Department of Taxation - State of Hawaii Hawaii STATEMENT OF FINANCIAL CONDITION AND OTHER INFORMATION Form CM - 2B (Rev. Oct 95) General Information - For Corporations, Partnerships, etc. Section I. 1. Name and address of business 2. Business phone no. 3. Please check appropriate item: () Corporation () Partnership () Other (specify) _____ 6. General Excise I.D. No. 4. Name and title of person being interviewed 5. Federal I.D. No. Information about owner, partners, officers, major shareholder, etc. Effective Home Phone Social Security Number Name, Title, % ownership, # of shares Date Home Address Number **General Financial Information** Section II. 8. Bank account (include Savings & Loans, Credit Unions, IRA and Retirment Plans, Certificate of Deposits, etc.) Attach additional sheets as necessary. Name of Institution Address Type of Account Account No. Balance Total (Enter in Item 17) Charge cards, bank credit available (Lines of credit, etc.) Attach additional sheets as necessary. Type of Account Name and address of Financial Institution Monthly Credit Amount Credit or Card Payment Limit Available Owed Total (Enter in Item 27) 10. Safe deposit boxes rented or accessed (List all locations, box numbers, and contents.)

Section II.	Ger	neral Finan	ncial In	format	ion - cor	ntinued				
11. Real and lease pr	roperty (Brief description an	d type of owners	ship)		Ph	ysical Address	(include tax r	nap key	')	
12. Life Insurance (Name of Company)		Policy N	lumber	Type	Face Amoun	nt Av	ailable	Loan Value	
12 Committee (steel	ro bondo mustral fundo mon		~~~~~		Total (Enter					
13. Securities (stock	Quantity or	Curren		ent securitie	Where	additional sneet	s as necessary	Owr	ner	
Kind	Denomination	Value			Located				of Record	
	mation regarding financial co	_	proceedings	s, bankrupt	cies filed or ant	icipated, transfe	ers of assets fo	r		
less than full val	ue, changes in market condit	ions, etc.)								
15 Aggounts / Notae	s Receivable (include curren	t contract jobs le	oons to sto	alcholdore .	officare norther	ec. etc.)				
Nar Nar		Contract Jobs, R	Address	ekiloideis,		nount Due	Date Du	e	Status	
		Total (Enter in	n Item 20)							

Asset and Liability Analysis Equity Amount of Balance Market in Monthly Description Value Due Asset Payment ASSETS 16. Cash 17. Bank accounts (from Item 8) 18. Securities (from Item 13) 19. Cash or loan value of Insurance (from Item 12) 20. Accounts / Notes Receivable (from Item 15) 21. Merchandise Inventory 22. Vehicles (Model, year, license) b. c. 23. Real property (from Item 11) b. c. 24. Machinery and equipment a. b. 25. Merchandise inventory 26. Other assets b. c. d. e. **Total Assets** LIABILITIES 27. Bank revolving credit (from Item 9) 28. Loan on Insurance 29. Accounts payable 30. Notes payable 31. Mortgages 32. Judgments 33. Other liabilities a. b. c. d. e. 34. Federal taxes owed 35. State taxes owed **Total Liabilities**

Section III.

Section IV. Income and Expense Analysis

Expenses for the period to
43. Net wages and salaries 44. Rent 45. Supplies
44. Rent 45. Supplies
45. Supplies
46. Utilities / Telephone
iii caaaa caapaa
47. Gasoline / Oil
48. Repairs and maintenance
49. Insurance
50. Taxes
51. Other (please specify)
52. Total Expenses
53. Net difference
e best of my (our) knowledge and belief this statement of assets, complete.
87. Date
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