FORM G-49
(Rev. 2018)

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

16

Place QR Code Here

GENERAL EXCISE/USE ANNUAL RETURN & RECONCILIATION

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

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

Last 4 digits of your FEIN or SSN 1234

ID NO XX

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXX

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

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(Rev. 2018)
Page 2 of 2

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXX

ID NO XX

Place QR Code Here

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

(mm/dd/yy)

Last 4 digits of your FEIN or SSN 1234

TAX YEAR ENDING 99-99-99

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	X **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	X **19**
20. Maui	999999999999			**20**
21. Hawaii (rate = .0025)	999999999999	999999999999	999999999999	X **21**
22. Kauai (rate = .005)	999999999999	999999999999	999999999999	X **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 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	999999999999	x .005 **24.**	999999999999.99	X
25. Enter the amount from Part II, line 17	999999999999	x .04 **25.**	999999999999.99	X
26. Enter the amount from Part III line 18, Column c	999999999999	x .0015 **26.**	999999999999.99	X
27. COUNTY SURCHARGE TAX. See Instructions for Part IV. Multi district complete Form G-75		**27.**	999999999999.99	X
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.**	999999999999.99	X
29. Amounts Assessed During the Period *(For Amended Return ONLY)*	PENALTY $ 9999999999.99 INTEREST $ 9999999999.99	**29.**	999999999999.99	
30. TOTAL AMOUNT. Add lines 28 and 29		**30.**	999999999999.99	X
31. TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR		**31.**	999999999999.99	
32. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. *(For Amended Return ONLY)*		**32.**	999999999999.99	
33. NET PAYMENTS MADE. Line 31 minus line 32		**33.**	999999999999.99	
34. CREDIT TO BE REFUNDED. Line 33 minus line 30		**34.**	999999999999.99	
35. ADDITIONAL TAXES DUE. Line 30 minus line 33		**35.**	999999999999.99	
36. FOR LATE FILING ONLY ➔	PENALTY $ 9999999999.99 INTEREST $ 9999999999.99	**36.**	999999999999.99	
37. TOTAL AMOUNT DUE AND PAYABLE (Add lines 35 and 36)		**37.**	999999999999.99	
38. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. If you are NOT submitting a payment with this return, please enter "0.00" here.		**38.**	999999999999.99	
39. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.		**39.**	999999999999	

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