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.	Gen	eral 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	map key	7)
12. Life Insurance (	Name of Company)		Policy N	lumber	Туре	Face Amou	nt A	vailable	Loan Value
12 Committee (steel	cs, bonds, mutual funds, mon	arr manufact from do	~~~~		Total (Enter				
15. Securities (stock	t governme	ent securitie	Where	additional sneet	is as necessa	ry. Owi	ner		
Kind	Quantity or Denomination	Value			Located			of Red	
	mation regarding financial co	_	proceeding	s, bankrupt	cies filed or ant	icipated, transfe	ers of assets	for	
less than full val	ue, changes in market conditi	ions, etc.)							
15 Accounts / Notes	s Receivable (include curren	t contract jobs 1	oans to sto	ckholders (	officers partner	rs etc.)			
Nai		Address			nount Due	Date D	ue	Status	
		1							
		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

Income for the period  Gross receipts from sales	to						
Gross receipts from sales	Income for the period to		Expenses for the period to				
. Gross receipts from sales		42. Materials purchased					
. Gross rental income		43. Net wages and salaries					
. Interest		44. Rent					
. Dividends		45. Supplies					
. Other income (please specify)		46. Utilities / Telephone					
		47. Gasoline / Oil					
		48. Repairs and maintenance					
		49. Insurance					
		50. Taxes					
		51. Other (please specify)					
. Total Income		52. Total Expenses					
		53. Net difference					
nder penalties of perjury, I (we) de bilities, and other information is tru		our) knowledge and belief this statement of ass	sets,				
Your signature	ie, correct, and complete.		87. Date				
ditional information or comments:							
ditional information or commentar							