

**GENERAL EXCISE/USE  
TAX RETURN**

Check this box if this is an AMENDED Return  
 Month       Quarter       Semiannual

Period Ending January 2016 to June 2016

HAWAII TAX I.D. NO. W52323212-01

NAME: Hui Makua o Puohala

Last 4-digits of your FEIN or SSN: 3208

• ATTACH YOUR CHECK OR MONEY ORDER HERE

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

- 1. Wholesaling
- 2. Manufacturing
- 3. Producing
- 4. Wholesale Services
- 5. Landed Value of 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	1,299 .00	
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. Landed Value of Imports For Consumption		
17. <b>Sum of Part II, Column c</b> (Taxable Income) - Enter the result here and on Page 2, line 22, Column (a)		1,299 .00

**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.

<u>Ardis Eschenberg</u> SIGNATURE	<u>Treasurer</u> TITLE	<u>07/31/2016</u> DATE
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**Continued on Page 2 - Parts V & VI MUST be completed**

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HAWAII TAX I.D. NO. W52323212-01

Period Ending January 2016 to June 2016

Last 4-digits of your FEIN or SSN: 3208

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 III - INSURANCE COMMISSIONS @ 0.15% (0.0015)**

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

1,299 .00

0.00

1,299 .00

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. **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 indicate the assignment of General Excise/Use Taxes by Districts in the boxes below.  
NOTE: Please enter zero in the district box if you did not have any activity.

20.  Oahu       Maui       Hawaii       Kauai       MULTI  
                  OAHU DISTRICT      MAUI DISTRICT      HAWAII DISTRICT      KAUAI DISTRICT

**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 . . . . .	\$	X 0.005 =	\$
22. Enter the amount from Part II, line 17 . . . . .	\$ 1,299 .00	X 0.04 =	\$ 51.96
23. Enter the amount from Part III line 18, Column c.	\$	X 0.0015 =	\$
24. Enter the amount from Part IV, line 19, Column c	\$ 1,299 .00	X 0.005 =	\$ 6.50
<b>25. TOTAL TAXES DUE.</b> 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. . . . .			<b>25.</b> 58.46
26. Amounts Assessed During the Period. . . . . (For Amended Return ONLY)	PENALTY \$ INTEREST \$		<b>26.</b>
<b>27. TOTAL AMOUNT.</b> Add lines 25 and 26 . . . . .			<b>27.</b> 58.46
28. TOTAL PAYMENTS MADE FOR THE PERIOD (For Amended Return ONLY) . . . . .			<b>28.</b>
29. CREDIT TO BE REFUNDED. Line 28 minus line 27 (For Amended Return ONLY) . . . . .			<b>29.</b>
30. ADDITIONAL TAXES DUE. Line 27 minus Line 28 (For Amended Return ONLY) . . . . .			<b>30.</b>
<b>31. FOR LATE FILING ONLY</b> →	PENALTY \$ 2.92 INTEREST \$ 0.41		<b>31.</b> 3.33
32. TOTAL AMOUNT DUE AND PAYABLE (Original Returns, add lines 27 and 31; Amended Returns, add lines 30 and 31) . . . . .			<b>32.</b> 61.79
<b>33. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.</b> If you are not submitting a payment with this return, please enter "0.00" here. . . . .			<b>33.</b> 61.79
<b>34. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.</b> (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed . . . . .			<b>34.</b> 0.00

STATE OF HAWAII -- DEPARTMENT OF TAXATION  
TAX PAYMENT VOUCHER

**VP-1**

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Name (Please print): Hui Makua o Puohala

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" Write the tax and filing types, and your Hawaii Tax I.D. number on your check or money order.

Tax Type (check only 1)                      Filing Type (check only 1) Enter Date as MM DD YY

<input checked="" type="checkbox"/> General Excise (GE)	License Fee	
	1st Period End	
<input type="checkbox"/> Transient Accommodations (TA)	<input checked="" type="checkbox"/> Periodic Return	
	Period Begin	01 01 16
<input type="checkbox"/> Hawaii Withholding (WH)	Period End	06 30 16
<input type="checkbox"/> Rental Motor, Tour & Car-Sharing Vehicles (RV)	Annual Return	
	Period Begin	
	Period End	

Last 4 Digits of Your FEIN or SSN  
**3208**  
Hawaii Tax I.D. Number  
**52323212-01**  
Amount of Payment  
**61.79**

**W**

**07/31/2016**  
**PRN073104540937**

FILED VIA INTERNET  
DO NOT SUBMIT AS PAPER FORM