999999 | 999999999999 | 9 |
| **10.** Contracting | 999999999999 | 999999999999 | 999999999999 | 10 |
| **11.** Theater, Amusement and Broadcasting | 999999999999 | 999999999999 | 999999999999 | 11 |
| **12.** Commissions | 999999999999 | 999999999999 | 999999999999 | 12 |
| **13.** Transient Accommodations Rentals | 999999999999 | 999999999999 | 999999999999 | 13 |
| **14.** Other Rentals | 999999999999 | 999999999999 | 999999999999 | 14 |
| **15.** Interest and All Others | 999999999999 | 999999999999 | 999999999999 | 15 |
| **16.** Landed Value of Imports for Consumption | 999999999999 | 999999999999 | 999999999999 | 16 |
| **17. Sum of Part II, Column c** (Taxable Income) — Enter the result here and on page 2, line 25, Column c | | | 999999999999 | 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 |
|---|---|---|---|
| | TITLEXXXXXXXX | 99/99/99 | 999-999-9999 |

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

**FORM G-45**
(Rev. 2018)


Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXX

ID NO XX

Place QR Code Here

Hawaii Tax I.D. No. GE-999-999-9999-99

Last 4 digits of your FEIN or SSN 9999

PERIOD ENDING 99-99

| 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) | |
|---|---|---|---|---|
| **PART III - INSURANCE COMMISSIONS @ .15% (.0015)** | | | Enter this amount on line 26, Column c | |
| **18.** Insurance Commissions | 999999999999 | 999999999999 | 999999999999 | **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) | 999999999999 | 999999999999 | 999999999999 | **19** |
| **20.** Maui | 999999999999 | | | **20** |
| **21.** Hawaii (rate = .0025) | 999999999999 | 999999999999 | 999999999999 | **21** |
| **22.** Kauai (rate = .005) | 999999999999 | 999999999999 | 999999999999 | **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.** X Oahu X Maui X Hawaii X Kauai X 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 | 999999999999 | x .005 | **24.** | 999999999999.00 |
| **25.** | Enter the amount from Part II, line 17 | 999999999999 | x .04 | **25.** | 999999999999.00 |
| **26.** | Enter the amount from Part III line 18, Column c | 999999999999 | x .0015 | **26.** | 999999999999.00 |
| **27.** | **COUNTY SURCHARGE TAX.** See Instructions for Part IV. Multi district complete Form G-75 | | | **27.** | 999999999999.00 |
| **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.** | 999999999999.00 |
| **29.** | Amounts Assessed During the Period *(For Amended Return ONLY)* | PENALTY $ 9999999999.99 INTEREST $ 9999999999.99 | | **29.** | 999999999999.00 |
| **30.** | **TOTAL AMOUNT.** Add lines 28 and 29 | | | **30.** | 999999999999.00 |
| **31.** | TOTAL PAYMENTS MADE FOR THE PERIOD *(For Amended Return ONLY)* | | | **31.** | 999999999999.00 |
| **32.** | **CREDIT TO BE REFUNDED.** Line 31 minus line 30 *(For Amended Return ONLY)* | | | **32.** | 999999999999.00 |
| **33.** | **ADDITIONAL TAXES DUE.** Line 30 minus line 31 *(For Amended Return ONLY)* | | | **33.** | 999999999999.00 |
| **34.** | **FOR LATE FILING ONLY ➔** | PENALTY $ 9999999999.99 INTEREST $ 9999999999.99 | | **34.** | 999999999999.00 |
| **35.** | **TOTAL AMOUNT DUE AND PAYABLE** (Original Returns, add lines 30 and 34; Amended Returns, add lines 33 and 34) | | | **35.** | 999999999999.00 |
| **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.** | 999999999999.00 |
| **37.** | **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.** *(Attach Schedule GE)* If Schedule GE is not attached, exemptions/deductions claimed will be disallowed. | | | **37.** | 999999999999 |

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