

STATE OF HAWAII—DEPARTMENT OF TAXATION
**QUARTERLY TAX RETURN FOR ADDITIONAL FUEL TAXES DUE
 ON FUEL INITIALLY PURCHASED FOR USE OFF THE
 PUBLIC HIGHWAYS BUT SUBSEQUENTLY USED ON THE PUBLIC HIGHWAYS**

TO BE FILED BY END USER

Please Print or Type	Name	FEIN or SSN	NOTE: This return with payment must be submitted to the Department of Taxation on or before the last day of the month following the close of the filing period.
	Business address (Number and Street)	Period Beginning	
	City, State, ZIP code	Period Ending	

PART I — DIESEL OIL	(a) CITY AND COUNTY OF HONOLULU	(b) COUNTY OF MAUI*	(c) COUNTY OF HAWAII	(d) COUNTY OF KAUAI	(e) TOTAL TAX DUE (add cols. a thru d)
1. (a) Gallons purchased where only 1¢ tax previously paid					
(b) Tax Rate	31.5¢ ^b	33¢ ^a /31¢ ^e	23.8¢	28¢	
(c) Additional Tax Due. Multiply line 1(a) by 1(b) of cols. a thru d					
2. (a) Gallons purchased where NO tax was previously paid					
(b) Tax Rate	32.5¢ ^b	34¢ ^a /32¢ ^e	24.8¢	29¢	
(c) Additional Tax Due. Multiply line 2(a) by 2(b) of cols. a thru d					

3. TOTAL DIESEL OIL TAX DUE — Add column (e), lines 1(c) and 2(c)

4. *For the County of Maui, specify and separately show the number of gallons used in Lanai and Molokai
 Lanai _____ Molokai _____

^a Effective July 1, 2003, pursuant to Maui County Resolution No. 03-65.
^b Pursuant to City and County of Honolulu Resolution No. 02-55.
^e Effective July 1, 2006, pursuant to Maui County Resolution No. 06-44.

PART II — ALTERNATIVE FUEL	(a) CITY AND COUNTY OF HONOLULU	(b) COUNTY OF MAUI*	(c) COUNTY OF HAWAII	(d) COUNTY OF KAUAI	(e) TOTAL TAX DUE (add cols. a thru d)
5. (a) Type/Gallons purchased where NO tax was previously paid					
(b) Tax Rate (see Instructions)					
(c) Additional Tax Due. Multiply line 5(a) by 5(b) of cols. a thru d					

6. *For the County of Maui, specify and separately show the number of gallons used in Lanai and Molokai
 Lanai _____ Molokai _____

PART III — TOTAL TAXES NOW DUE AND PAYABLE
 Add lines 3 and 5(c), column (e). Enter the amount here. (Make your check payable to "Hawaii State Tax Collector" in U.S. Dollars drawn on any U.S. Bank)

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this is a true, correct, and complete return, prepared in accordance with the provisions of chapter 243, HRS, the Fuel Tax Law, and chapter 18-243, HAR.

SIGNATURE _____ TITLE _____ DATE _____

MAILING ADDRESS
 Hawaii Department of Taxation
 P. O. Box 259
 Honolulu, Hawaii 96809-0259
 Telephone: 808-587-4242
 Toll-Free 1-800-222-3229

SPECIFIC INSTRUCTIONS

Line 5a - Enter the type of alternative fuel purchased and the number of gallons where NO tax was previously paid. If you purchased more than one type of alternative fuel where NO tax was previously paid, attach a separate schedule showing the type of alternative fuel, number of gallons purchased, tax rate, and additional taxes due.

Line 5b - Enter the tax rate for the alternative fuel purchased. The tax rates for the following alternative fuels are:

	City & County Of Honolulu	County of Maui	County of Hawaii	County of Kauai
LPG	10.6¢ ^c	9.5¢ ^c	8.1¢ ^c	9.5¢ ^c
Ethanol	4.8¢ ^c	6.2¢ ^c	3.7¢ ^c	4.3¢ ^c
Methanol	3.7¢ ^c	4.8¢ ^c	2.9¢ ^c	3.3¢ ^c
Biodiesel	12.3¢ ^c	4¢ ^c	6.2¢ ^c	4¢ ^d

^c Effective July 1, 2004, pursuant to Act 96, SLH 2004.

^d Effective July 1, 2004, pursuant to Kauai County Ordinance No. 816.