



Place QR Code Here

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-999-999-9999-99

Last 4 digits of your FEIN or SSN 1234

ID NO XX

NAME: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

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, and Sum of Part I and Part II.

• 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.

Table with 4 columns: SIGNATURE, TITLE, DATE, DAYTIME PHONE NUMBER. Values include TITLEXXXXXXXX, 99/99/99, and (999) 999-9999.

FORM G-49

(Rev. 2019)
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Name: TAXPAYER NAMEXXXXXXXXXXXXXXXXXXXX

ID NO XX

Place QR Code Here

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

(mm-dd-yy)

Last 4 digits of your FEIN or SSN 1234

TAX YEAR ENDING 99-99-99

Table with 4 columns: BUSINESS ACTIVITIES, Column a (VALUES, GROSS PROCEEDS OR GROSS INCOME), Column b (EXEMPTIONS/DEDUCTIONS), Column c (TAXABLE INCOME). Includes instructions for Column c: (Column a minus Column b).

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

Enter this amount on line 26, Column c

Line 18: Insurance Commissions. Values: 999999999999, 999999999999, 999999999999. Marked with X in column 23.

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.

Lines 19-22: County Surcharge for Oahu, Maui, Hawaii, and Kauai. Each line shows a value of 999999999999 and is marked with X in column 23.

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.

Line 23: District assignment table with X marks for Oahu, Maui, Hawaii, Kauai, and MULTI. Total 23.

PART VI - TOTAL RETURN AND RECONCILIATION

Main reconciliation table with columns: TAXABLE INCOME (Column c), TAX RATE (Column d), TOTAL TAX (Column e = Column c X Column d). Includes lines 24-39 for various taxes and penalties.

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