QR Code Here	•	
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GE-999-999-999-99

16

ID NO XX

GENERAL EXCISE/USE ANNUAL RETURN & RECONCILIATION

HAWAII TAX I.D. NO.

Human Readable text here

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

Last 4 digits of your FEIN or SSN 1234

		BUSINESS	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 2 2 2	2.	Manufacturing	99999999999999	9999999999999	99999999999999	х	2
RUER	3.	Producing	99999999999999	9999999999999	99999999999999	х	3
5	4.	Wholesale Services	9999999999999	9999999999999	99999999999999	х	4
MOM	5.	Landed Value of Imports for Resale	99999999999999	9999999999999	99999999999999	x	5
	6.	Business Activities of Disabled Persons	9999999999999	9999999999999	99999999999999	x	6
E			of Part I, Column c (Taxable Income) — Enter the result here and on page 2, line 24, Column c 99999999999999999999999999999999999				
•	8.	Retailing	9999999999999	9999999999999	99999999999999	х	8
	9.	Services Including Professional	9999999999999	9999999999999	99999999999999	х	9
	10.	. Contracting	9999999999999	9999999999999	99999999999999	х	10
	11.	. Theater, Amusement and Broadcasting	9999999999999	9999999999999	99999999999999	x	11
	12.	. Commissions	99999999999999	9999999999999	99999999999999	х	12
	13	. Transient Accommodations Rentals	9999999999999	9999999999999	99999999999999	х	13
	14.	. Other Rentals	99999999999999	9999999999999	99999999999999	х	14
	15	. Interest and All Others	9999999999999	9999999999999	99999999999999	x	15
	16	Landed Value of Imports for Consumption	9999999999999	9999999999999	9999999999999	x	16
	17.	. Sum of Part II, Column	c (Taxable Income) — Enter the result I	here and on page 2, line 25, Column c	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	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-49 (REV. 2023)		JUUUUUUUUUU	VVVVVVVV		Page 2 of 2	
Place	Name: TAXPAYER NAME	SXXXXXXXXX	XXXXXXXX		- ID NO XX	
QR Code Here	Hawaii Tax I.D. No.	GE-999-999	-9999-99		(mm dd yy)	
	_ast 4 digits of your FEIN or	SSN 1234		TAX	YEAR ENDING 99-99-99	I
BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCE OR GROSS INCOME	EEDS EX	Column b EMPTIONS/DEDUC (Attach Schedule G	TIONS	Column c TAXABLE INCOME (Column a minus Column b)	
PART III - INSUR	ANCE COMMISSIONS @ .	15% (.0015)			Enter this amount on line 26, Column	с
18. Insurance Commissions	999999999999	99	999999999999	99	9999999999999	X ₁₈
	TY SURCHARGE — Enter th the app	ne amounts from Par blicable county rate	rt II, line 17, Column o e(s) and enter the tot	c attributab tal of the r	le to each county. Multiply Column c I esult(s) on Part VI, line 27, Column e	by
19. Oahu (rate = .005)) 9999999999999999	99	9999999999999	99	9999999999999	X ₁₉
20. Maui (rate = .005)	999999999999	99	9999999999999	99	9999999999999	X 20
21. Hawaii (rate = .00	5) 999999999999	99	9999999999999	99	9999999999999	X ₂₁
22. Kauai (rate = .005) 99999999999	99	999999999999	99	99999999999999	X 22
					and may be subject to a 10% penalty for noncor	
Place an X in the box of th 23. X Oa		ucted business. IF you di X Hawaii	id business in MORE THA X Kaua		ct, place an X in the box for "MULTI" and attach X MULTI	Form G-75 23
PART VI - TOTAI	L RETURN AND RECONCI			- 175		
		Column		RATE Imn d	TOTAL TAX Column e = Column c X Column d	
24. Enter the amou	nt from Part I, line 7	999999999	9999 x.00	5 24.	9999999999999.99	x
25. Enter the amou	nt from Part II, line 17	999999999	9999 x.04	25.	9999999999999.99	x
26. Enter the amount fr	rom Part III line 18, Column c	999999999	9999 x.00	15 26.	9999999999999.99	х
27. COUNTY SUR	CHARGE TAX. See Instructions f	for Part IV. Multi distr	rict complete Form G-	75 27.	9999999999999.99	x
	ES DUE. Add column e of lines 24 thro ave any activity for the period, en				9999999999999.99	x
29. Amounts Assess	sed During the Period	PENALTY \$_9	99999999999.9 99999999999.9	99 99 29 .	99999999999999999999	
30. TOTAL AMO	UNT. Add lines 28 and 29			30.	9999999999999.99	x
31. TOTAL PAYMEN	NTS MADE LESS ANY REFUNDS	RECEIVED FOR TH	HE TAX YEAR	31.	999999999999999999999999999999999999999	
32. CREDIT CLAIME	ED ON ORIGINAL ANNUAL RETU	RN. (For Amended)	Return ONLY)	32.	999999999999999999999999999999999999999	
33. NET PAYMENTS	S MADE. Line 31 minus line 32			33.	999999999999999999999999999999999999999	
34. CREDIT TO BE	REFUNDED. Line 33 minus line 3	30		34.	999999999999999999999999999999999999999	
35. ADDITIONAL TA	AXES DUE. Line 30 minus line 33				9999999999999.99	
36. FOR LAT	E FILING ONLY →		99999999999.9 99999999999.9		99999999999999999999	
37. TOTAL AMOUN	T DUE AND PAYABLE (Add lines 3	35 and 36)			9999999999999.99	
	R THE AMOUNT OF YOUR F s return, please enter "0.00" here.				9999999999999.99	
GE is not attache	OF EXEMPTIONS/DEDUCTIONS ed, exemptions/deductions claimed				9999999999999	
G492H7V9					FORM G-49 (REV, 2023)	16