

FORM G-49 (Rev. 2019)

STATE OF HAWAII — DEPARTMENT OF TAXATION

16

ID NO XX

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-999-999-999-999-999

Last 4 digits of your FEIN or SSN 1234

		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 @ $\frac{1}{2}$ OF 1% (.005)								
-	1.	Wholesaling	9999999999999	9999999999999	99999999999999	х	1	
	2.	Manufacturing	9999999999999	9999999999999	99999999999999	х	2	
	3.	Producing	9999999999999	9999999999999	99999999999999	X		
	4.	Wholesale Services	9999999999999	9999999999999	99999999999999	х	4	
	5.	Landed Value of Imports for Resale	9999999999999	9999999999999	99999999999999	x	5	
	6.	Business Activities of Disabled Persons	9999999999999	9999999999999	9999999999999	х	6	
			c (Taxable Income) — Enter the result I CISE and USE TAXES @ 4% (.	99999999999999	х	7		
• 4	8.	Retailing	99999999999999	9999999999999	99999999999999	х	8	
	9.	Services Including Professional	99999999999999	9999999999999	99999999999999	x	9	
	10	. Contracting	99999999999999	9999999999999	99999999999999	х	10	
	11.	Theater, Amusement and Broadcasting	99999999999999	9999999999999	99999999999999	x	11	
	12	. Commissions	99999999999999	9999999999999	99999999999999	х	12	
	13.	. Transient Accommodations Rentals	99999999999999	9999999999999	99999999999999	x	13	
	14.	. Other Rentals	99999999999999	9999999999999	99999999999999	х	14	
1	15.	Interest and All Others	9999999999999	9999999999999	9999999999999	x	15	
	16.	Landed Value of Imports for Consumption	9999999999999	9999999999999	99999999999999	х	16	
	17.	. Sum of Part II, Column	c (Taxable Income) — Enter the result h	99999999999999	х	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 99/99/99

DAYTIME PHONE NUMBER (999) 999-9999

Human Readable text here Continued on page 2 — Parts V & VI MUST be completed



ATTACH CHECK OR MONEY ORDER HERE

FORM G-49 (Rev. 2019)	Nama	ΓΛΥΟΛΥΓΡ	NAMEYYY	xxxxxx	vvvvvv	xx					
Page 2 of 2	Name:			MEXXXXXXXXXXXXXXXXX				ID NO XX			
Place QR Code	Hawaii Ta	ax I.D. No.	GE-9	99-999	-9999-9	99			(mm-dd-yy)		
Here	Last 4 di	gits of your FE	IN or SSN	1234			TAX YE	AR ENDING	99-99-99	9	
BUSINESS ACTIVITIES	V	Column ALUES, GROSS OR GROSS IN	PROCEEDS	EX	Colu EMPTIONS/ (Attach Sch	DEDUCTIO	NS	TAXABLE	INCOME nus Column b)		
ART III - INS	URANCE C	COMMISSION	S @ .15% (.0015)			E	inter this amount of	n line 26, Column	с	
8. Insurance Commissions	3	99999999	99999		9999999	9999999		999999	9999999	x	
ART IV - CO	UNTY SUR							to each county. Mu) on Part VI, line 27		/	
9. Oahu (rate = .	005)	99999999	99999		99999999	9999999		9999999	9999999	х	
). Maui		99999999	99999								
I. Hawaii (rate =	.005)	99999999	99999		9999999	9999999		999999	9999999	х	
2. Kauai (rate = .	.005)	99999999	99999		9999999	9999999		999999	9999999	х	
								may be subject to a 10 place an X in the box fo			
	Oahu	X Maui			X		ustrict, j	X MULTI		1 OIIII V	u-
ART VI - TOT	AL RETUR	RN AND RECO	ONCILIATIO	ON TAXABLE II Column		TAX RATI Column c			AL TAX lumn c X Column d		
4. Enter the ar	mount from Pa	art I, line 7	99	9999999	9999	x .005	24.	99999999	99999.99	x	
5. Enter the ar	mount from Pa	art II, line 17	99	9999999	9999	x .04	25.	99999999	99999.99	x	
6. Enter the amo	unt from Part III li	ine 18, Column c	99	9999999	9999	x .0015	26.	99999999	99999.99	x	
7. COUNTY S	URCHARGI	E TAX. See Instru	ctions for Part	IV. Multi distr	ict complete	Form G-75	27.	99999999	99999.99	x	
8. TOTAL TA If you did no	XES DUE. ot have any a	Add column e of line ctivity for the pe	riod, enter "0.	00" here			28.	99999999	99999.99	x	
9. Amounts As	sessed During	the Period	PEN	alty \$ <u>9</u>	9999999	999.99		000000			

29.	Amounts Assessed During the Period PENALTY \$ 99999999999999999999999999999999999	29.	9999999999999.99	
30.	TOTAL AMOUNT. Add lines 28 and 29	. 30.	9999999999999.99	х
31.	TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR	.31.	9999999999999.99	
32.	CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY)	.32.	9999999999999.99	
33.	NET PAYMENTS MADE. Line 31 minus line 32	.33.	9999999999999.99	
34.	CREDIT TO BE REFUNDED. Line 33 minus line 30	.34.	9999999999999.99	
35.	ADDITIONAL TAXES DUE. Line 30 minus line 33	.35.	9999999999999.99	
36.	FOR LATE FILING ONLY → PENALTY \$ 999999999999999999999999999999999999	36	99999999999999.99	
37.	TOTAL AMOUNT DUE AND PAYABLE (Add lines 35 and 36)	.37.	9999999999999.99	
38.	PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. If you are NOT submitting a payment with this return, please enter "0.00" here.	. 38.	9999999999999.99	
	GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedul GE is not attached, exemptions/deductions claimed will be disallowed.		9999999999999	
Hum	nan Readable text here		Form G-49	16