## STATE OF HAWAII DEPARTMENT OF TAXATION



# General Information and Scannable Specifications for Form G-49 (Rev. 2019)

#### **Contact Information for General Questions**

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577 Fax: (808) 587-1584

E-mail: Tax.Technical.Section@hawaii.gov

### Contact Information for Mailing Test Packages and Testing Inquiries

Hawaii Department of Taxation Attn: Document Processing — Quality Assurance Test Team 830 Punchbowl Street, Rm 126 Honolulu, Hawaii 96813

Email: tax.dp.qa@hawaii.gov

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

#### Form G-49 (Rev. 2019)

#### General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form G-49. Form G-49 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form G-49 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms MUST meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

#### GENERAL INFORMATION

#### 1. Substitute Form

- We highly recommend you use the Department's official Form G-49 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

#### 2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

#### 3. Fonts

- The form was designed using the following fonts:
  - 1. Helvetica
  - 2. Times New Roman
- The following fonts and sizes should be used for the form number and revision year located at the top left corner of the form:
  - 1. Form G-49: 10 pt Helvetica bold
  - 2. Rev. 2019: 8 pt Helvetica
- The following font and size should be used for the form number and revision year located at the bottom right corner of the form:
  - 1. Form G-49: 8 pt Helvetica
  - 2. Rev. 2019: 8 pt Helvetica

#### 4. Variable Data

- All variable data fields must utilize 12 pt Courier font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (X) as a checkbox and negative indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

#### 5. Variable Data Delimiters

 Tax Year Ending must be printed with dash (-) delimiters. For example:

MM-DD-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the day, followed by a dash (-), followed by 2 digits for the tax year ending).

 Taxpayer's Hawaii Tax I.D. Number must be printed with dash (-) delimiters. For example:

GE-123-456-7890-01

(GE, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

Note: The Taxpayer's Hawaii Tax I.D. Number begins with "GE." "GE" must be included in the variable data field.

#### 6. Dollar Amounts

99999999999.99

- · Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified.
- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents.

#### 7. Negative Indicator

• Show negative amounts with a bold X (X) where indicated on the exhibits. The use of a minus sign (-), parentheses, or brackets are not acceptable.

#### 8. Testing and Approval of the Scannable Form

- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form G-49 (Rev. 2019) cannot be filed until 2020.

#### SCANNABLE SPECIFICATIONS

#### 1. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number preceded with "ID NO" label (see exhibit for exact placement).
  - 1. Page 1: The 2-digit Hawaii Vendor I.D. Number should begin at column 77, row 16.
  - 2. Page 2: The 2-digit Hawaii Vendor I.D. Number should begin at column 70, row 6.

#### 2. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows (See exhibit for exact placement.):
  - Page 1: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 8.
  - Page 2: The left bottom corner of the QR code is at the beginning of column 6 and at the bottom of row 9.
- Height of the QR code is 0.5 inch.
- Length of the barcode is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code for page 1 is G49\_T 2019A 01 VIDXX

The required QR code for page 2 is G49\_T 2019A 02 VIDXX

The QR code includes the form number (G49), an underscore, type of form (T), space, 4-digit form year (2019), 1-letter revision indicator (A), space, 2-digit page number (01) or (02), and vendor ID number. There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of each page at column 6, row 64 utilizing 6 pt Helvetica font.
- Please do not print the outline around the human readable text and QR code. These were only used to show the placement of the human readable text and QR code.
- DO NOT use Windows Metafile Format (wmf).
   This format causes a very low read rate by the Department's IBML scanners.

#### 3. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your form samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors who submitted a Letter of Intent to participate in the Forms Reproduction Program and who will be reproducing Form G-49. If you did not receive the acetate overlays, please contact the Forms Coordinator.

BUSINESS ACTIVITIES OR GROSS PROCEEDS (Attach Schedule GE) (Column ART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005)  I. Wholesaling 999999999999999999999999999999999999	ID NO X Column c ABLE INCOME a minus Column b) 0999999999999999999999999999999999999	X X X X X X
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-999-999-9  Last 4 digits of your FEIN or SSN 1234  NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ID NO X Column c ABLE INCOME a minus Column b) 0999999999 0999999999 0999999999	X
TAX YEAR ENDING 99-99-99 HAWAII TAX I.D. NO. GE-999-99-99-99-99-99-99-99-99-99-99-99-9	ID NO X Column c ABLE INCOME a minus Column b) 0999999999 0999999999 0999999999	X
TAX YEAR ENDING 99-99-99 HAWAII TAX I.D. NO. GE-999-99-99-99-99-99-99-99-99-99-99-99-9	ID NO X Column c ABLE INCOME a minus Column b) 0999999999 0999999999 0999999999	X
NAME:   TAXPAYER   NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ID NO X Column c ABLE INCOME a minus Column b) 0999999999 0999999999 0999999999	X
NAME: _TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Column c ABLE INCOME a minus Column b) 0999999999 09999999999999999999999999	X
NAME:TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Column c ABLE INCOME a minus Column b) 0999999999 09999999999999999999999999	X
Column a         Column b           BUSINESS         VALUES, GROSS PROCEEDS         EXEMPTIONS/DEDUCTIONS         TAX           ACTIVITIES         OR GROSS INCOME         (Attach Schedule GE)         (Column           ART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005)         (.005)           . Wholesaling         999999999999         999999999999         99999999999           . Manufacturing         999999999999         99999999999         99999999999           . Producing         999999999999         99999999999         9999999999           . Wholesale Services         99999999999         99999999999         9999999999           . Lanced Value of Imports for Resale         99999999999         99999999999         9999999999           . Business Activities of Disabled Persons         99999999999         99999999999         9999999999           . Sum of Part I, Column c (Taxable Income)         Enter the result here and on page 2, line 24, Column c         9999           ART II - GENERAL EXCISE and USE TAXES @ 4% (.04)         4% (.04)	ABLE INCOME a minus Column b)  9999999999  9999999999  99999999999	X
BUSINESS	ABLE INCOME a minus Column b)  9999999999  9999999999  99999999999	X
ACTIVITIES OR GROSS INCOME (Attach Schedule GE) (Column ART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005)  . Wholesaling 999999999999999999999999999999999999	a minus Column b)  999999999  9999999999  99999999999	X
. Wholesaling 999999999999999999999999999999999999	999999999	X
Manufacturing 999999999999999999999999999999999999	999999999	X
Manufacturing 999999999999999999999999999999999999	999999999	X
i. Producing 999999999999999999999999999999999999	999999999	X
. Wholesale Services 999999999999999999999999999999999999	999999999	x
Landed Value of Imports for Resale 999999999999999999999999999999999999	99999999	Х
Landed Value of Imports for Resale 999999999999999999999999999999999999	99999999	Х
Imports for Resale 999999999999999999999999999999999999	99999999	
Disabled Persons 99999999999999999999999999999999999		X
ART II - GENERAL EXCISE and USE TAXES @ 4% (.04)	99999999	
ART II - GENERAL EXCISE and USE TAXES @ 4% (.04)	99999999	
		X
. Retailing 999999999999999999999999999999999999	99999999	X
Services Including 999999999999999999999999999999999999	99999999	Х
	00000000	X
<del></del>	99999999	^
1. Theater, Amusement and Broadcasting 999999999999999999999999999999999999	99999999	Х
2. Commissions 99999999999 999999999 9999	99999999	X
3 Transient		
Accommodations Rentals 999999999999999999999999999999999999	99999999	X
4. Other Rentals 9999999999 999999999 9999	99999999	X
5. Interest and	0000000	v
	99999999	X
6. Landed Value of Imports 999999999999999999999999999999999999	99999999	Х
9000	99999999	X
7. Guil of alt II, Goulding (Taxabe freeing) Effect the result for all of page 2, line 25, column of		
DECLARATION - I declare, under the penalties set forth in section 231-36. HRS, that this return (including any accompanying schedul xamined 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 state.	es or statements) has bee	en ral
Excise and Use Tax Laws, and the rules issued thereunder.	1	
N THE CASE OF A CORPORATION OF PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED.  SIGNATURE  DATE  DATE	DAYTIME PHONE NUM	
TITLEXXXXXXXX 99/99/99	(999) 999-9	99

ORM G-49								
Rev. 2019)	Name: T	AXPAYER NAME	xxxxxxx	XXXXXXX	XX			
Page 2 of 2	Name						ID NO XX	
Place	Hawaii Tax	x I.D. No. G	E-999-99	9-9999-	99			
QR Code							(mm-dd-yy)	
Here	Last 4 digi	its of your FEIN or S	SSN 1234			TAX YE	AR ENDING 99-99-99	9
		Column a		Colu	mn b		Column c	
BUSINESS	VA	LUES, GROSS PROCE	EDS	EXEMPTIONS/		NS	TAXABLE INCOME	
ACTIVITIES		OR GROSS INCOME		(Attach Sch	hedule GE)		(Column a minus Column b)	
ART III - INS	URANCE CO	OMNISSIONS @ .1	5% (.0015)			Er	nter this amount on line 26. Column	С
8. Insurance								
Commissions	3	9999999999	9	999999	999999		99999999999	X
PART IV - CO	UNTY SURC	CHARGE — Enter the appli	e amounts from l cable county rate	Part II, line 17, e e(s) and enter t	Column c att	ributable to e result(s)	o each county. Multiply Column c by on Part VI, line 27, Column e.	/
. Oahu (rate = .	005)	9999999999	9	999999	999999		99999999999	X
<b>0.</b> Maui		9999999999	9					
<b>1.</b> Hawaii (rate ⊨	.005)	9999999999	9	999999	999999		99999999999	X
2. Kauai (rate =	.005)	9999999999	9	9999999	999999		99999999999	X
ARTV — SCH	DULE OF AS	SIGNMENT OF TAXES	BY DISTRICT	ALL taxpavers ML	JST complete th	nis Part and r	may be subject to a 10% penalty for noncor	mpliand
ace an X in the box			ted business. IF you	did business in M	ORE THAN OF		lace an X in the box for "MULTI" and attach  X MULTI	
7					- Nadal		IVIOLII	
ART VI - TO	TAL RETURN	N AND RECONCIL	ATION TAYARI	E INCOME	TAX RAT		TOTAL TAX	
				umn c	Column		Column e = Column c X Column d	
. Enter the a	mount from Part	I, line 7	9999999	99999	x .005	24.	999999999999999999999999999999999999999	X
4. Enter the a	mount from Part	I, line 7	9999999	99999	x .005	24.	99999999999.99	X
	mount from Part		9999999		x .005	24. 25.	999999999999999999999999999999999999999	X
5. Enter the a		II, line 17		99999	x .04			
5. Enter the a	mount from Part	II, line 17	9999999	99999		25.	99999999999.99	Х
5. Enter the a	mount from Part	II, line 17	9999999	99999	x .04 x .0015	25. 26.	99999999999.99	Х
5. Enter the a 6. Enter the amo	mount from Part ount from Part III line	e 18. Column c	99999999999999999999999999999999999999	99999 99999 strict complete	x .04 x .0015 Form G-75	25. 26.	999999999999999999999999999999999999999	X
5. Enter the a 6. Enter the amo 7. COUNTY S 8. TOTAL TA	mount from Part ount from Part III line SURCHARGE	e 18. Column c	99999999999999999999999999999999999999	99999 99999 strict complete	x .04 x .0015 Form G-75	25. 26.	999999999999999999999999999999999999999	X
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act	e 18. Column c	99999999999999999999999999999999999999	99999 99999 strict complete ult here (but not le	x .04 x .0015 Form G-75	25. 26. 27.	999999999999999999999999999999999999999	X
5. Enter the a 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act	e 18. Column c	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x .04 x .0015 Form G-75 ss than zero).	25. 26. 27.	999999999999999999999999999999999999999	X
5. Enter the a  6. Enter the amo  7. COUNTY S  8. TOTAL TA  If you did n	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act	e 18. Column c	99999999999999999999999999999999999999	99999 99999 strict complete ult here (but not le	x .04 x .0015 Form G-75 ss than zero).	25. 26. 27.	99999999999999999999999999999999999999	X
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t	t II, line 17  e 18. Column c  TAX. See Instructions for dd column e of lines 24 throutivity for the period, enthe Period	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x .04 x .0015 Form G-75 ss than zero).	25. 26. 27. 28.	99999999999999999999999999999999999999	X
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t	e 18. Column c	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x .04 x .0015 Form G-75 ss than zero).	25. 26. 27.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A	mount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t	e 18. Column c	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 99999999	x .04 x .0015 Form G-75 ess than zero). 999.99	25. 26. 27. 28. 29.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A	mount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t	t II, line 17  e 18. Column c  TAX. See Instructions for dd column e of lines 24 throutivity for the period, enthe Period	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 99999999	x .04 x .0015 Form G-75 ess than zero). 999.99	25. 26. 27. 28.	99999999999999999999999999999999999999	x
5. Enter the amount of the following states of the fol	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add	t II, line 17  e 18. Column c  TAX. See Instructions for the column e of lines 24 throutivity for the period, enthe Period	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 26. 27. 28. 29. 30.	99999999999999999999999999999999999999	x
5. Enter the amo	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add	e 18. Column c	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 26. 27. 28. 29.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE	TAX. See Instructions for dd column e of lines 24 throu tivity for the period, en the Period	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 26. 27. 28. 29. 30. 31.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE	t II, line 17  e 18. Column c  TAX. See Instructions for the column e of lines 24 throutivity for the period, enthe Period	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 26. 27. 28. 29. 30.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE AIMED ON ORIG	e 18. Column c	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 262728. 2930313233.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE AIMED ON ORIG	TAX. See Instructions for dd column e of lines 24 throu tivity for the period, en the Period	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 26. 27. 28. 29. 30. 31.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amo 7. COUNTY S 8. TOTAL TA 1f you did n 9. Amounts As 9. TOTAL Al 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. AIMED ON ORIGINALS ENTS MADE. Line BE REFUNDED	t II, line 17  e 18 Column c  TAX. See Instructions for the decolumn e of lines 24 throutivity for the period, entitle Period  lines 28 and 29  LESS ANY REFUNDS F  GINAL ANNUAL RETURN  ne 31 minus line 32  D. Line 33 minus line 30	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015 Form G-75 ss than zero). 999.99999999999999999999999999999999	25. 262728. 2930313233.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amounts of the second of the	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. ENTS MADE. Line BE REFUNDED. LILTAXES DUE.	e 18. Column c	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04  x.0015  Form G-75	25. 262728. 2930313233.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amounts of the second of the	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. ENTS MADE. Line BE REFUNDED. LILTAXES DUE.	t II, line 17  e 18 Column c  TAX. See Instructions for the decolumn e of lines 24 throutivity for the period, entitle Period  lines 28 and 29  LESS ANY REFUNDS F  GINAL ANNUAL RETURN  ne 31 minus line 32  D. Line 33 minus line 30	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04 x.0015  Form G-75 ss than zero). 999.99 999.99	25. 26	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amounts of the second of the	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. ENTS MADE. Line BE REFUNDED. LILTAXES DUE.	e 18. Column c	99999999999999999999999999999999999999	999999 strict complete ult here (but not le 999999999999999999999999999999999999	x.04 x.0015  Form G-75 ss than zero). 999.99 999.99	25. 262728. 2930313233.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA 1f you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME 4. CREDIT TO 5. ADDITIONA 6. FOR L	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE ENTS MADE. Line BE REFUNDED ALTAXES DUE.	e 18. Column c	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04  x.0015  Form G-75  999.99  999.99  R	25. 26	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amounts As 7. COUNTY S 8. TOTAL TA 1f you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME 4. CREDIT TO 5. ADDITIONA 6. FOR L. 7. TOTAL AMO	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. Li ENTS MADE. Li BE REFUNDED ATTE FIL.	e 18. Column c	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04 x.0015  Form G-75	25. 262728. 29303132333435.	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the amounts As 7. COUNTY S 8. TOTAL TA 1f you did n 9. Amounts As 10. TOTAL A 11. TOTAL PAY 12. CREDIT CL 13. NET PAYME 14. CREDIT TO 15. ADDITIONA 16. FOFT L 17. TOTAL AMOUNTS 18. PLEASE EN	MOUNT. Add MENTS MADE. Li ENTS MADE. Li BE REFUNDED LTAXES DUE. A  ATTE FILLI DUNT DUE AND	Ell, line 17  TAX. See Instructions for dd column e of lines 24 throutivity for the period, enthe Period  lines 28 and 29  LESS ANY REFUNDS FOR GINAL ANNUAL RETURNES 1 minus line 32  D. Line 33 minus line 30  NG ONLY ->  D PAYABLE (Add lines 3 DUNT OF YOUR PAYABLE)	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04 x.0015  Form G-75	25. 26	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL AI 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME 4. CREDIT TO 5. ADDITIONA 6. FOR L. 7. TOTAL AMO 8. PLEASE EN payment wit	mount from Part ount from Part III line SURCHARGE AXES DUE. A ot have any act sessed During t MOUNT. Add MENTS MADE. AIMED ON ORIGE ENTS MADE. Line BE REFUNDED ALTAXES DUE. ATE FILLI DUNT DUE AND ITER THE AIMO IN THE THE THE AIMO IN THE THE AIMO IN THE THE THE AIMO IN THE	TAX. See Instructions for dd column e of lines 24 throu tivity for the period, entitivity for the period, entitivity for the period.  LESS ANY REFUNDS F GINAL ANNUAL RETUF The 31 minus line 32  Line 33 minus line 30  Line 30 minus line 33  NG ONLY ->  D PAYABLE (Add lines 3)  DUNT OF YOUR PARASE enter "0.00" here	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04  x.0015  Form G-75  999.99  999.99  R  y)  999.99  bmitting a	25. 26	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA If you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME 4. CREDIT TO 5. ADDITIONA 6. FOR L 7. TOTAL AMO 8. PLEASE EN payment wit 9. GRAND TO	MOUNT. Add MENTS MADE. Li BE REFUNDED  LATE FILL  DUNT DUE AND  TERTHE AMO  this return, ple	TAX. See Instructions for dd column e of lines 24 throu tivity for the period, entitivity for the period, entitivity for the period, entitivity for the period in the Period	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04  x.0015  Form G-75  999.99  999.99  R  y)  999.99  bmitting a	25. 26	99999999999999999999999999999999999999	x
5. Enter the and 6. Enter the and 7. COUNTY S 8. TOTAL TA 1f you did n 9. Amounts As 0. TOTAL A 1. TOTAL PAY 2. CREDIT CL 3. NET PAYME 4. CREDIT TO 5. ADDITIONA 6. FOR L 7. TOTAL AMO 8. PLEASE EN payment wit 9. GRAND TO	mount from Part  BURCHARGE  AXES DUE. A  ot have any act  sessed During t  MOUNT. Add  MENTS MADE. Li  BE REFUNDED  ATE FILLI  DUNT DUE AND  ITER THE AMO  this return, ple  TAL OF EXEMP  tached, exemptic	TAX. See Instructions for dd column e of lines 24 throu tivity for the period, entitivity for the period, entitivity for the period.  LESS ANY REFUNDS F GINAL ANNUAL RETUF The 31 minus line 32  Line 33 minus line 30  Line 30 minus line 33  NG ONLY ->  D PAYABLE (Add lines 3)  DUNT OF YOUR PARASE enter "0.00" here	99999999999999999999999999999999999999	99999999999999999999999999999999999999	x.04  x.0015  Form G-75  999.99  999.99  R  y)  999.99  bmitting a	25. 26	99999999999999999999999999999999999999	x

Place QR Code Here

(Rev. 2019)

#### 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-999-999-999-99

Column b

Last 4 digits of your FEIN or SSN 1234

ID NO XX

Column c

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXX

Column a

		BUSINESS ACTIVITIES	VALUES, GROSS PROCEEDS OR GROSS INCOME	EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	TAXABLE INCOME (Column a minus Column b)			
	PA	RT I - GENERAL EX	CISE and USE TAXES @ $1/2$ OF	F 1% (.005)				
	1.	Wholesaling	99999999999	99999999999	99999999999	X	1	
HERE	2.	Manufacturing	99999999999	99999999999	99999999999	X	2	
ORC	Producing	99999999999	99999999999	99999999999	X	3		
	4.	Wholesale Services	99999999999	99999999999	99999999999	X	4	
MON 8	5.	Landed Value of Imports for Resale	99999999999	9999999999	99999999999	X	5	
CK OF	6.	Business Activities of Disabled Persons	99999999999	99999999999	99999999999	X	6	
ATTACH CHECK OR			c (Taxable Income) — Enter the result	here and on page 2, line 24, Column c	99999999999	X	7	
• AT	8.	Retailing	99999999999	99999999999	99999999999	X	8	
	9.	Services Including Professional	99999999999	99999999999	99999999999	X	9	
	10	). Contracting	99999999999	99999999999	X	10		
	11	. Theater, Amusement and Broadcasting	99999999999	99999999999	99999999999	x	11	
	12	2. Commissions	99999999999	99999999999	99999999999	X	12	
	13	3. Transient Accommodations Rentals	99999999999	99999999999	99999999999	X	13	
	14	1. Other Rentals	99999999999	9999999999	99999999999	X	14	
	15	5. Interest and All Others	99999999999	99999999999	X	15		
	16	6. Landed Value of Imports for Consumption	99999999999	99999999999	99999999999	99999999 <b>X</b> 1		
	17	7. Sum of Part II, Column	c (Taxable Income) — Enter the result	here and on page 2, line 25, Column c	99999999999	X	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			
	TITLEXXXXXXXX	99/99/99	(999) 999-9999			

#### **FORM G-49**

(Rev. 2019) Page 2 of 2

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXX

ID NO XX

Place QR Code Here

18. Insurance

Commissions

Hawaii Tax I.D. No.

GE-999-999-9999-99

(mm-dd-yy)

X <sub>18</sub>

Last 4 digits of your FEIN or SSN 1234

99999999999

TAX YEAR ENDING 99-99-99

	Column a	Column b	Column c
BUSINESS	VALUES, GROSS PROCEEDS	EXEMPTIONS/DEDUCTIONS	TAXABLE INCOME
ACTIVITIES	OR GROSS INCOME	(Attach Schedule GE)	(Column a minus Column b)

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

Enter this amount on line 26, Column c

99999999999

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.

<b>19.</b> Oahu (rate = .005)	99999999999	99999999999	99999999999	X	19
<b>20.</b> Maui	99999999999				20
<b>21.</b> Hawaii (rate = .005)	99999999999	99999999999	99999999999	x	21
<b>22.</b> Kauai (rate = .005)	99999999999	99999999999	99999999999	x	22

99999999999

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

23.	A Oahu	Α	Maui	Α.	Hawaii	Х.	Kauai		А.	MULTI		
PA	RT VI - TOTAL RETURN	AND R	ECONCIL	IOITAI	TAXABLE INCOME Column c		TAX RAT			TOTAL TAX Column e = Column c X Column d	ı	
24.	Enter the amount from Part I,	line 7		999	999999999		x .005	24.	9	99999999999.9	9	X
25.	Enter the amount from Part II	, line 17 .		999	999999999		x .04	25.	9	99999999999.9	9	X
26.	Enter the amount from Part III line 1	8, Column	c	999	999999999		x .0015	26.	9	99999999999.9	9	X
27.	COUNTY SURCHARGE TA	<b>XX.</b> See I	nstructions f	or Part I\	/. Multi district compl	ete Fo	rm G-75	27.	9	99999999999.9	9	X
	TOTAL TAXES DUE. Add If you did not have any activ	ity for th	e period, er	nter "0.0	0" here				9	99999999999.9	9	x
29.	Amounts Assessed During the	Period		PENA INTER	LTY \$ <u>999999</u> REST \$ <u>999999</u>	9999	99.99	29.	9	99999999999.9	9	
	TOTAL AMOUNT. Add lin								9	99999999999.9	9	X
31.	TOTAL PAYMENTS MADE LE	SS ANY	REFUNDS	RECEIV	ED FOR THE TAX Y	ÆAR		31.	9	99999999999.9	9	
32.	CREDIT CLAIMED ON ORIGI	NAL ANI	NUAL RETU	RN. (For	Amended Return C	ONLY).		32.	9	99999999999.9	9	
33.	NET PAYMENTS MADE. Line	31 minu	s line 32					33.	9	99999999999.9	9	
34.	CREDIT TO BE REFUNDED.	Line 33	minus line 30	)				34.	9	99999999999.9	9	
35.	ADDITIONAL TAXES DUE. L	ine 30 m	inus line 33.					35.	9	99999999999.9	9	
36.	FOR LATE FILIN	G OI	NLY →		LTY \$ <u>999999</u> REST \$ <u>999999</u>			36.	9	99999999999.9	9	
37.	TOTAL AMOUNT DUE AND F	PAYABLE	(Add lines	35 and 3	6)			37.	9	99999999999.9	9	
38.	PLEASE ENTER THE AMOUNT Payment with this return, please	JNT OI se enter "	YOUR P. 0.00" here.	AYMEN	NT. If you are NOT	subm	itting a	38.	9:	9999999999.9	9	
	GRAND TOTAL OF EXEMPTI GE is not attached, exemption								9:	9999999999		
Hum	an Readable text here									Form G	-49 <b>1</b>	1