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GENERAL EXCISE/USE TAX RETURN

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

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

Last 4 digits of your FEIN or SSN 9999

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX ID NO XX

Table with 4 columns: BUSINESS ACTIVITIES, Column a (VALUES, GROSS PROCEEDS OR GROSS INCOME), Column b (EXEMPTIONS/DEDUCTIONS), Column c (TAXABLE INCOME). Rows include Wholesaling, Manufacturing, Producing, Wholesale Services, Landed Value of Imports for Resale, Business Activities of Disabled Persons, Retailing, Services Including Professional, Contracting, Theater, Amusement and Broadcasting, Commissions, Transient Accommodations Rentals, Other Rentals, Interest and All Others, Landed Value of Imports for Consumption.

• 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

Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

ID NO XX

Place  
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Here

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

Last 4 digits of your FEIN or SSN 9999

PERIOD ENDING 99-99

	<b>Column a</b>	<b>Column b</b>	<b>Column c</b>	
BUSINESS ACTIVITIES	VALUES, GROSS PROCEEDS OR GROSS INCOME	EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	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	18
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**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	19
20. Maui (rate = .005)	999999999999	999999999999	999999999999	20
21. Hawaii (rate = .005)	999999999999	999999999999	999999999999	21
22. Kauai (rate = .005)	999999999999	999999999999	999999999999	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.	<input checked="" type="checkbox"/> Oahu	<input checked="" type="checkbox"/> Maui	<input checked="" type="checkbox"/> Hawaii	<input checked="" type="checkbox"/> Kauai	<input checked="" type="checkbox"/> MULTI	23
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**PART VI - TOTAL PERIODIC RETURN**

	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 .00
25. Enter the amount from Part II, line 17 .....	999999999999	x .04	25.	999999999999 .00
26. Enter the amount from Part III line 18, Column c.....	999999999999	x .0015	26.	999999999999 .00
27. <b>COUNTY SURCHARGE TAX.</b> See Instructions for Part IV. Multi district complete Form G-75....			27.	999999999999 .00
28. <b>TOTAL TAXES DUE.</b> 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 .00
29. Amounts Assessed During the Period..... (For Amended Return Only)	PENALTY \$ 9999999999.99 INTEREST \$ 9999999999.99		29.	999999999999 .00
30. <b>TOTAL AMOUNT.</b> Add lines 28 and 29.....			30.	999999999999 .00
31. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY).....			31.	999999999999 .00
32. <b>CREDIT TO BE REFUNDED.</b> Line 31 minus line 30 (For Amended Return ONLY).....			32.	999999999999 .00
33. <b>ADDITIONAL TAXES DUE.</b> Line 30 minus line 31 (For Amended Return ONLY).....			33.	999999999999 .00
34. <b>FOR LATE FILING ONLY</b> → PENALTY \$ 9999999999.99 INTEREST \$ 9999999999.99			34.	999999999999 .00
35. <b>TOTAL AMOUNT DUE AND PAYABLE</b> (Original Returns, add lines 30 and 34; Amended Returns, add lines 33 and 34).....			35.	999999999999 .00
36. <b>PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.</b> Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. BOX 1425, HONOLULU, HI 96806-1425 or file and pay electronically at hitax.hawaii.gov. If you are NOT submitting a payment with this return, please enter "0.00" here. ....			36.	999999999999 .00
37. <b>GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.</b> (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed. ....			37.	999999999999

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