

STATE OF HAWAII — DEPARTMENT OF TAXATION
**APPLICATION FOR EXTENSION OF TIME TO FILE
THE GENERAL EXCISE/USE TAX ANNUAL
RETURN AND RECONCILIATION (FORM G-49)**

Please read instructions below before preparing form.

TAXPAYER'S
NAME: _____
BUSINESS
NAME (DBA): _____
ADDRESS: _____

HAWAII TAX I.D. No.

W _____ - _____

LAST 4 DIGITS OF YOUR FEIN OR SSN: _____

APPLICATION is hereby made for an extension of time to file the general excise and use tax annual return and reconciliation (Form G-49):

- a. For:
 - calendar year ending December 31, 20 _____
 - fiscal year ending _____ / _____ / _____
MO DAY YR
- b. An extension is requested until:
(No more than 3 months. See Instructions below.)
_____ / _____ / _____
MO DAY YR
- c. Were you previously granted an extension of time to file this return?
 Yes No If yes, previous extension was granted to _____ / _____ / _____
MO DAY YR
- d. This extension is necessary for the following reasons (see instructions below):

e. **ADDITIONAL TAXES DUE.** (If no payment is due, enter "0".) Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. Bank AND Form VP-1 to Form G-39. Write "G-39", the tax year, 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 Form G-39 can be filed and payment made electronically at www.ehawaii.gov/efile.....

\$ _____

DECLARATION

I declare under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct, prepared in accordance with the provisions of the General Excise and Use Tax Laws and the rules issued thereunder.

SIGNATURE OF TAXPAYER, PARTNER OR MEMBER, OFFICER, OR DULY AUTHORIZED AGENT DATE
DAYTIME PHONE NUMBER: () _____

INSTRUCTIONS

NOTE: This form may be electronically filed (e-filed) with the Department of Taxation. For more information, go to: www.ehawaii.gov/efile

- 1. Extensions will only be granted for 3 months or less. See 6 below if additional extensions are needed.
- 2. Extensions will only be granted for a good reason (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
- 3. This extension of time to file is **NOT AN EXTENSION OF TIME TO PAY.** If additional general excise and use taxes are due for the year, write the amount due on line e. Your check or money order for the entire amount, payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank and Form VP-1, Tax Payment Voucher, must be attached to this form.
- 4. Submit the completed form to the Hawaii Department of Taxation **ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN.** Applications for extensions filed after that date will **not** be granted.
- 5. **IMPORTANT** — Approved applications for extensions are valid **ONLY IF** all monthly, quarterly, or semiannual periodic returns (Form G-45) for the year have been filed.
- 6. **ADDITIONAL** extensions of time to file the general excise/use tax annual return and reconciliation beyond the initial 3-month period may be requested by completing this after that date will **not** be granted.
- 7. **IMPORTANT** — The total period for which extensions will be granted **cannot** exceed six (6) months.

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESS

HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425
Telephone: 808-587-4242
Toll Free: 1-800-222-3229

ATTACH YOUR CHECK OR MONEY ORDER AND FORM VP-1 HERE