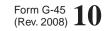
FORM G-45		FILL	STATE OF HAWAII —	DEPARTMENT OF TAXATION	DO NOT WRITE IN THIS AREA	
	GBE	F081		L EXCISE/USE RETURN		
	Place	an X in this k	oox ONLY if this is	s an AMENDED return	-	
	Month	Quarter	Semiannual			
Ρ	ERIOD ENDII	NG (MM/YY)		NAME:		
H	AWAII TAX I.D). NO. W		Last 4 digits	s of your FEIN or SSN	
	BUSINESS ACTIVITIES	VALUES,	Column a GROSS PROCEEDS GROSS INCOME	Column b EXEMPTIONS/DEDUCTION: (Attach Schedule GE)	S TAXABLE INCOME (Column a minus Column b)	
PAF	RT I - GENER					
1.	Wholesaling					
2.	Manufacturing					
3.	Producing					
4.	Wholesale Serv	ices				
5.	Use Tax on Imports For Res	ale				
6.	Business Activiti Disabled Person					
			ncome) — Enter the result d USE TAXES @ 4% (t here and on Page 2, line 21, Colur (.04)	nn (a)	
8.	Retailing					
9.	Services Includio Professional	ng				
10	. Contracting					
11.	Theater, Amuser and Broadcastin					
12	. Commissions					
13.	Transient Accommodations Re	entals				
14	Other Rentals					
15.	Interest and All Others					
16.	Use Tax on Impo For Consumption					
47	Sum of Part II,	Column c (Taxable	Income) — Enter the result	here and on Page 2, line 22, Colur	mn (a)	

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
	\succ	>

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



the

WEB						
FO	RM G-45 Page 2 of 2 FILL					
	IIII IIIII IIII IIII IIII IIII IIII Name	:				
	Hawai	i Tax I.D. No. W				Period Ending
	Last 4	digits of your FEIN or SSN				
	GBF082					
A	Column a USINESS VALUES, GROSS PRO CTIVITIES OR GROSS INCO RT III - INSURANCE COMMISSIONS @	ME (Attach Sch	DEDUCTI		(C	Column c TAXABLE INCOME olumn a minus Column b)
	Insurance Commissions					
	Commissions			En	ter this	amount on line 23, Column (a)
PA	RT IV - CITY & COUNTY OF HONOLU	LU SURCHARGE TAX @ ½	OF 1%			
40	Ochu Suzzhouzz					
19.	Oahu Surcharge			Fn	ter this	amount on line 24, Column (a)
be you	RT V — SCHEDULE OF ASSIGNMEN subject to a 10% penalty for noncomplia have conducted business. IF you did business of you did business.	ance.) See Instructions. Pla	ce an X	in the bo	ox of th	ne taxation district in which
20 .	Oahu Maui	Hawaii	Kauai			MULTI
PA	RT VI - TOTAL PERIODIC RETURN	TAXABLE INCOME Column (a)		TAX RATE Column (b)		TOTAL TAX olumn (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 of	·		x .0015		
24.	Enter the amount from Part IV, line 19, Column	c \$.00	x .005	= \$.	
25.	TOTAL TAXES DUE. Add column (c) of line	es 21 through 24 and enter result he	ere. If you			
	did not have any activity for the period, enter		-	25.		
26	Amounts Assessed During the Period	PENALTY \$				
20.	Amounts Assessed During the Period	INTEREST \$		26.		
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 2	. ,				
31.	FOR LATE FILING ONLY	PENALTY \$ INTEREST \$		31.		
32.	TOTAL AMOUNT DUE AND PAYABLE (Original			•		
	Amended Returns, add lines 30 and 31)					
33.	PLEASE ENTER THE AMOUNT OF YOUR to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to For I.D. No. on your check or money order. Mail to: HAWAII HONOLULU, HI 96806-1425 or file and pay elec If you are NOT submitting a payment with this	m G-45. Write "GE", the filing period, and y DEPARTMENT OF TAXATION, P. C ctronically at www.ehawaii.gov/efile	your Hawaii T D. BOX 142	ax 5,		
34.	GRAND TOTAL OF EXEMPTIONS/DE (<i>Attach Schedule GE</i>) If Schedule GE is not attac claimed will be disallowed	ached, exemptions/deductions		34.		