STATE OF HAWAII DEPARTMENT OF TAXATION



General Information and Scannable Specifications for Schedule GE (Form G-45/G-49) (Rev. 2019)

Contact Information for General Questions

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Schedule GE (Form G-45/G-49) (Rev. 2019)

General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Schedule GE (Form G-45/G-49). Schedule GE (Form G-45/G-49) is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Schedule GE (Form G-45/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 the 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 Schedule GE (Form G-45/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. Schedule GE: 12 pt Helvetica bold
 - 2. Form G-45/G-49: 8 pt Helvetica
 - 3. 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. Schedule GE (Rev. 2019): 8 pt Helvetica bold

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.

5. Variable Data Delimiters

 Period Ending must be printed with a dash (-) delimiter. For example:

MM-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the period ending).

 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

- Do not use commas as thousand separators.
- · Do not use leading dollar signs.
- Amounts are right justified.
- Dollar amounts are rounded to whole dollar amounts.
 Do not enter a decimal point showing "00" for cents.

7. 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 sample.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Schedule GE (Form G-45/G-49) (Rev. 2019) cannot be filed until 2020.

SCANNABLE SPECIFICATIONS

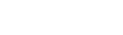
1. Hawaii Vendor I.D. Number

 Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label (see exhibit for exact placement).

Page 1: The 2-digit Hawaii Vendor I.D. Number should begin at column 47, row 64. See exhibit for exact placement.

2. Anchors

- Anchors are required on the form. The scanning equipment looks for "L" anchors printed on the form. Exact placement of the anchors are required.
- The vertical and horizontal edges of the "L" anchors must be the same length of 0.3125 inch long and 0.0278 inches thick.
- There are two anchors on the form.
 - 1. The top right "L" anchor should extend from the middle of column 77 to the end of column 80 and should rest at the top of row 4.



2. The bottom left "L" anchor should start at the beginning of column 6, extend through the middle of column 9 and rest on top of row 65.



- The tolerance is 1mm (1/4 of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.3125 inch square of the anchor.





3. 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 71 and at the bottom of row 6.

- · Height of the QR code is 0.5 inch.
- Length of the QR 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.
- · DO NOT stretch the QR code image.
- The required QR code for page 1 is SCHGE_T 2019A 01 VIDXX:

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

- The human readable text for the QR code MUST be printed at the bottom of page 1 at column 11, 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.

4. 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 Schedule GE (Form G-45/G-49). If you did not receive the acetate overlays, please contact the Forms Coordinator.

Schedule GE. (Form G-45/G-49) (Rev. 2019)

10 12

16 18 20

General Excise/Use Tax Schedule of Exemptions and Deductions

STATE OF HAWAII - DEPARTMENT OF TAXATION

48 50 52 54

Place QR Code Here

80 82

If you are claiming exemptions/deductions on your periodic and annual general excise/use tax return (Forms G-45 and G-49), you MUST complete and attach this form to your tax return.

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXX

24 26

Period Ending (MM-YY) 99-99

Hawaii Tax I.D. No.

GE-999-999-999-99

28 30

Tax Year Ending (MM-DD-YY) 99-99-99

PART I - LIST DETAILS CONCERNING "EXEMPTIONS" AND "DEDUCTIONS" CLAIMED

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your general excise tax return

40 42 44

If claims are not explained here, exemptions and/or deductions will be disallowed and proposed assessments prepared against you. If you are claiming a deduction for payments to subcontractors, you must complete both Parts I and III. For subleases, see Form G-72 and complete both Parts I and IV. For wholesale sales of amusements, see Form G-81. See page 2 for Specific Instructions.

| ACTIVITY | / ED CODE | AMOUNT | ACTIVITY / ED CODE | AMOUNT | ACTIVITY / ED COI | E AMOUNT | - |
|----------|-----------|-------------|--------------------|-------------|-------------------|--------------|--------|
| 999 | 999 | 99999999999 | 999 999 | 99999999999 | 999 999 | 99999999999 | |
| 999 | 999 | 99999999999 | 999 999 | 99999999999 | 999 999 | 99999999999 | |
| 999 | 999 | 99999999999 | 999 999 | 99999999999 | 999 999 | 99999999999 | |
| 999 | 999 | 99999999999 | 999 999 | 99999999999 | 999 999 | 999999999999 | \Box |

Grand Total of Exemptions and Deductions — Transfer to Form G-45, line 37 or Form G-49, line 39. If more space is needed, attach a schedule, include the total deductions claimed from any attachments in this total.

PART II - FEDERALLY PREEMPTED DEDUCTION EXPLANATION

If the amount claimed is exempt due to federal preemption, cite the federal statute (i.e., title and section of the United States Code) and provide an explanation of the exemption. If more space is needed, attach a statement.

PART III - SUBCONTRACTOR INFORMATION

22 24

10 Hullan Headable text here

If you claimed a subcontractor deduction, complete the required information below. If you have more than three (3) subcontractors, show those accounting for the largest deductions on this page and attach a schedule with the information for the remaining subcontractors.

| HAWAII TAX I.D. NO. | NAME AND DBA NAME | AMOUNT |
|---------------------|--------------------------|---------------------------|
| GE-999-999-999-99 | PART III - SUBCONTRACTOR | INFORMATIONX 999999999999 |
| GE-999-999-999-99 | PART III - SUBCONTRACTOR | INFORMATIONX 999999999999 |
| GE-999-999-9999-99 | PART III - SUBCONTRACTOR | INFORMATIONX 999999999999 |

PART IV -- LESSOR INFORMATION FOR SUBLEASE DEDUCTION

If you claimed a sublease deduction, complete the required information below for each of your LESSORS. If you made deductible payments to more than two lessors, show those that received the largest amounts on this page and attach a statement that includes the information for the other Lessors.

HAWAILTAXID NO.

| HAVAII IAX I.D. NO. | | |
|---------------------|-----------------------------|---------------------------|
| GE-999-999-999-99 | PART IV - LESSOR INFORMATIO | N FOR SUBLEASE DEDUCTIONX |
| | | |
| GE-999-999-999-99 | PART IV - LESSOR INFORMATIO | N FOR SUBLEASE DEDUCTIONX |

PART V — CLASSIFICATION AND INFORMATION FOR DIVISION OF INCOME

If you split your gross income with another licensed taxpayer under §237-18, complete the required information below for the other taxpayers and their share of the income. If you split income with more than three (3) taxpayers, show those with the largest income on this page and attach a list with the information for the other taxpayers. For more information, see the Part V Instructions.

| HAWAII IAX I.D. NO. | NAME AND DBA NAME | SCODE: AMOUNT |
|---------------------|--|-----------------|
| CF_000_000_000 | PART V - CLASSIFICATION AND INFO | 999999999999 |
| | | |
| GE-999-999-999-99 | PART V + CLASSIFICATION AND INFO | 999 99999999999 |
| GE-999-999-99 | PART V - CLASSIFICATION AND INFO | 999 99999999999 |

Schedule GE

(Form G-45/G-49) (Rev. 2019)

STATE OF HAWAII — DEPARTMENT OF TAXATION

General Excise/Use Tax Schedule of Exemptions and Deductions

Place QR Code Here

If you are claiming exemptions/deductions on your periodic and annual general excise/use tax return (Forms G-45 and G-49), you MUST complete and attach this form to your tax return.

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXXXX

Period Ending (MM-YY) 99-99

Hawaii Tax I.D. No.

GE-999-999-999-99

Tax Year Ending (MM-DD-YY) 99-99-99

PART I — LIST DETAILS CONCERNING "EXEMPTIONS" AND "DEDUCTIONS" CLAIMED

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your general excise tax return.

If claims are not explained here, exemptions and/or deductions will be disallowed and proposed assessments prepared against you. If you are claiming a deduction for payments to subcontractors, you must complete both Parts I and III. For subleases, see Form G-72 and complete both Parts I and IV. For wholesale sales of amusements, see Form G-81. See page 2 for Specific Instructions.

| ACTIVITY | / ED CODE | AMOUNT | ACTIVITY | / ED CODE | AMOUNT | ACTIVITY | ED CODE | AMOUNT |
|----------|-----------|-------------|----------|-----------|-------------|----------|---------|-------------|
| 999 | 999 | 99999999999 | 999 | 999 | 99999999999 | 999 | 999 | 99999999999 |
| 999 | 999 | 99999999999 | 999 | 999 | 99999999999 | 999 | 999 | 99999999999 |
| 999 | 999 | 99999999999 | 999 | 999 | 99999999999 | 999 | 999 | 99999999999 |
| 999 | 999 | 99999999999 | 999 | 999 | 99999999999 | 999 | 999 | 99999999999 |

Grand Total of Exemptions and Deductions — Transfer to Form G-45, line 37 or Form G-49, line 39. If more space is needed, attach a schedule. Include the total deductions claimed from any attachments in this total.

99999999999

PART II — FEDERALLY PREEMPTED DEDUCTION EXPLANATION

If the amount claimed is exempt due to federal preemption, cite the federal statute (i.e., title and section of the United States Code) and provide an explanation of the exemption. If more space is needed, attach a statement.

PART III — SUBCONTRACTOR INFORMATION

If you claimed a subcontractor deduction, complete the required information below. If you have more than three (3) subcontractors, show those accounting for the largest deductions on this page and attach a schedule with the information for the remaining subcontractors.

| HAWAII TAX I.D. NO. | NAME AND DE | BA NAME | AMOUNT |
|---------------------|-------------|------------------------------|-------------|
| GE-999-999-9999-99 | PART III - | SUBCONTRACTOR INFORMATIONX | 99999999999 |
| GE-999-999-9999-99 | PART III - | SUBCONTRACTOR INFORMATIONX | 99999999999 |
| GE-999-999-9999-99 | PART III - | - SUBCONTRACTOR INFORMATIONX | 99999999999 |

Total Subcontract Deductions Claimed. Include the total deductions claimed from any attachments in this total ...

99999999999

PART IV — LESSOR INFORMATION FOR SUBLEASE DEDUCTION

If you claimed a sublease deduction, complete the required information below for each of your LESSORs. If you made deductible payments to more than two lessors, show those that received the largest amounts on this page and attach a statement that includes the information for the other Lessors.

| HAWAII TAX I.D. NO. | NAME AND DBA NAME | | | |
|---------------------|-------------------|---------------|--------------|------------|
| GE-999-999-999-99 | PART IV - LESSOR | INFORMATION F | FOR SUBLEASE | DEDUCTIONX |
| GE-999-999-999-99 | PART IV - LESSOR | INFORMATION F | FOR SUBLEASE | DEDUCTIONX |

PART V — CLASSIFICATION AND INFORMATION FOR DIVISION OF INCOME

If you split your gross income with another licensed taxpayer under §237-18, complete the required information below for the other taxpayers and their share of the income. If you split income with more than three (3) taxpayers, show those with the largest income on this page and attach a list with the information for the other taxpayers. For more information, see the Part V Instructions.

| HAWAII TAX I.D. NO. | NAME AND DBA NAME | §CODE AMOUNT |
|---------------------|-----------------------------|-----------------------|
| GE-999-999-999-99 | PART V - CLASSIFICATION AND | INFO 999 99999999999 |
| GE-999-999-9999-99 | PART V - CLASSIFICATION AND | INFO 999 99999999999 |
| GE-999-999-9999-99 | PART V - CLASSIFICATION AND | INFO 999 999999999999 |

Specific Instructions for Part I Details of Exemptions/Deductions (ED)

Note: Most ordinary business expenses are NOT DEDUCTIBLE (e.g., materials, supplies, etc.) on your general excise tax return.

You must explain your exemptions and deductions, otherwise they will be disallowed and you will owe more taxes. For each exemptions/deductions you have claimed, enter:

- 1. For the "Activity" column, enter the Part and line number from your general excise tax return for the activity. For example, the activity code for Wholesaling is "P11," since Wholesaling is Part I, line 1; for Contracting it is "P210," since Contracting is Part II, line 10; for Insurance Commissions it is "P318," since Insurance Commissions is Part III, line 18; and for "City & County of Honolulu Surcharge Tax" it is "P419," since it is on line 19 of Part IV.
- 2. For the ED Code please see the list of codes below and enter the corresponding Exemption/Deduction code.

3. Enter your total amount of the exemption/deduction claimed for that Activity and ED Code.

ACTIVITY / ED CODE

Example: Taxpayer A has made a \$2,000 sale of tangible personal property to the Federal Government. Taxpayer A enters the following to justify their deduction entered in Column b of the General Excise Tax Return:

AMOUNT

| Description (HRS) | ED Code | Description (HRS) | ED Code | Description (HRS) | ED Code | | |
|--|---------|---|-------------|---|--|--|--|
| Affordable Housing (§§46-15.1, 201 237-29, 238-3(j)) | | Federal Cost-Plus Contractors (§ Federal Preempted Amount (§ § 237-22, 238-3(a)) | | Patient-Centered Community Care (Petroleum Refining (§237-27) Potable Water (§237-23(a)(7)) Professional Employer Organizat (§237-24.75(3)) Producers (Certain property used R Real Estate Sales (§237-3(b)) Reimbursement of Payroll Costs (§2 | 135 136 tions 137 1 (§238-4))138 | | |
| C | m 1 | 1 | | S | | | |
| Certain Convention, Conference and Show (§237-16.8) | | Insurance Proceeds Received Be a Natural Disaster (\$237-24. Intercompany Charges (\$237-23. L Labor Organizations (\$237-24.3. Lease and Sublease of Real Property (\$237-16.5) | 7(6)) | Sales Tax Offset (§§237-22(b), 2 Sales to Federal Government and Credit Unions (§237-25(a)) Scientific Contracts (§§237-26, 2 Service Related to Ship & Aircraft (§ Shipbuilding and Ship Repairs (§ Shipping and Handling of Agrict Commodities (§237-24.3(1)) Small Business Innovation Research Grants (§237-24.7(Stock Exchange Transactions (§2 Subcontract Deduction (§237-13 Sugar Cane Payments to Indepen Producers (§237-24(14)) | 1 | | |
| D | | Non-profit Organizations (§237- | 23)130 | Т | | | |
| Diplomats and Consular Officials (§§237-24.3(10), 238-1) | | Orchard Operator (\$237-24.7(4) Out of State Sales (\$237-29.5(1) Out of State Services or Contrac Foreign Customers (\$238-2. | ting to 132 | Taxes Passed On (§§237-24(8), 23 237-24(11), 237-24(12), 237-24. (Caution, see Forms G-45/G-49 W Wholesale, Imported for Resale a §238-2.3(a)(1)(A)) Wholesale Amusements (§237-44 Wholesale Transactions (Sales of property imported for further (\$8237-29.55) | at (§238-2(1), | | |

If you split income with a taxpayer shown on page 1 under more than one § Code, total the amounts for the taxpayer, enter "See Attached" in the § Code field, and provide a separate statement listing each taxpayer's Hawaii Tax I.D. No., Name and DBA Name, § Code and amount.

| Description (HRS) | § Code | Description (HRS) | § Code | Description (HRS) | § Code |
|---|---------|--------------------------------------|--------|--------------------------------------|--------|
| Coin Operated Devices (§237-18(a)) | 18A | Motor Carriers (§237-18(h)) | 18Н | Tour Packagers/Travel Agents - | |
| Insurance Agents and Realtors (§237-18(| e)) 18E | Producers and Promoters (§237-18(b)) | 18B | Tourism Related Services (§237-18(f) |) 18F |
| | | | | Noncommissioned Transient | |
| | | | | Accommodations (§237-18(g)) | 18G |