



GBF081

GENERAL EXCISE/USE TAX RETURN

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

Month Quarter Semiannual

PERIOD ENDING (MM/YY)

NAME:

HAWAII TAX I.D. NO. **W**

Last 4 digits of your FEIN or SSN

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)

PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

- 1. Wholesaling
- 2. Manufacturing
- 3. Producing
- 4. Wholesale Services
- 5. Use Tax on Imports For Resale
- 6. Business Activities of Disabled Persons
- 7. **Sum of Part I, Column c** (Taxable Income) — Enter the result here and on Page 2, line 21, Column (a)

PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

- 8. Retailing
- 9. Services Including Professional
- 10. Contracting
- 11. Theater, Amusement and Broadcasting
- 12. Commissions
- 13. Transient Accommodations Rentals
- 14. Other Rentals
- 15. Interest and All Others
- 16. Use Tax on Imports For Consumption
- 17. **Sum of Part II, Column c** (Taxable Income) — Enter the result here and on Page 2, line 22, Column (a)

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
▶	▶	▶

Continued on Page 2 — Parts V & VI *MUST* be completed

• ATTACH CHECK OR MONEY ORDER HERE •



GBF082

Name:
Hawaii Tax I.D. No. **W**
Last 4 digits of your FEIN or SSN

Period Ending

	Column a	Column b	Column c
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)			

18. Insurance Commissions

Enter this amount on line 23, Column (a)

PART IV - CITY & COUNTY OF HONOLULU SURCHARGE TAX @ 1/2 OF 1% (.005)

19. Oahu Surcharge

Enter this amount on line 24, Column (a)

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.) See Instructions. **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.

20. Oahu Maui Hawaii Kauai MULTI

PART VI - TOTAL PERIODIC RETURN

	TAXABLE INCOME Column (a)	TAX RATE Column (b)	TOTAL TAX Column (c) = Column (a) X Column (b)
21. Enter the amount from Part I, line 7	\$ _____	.00 x .005	= \$ _____
22. Enter the amount from Part II, line 17	\$ _____	.00 x .04	= \$ _____
23. Enter the amount from Part III line 18, Column c...	\$ _____	.00 x .0015	= \$ _____
24. Enter the amount from Part IV, line 19, Column c..	\$ _____	.00 x .005	= \$ _____

25. **TOTAL TAXES DUE.** Add column (c) of lines 21 through 24 and enter result here. **If you did not have any activity for the period, enter "0.00" here** **25.**

26. Amounts Assessed During the Period..... **26.**
 (For Amended Return ONLY) PENALTY \$ _____
 INTEREST \$ _____

27. **TOTAL AMOUNT.** Add lines 25 and 26..... **27.**

28. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY)..... **28.**

29. **CREDIT TO BE REFUNDED.** Line 28 minus line 27 (For Amended Return ONLY) **29.**

30. **ADDITIONAL TAXES DUE.** Line 27 minus line 28 (For Amended Return ONLY) **30.**

31. **FOR LATE FILING ONLY →** PENALTY \$ _____ **31.**
 INTEREST \$ _____

32. **TOTAL AMOUNT DUE AND PAYABLE** (Original Returns, add lines 27 and 31;
 Amended Returns, add lines 30 and 31)..... **32.**

33. **PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.** Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. Write "GE", 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 www.ehawaii.gov/efile **If you are NOT submitting a payment with this return, please enter "0.00" here.** **33.**

34. **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.** (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed..... **34.**