ATTACH CHECK OR MONEY ORDER HERE

## GENERAL EXCISE/USE ANNUAL RETURN & RECONCILIATION

TAX YEAR ENDING		HAWAII TAX I.D. NO. <b>GE</b>	
Last 4 digits of your F	EIN or SSN		
NAME:			ID NO 01
BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)
ART I - GENERAL EX	CISE and USE TAXES @ $^{1\!\!/_2}$ C	PF 1% (.005)	
I. Wholesaling	.00	.00	Neg Neg
2. Manufacturing	.00	.00	Neg 100 Neg
. Producing	.00	.00	Neg Neg
. Wholesale Services	00.	.00	Neg Neg
<ol> <li>Landed Value of Imports for Resale</li> </ol>	.00	.00	I Neg
Business Activities of			Neg
Disabled Persons	_	.00	
Disabled Persons  Z. Sum of Part I, Column	c (Taxable Income) — Enter the resu	allt here and on page 2, line 24, Column c	.00 Neg
Disabled Persons  Sum of Part I, Column  ART II - GENERAL EX			.00 Neg
Disabled Persons  Sum of Part I, Column  ART II - GENERAL EX  Retailing			.00 Neg
Disabled Persons  Sum of Part I, Column  ART II - GENERAL E)  Retailing  Services Including Professional			.00 Neg .00 Neg .00 Neg .00 Neg .00 Neg .00 Neg
Disabled Persons  Sum of Part I, Column RT II - GENERAL EX  Retailing Services Including Professional  O. Contracting			.00 Neg
Disabled Persons  Sum of Part I, Column ART II - GENERAL E)  Retailing Services Including Professional  O. Contracting  1. Theater, Amusement and Broadcasting			.00 Neg
Disabled Persons  Sum of Part I, Column ART II - GENERAL EX  Retailing Services Including Professional  Contracting Theater, Amusement and Broadcasting  Commissions			.00 Neg
Disabled Persons  . Sum of Part I, Column ART II - GENERAL EX  . Retailing  . Services Including Professional  0. Contracting  1. Theater, Amusement and Broadcasting  2. Commissions  3. Transient Accommodations Rentals			Neg
Disabled Persons  . Sum of Part I, Column ART II - GENERAL E)  . Retailing  . Services Including Professional  0. Contracting  1. Theater, Amusement and Broadcasting  2. Commissions  3. Transient Accommodations Rentals  4. Other Rentals			Neg
Disabled Persons  7. Sum of Part I, Column ART II - GENERAL EX  8. Retailing 9. Services Including Professional  9. Contracting 11. Theater, Amusement and Broadcasting  22. Commissions 13. Transient Accommodations Rentals  44. Other Rentals  15. Interest and	COISE and USE TAXES @ 4%  .00 .00 .00 .00 .00 .00 .00 .00 .00 .		.00 Neg

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

**FORM G-49** Page 2 of 2 (REV. 2023) Name: ID NO 01 GE Hawaii Tax I.D. No. (mm dd yy) Last 4 digits of your FEIN or SSN TAX YEAR ENDING G49 I 2023A 02 VID01 Column a Column b Column c VALUES, GROSS PROCEEDS **EXEMPTIONS/DEDUCTIONS BUSINESS** TAXABLE INCOME OR GROSS INCOME **ACTIVITIES** (Attach Schedule GE) (Column a minus Column b) PART III - INSURANCE COMMISSIONS @ .15% (.0015) Enter this amount on line 26, Column c Insurance Commissions **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) 20. Maui (rate = .005) 21. Hawaii (rate = .005) 22. Kauai (rate = .005) 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.) DARKEN the oval of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, darken the oval "MULTI" and attach Form G-75. 23 Oahu Maui Hawaii Kauai MULTI PART VI - TOTAL RETURN AND RECONCILIATION TAXABLE INCOME TAX RATE **TOTAL TAX** Column c Column d Column e = Column c X Column d Enter the amount from Part I, line 7 ..... x .005 24. 24. 25 Enter the amount from Part II, line 17 ..... x .04 25 Enter the amount from Part III line 18, Column c..... x .0015 26. 26. COUNTY SURCHARGE TAX. See Instructions for Part IV. Multi district complete Form G-75.... 27. 27. TOTAL TAXES DUE. Add column e of lines 24 through 27 and enter result here (but not less than zero). PENALTY \$ Amounts Assessed During the Period..... 29. 29. INTEREST \$ TOTAL PAYMENTS MADE LESS ANY REFUNDS RECEIVED FOR THE TAX YEAR ......31. CREDIT CLAIMED ON ORIGINAL ANNUAL RETURN. (For Amended Return ONLY)......32. 32 

39. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule

FOR LATE FILING ONLY →

PENALTY \$\_

INTEREST \$\_

36.

23