## Form CM-2B

## **Department of Taxation - State of Hawaii**

(Rev. 2020)

## STATEMENT OF FINANCIAL CONDITION AND OTHER INFORMATION



Section I.	Gen	eral Informati	on - Fo	r Cor	poration	s, Pa	artnerships,	etc.	
1. Name and ad	ldress of business				2. Busin	ess Pho	one No. (	)	
					( ) (	Corpor	appropriate item: ation ( ) Parts	nership	
4. Name and tit	le of person being interviewed	d		5.	Federal I.D	. No.		6. General Excis	ee I.D. No.
7. Information a	about owner, partners, officers	s, major shareholder	r, etc.	1					
Name, Ti	tle, % ownership, # of shares	Effective Date	e		Home A	Addres	S	Home Phone Number	Social Security Number
			+						
			+						
Section II.		Ger	neral Fi	nanci	al Inforn	natio	n .		
8. Bank accoun	t (include Savings & Loans, Cional sheets as necessary.								
	ne of Institution		Address			Тур	e of Account	Account No.	Balance
							Total (Enter	in Item 17)	
	, bank credit available (Lines	of credit, etc.) Atta	ach additio	onal she			G 15:	<u> </u>	C th
Type of Account or Card	Name and address	s of Financial Institu	ution	$\perp$	Monthl Paymer		Credit Limit	Amount Owed	Credit Available
		Total (Enter in	n Item 27)						
10. Safe deposit	boxes rented or accessed (Lis	st all locations, box	numbers, a	and con	tents.)				

Section II.	(	General Financia	I Information —	continued		
11. Real and lease pr	operty (Brief description and	type of ownership)		Physical	Address (include ta	ax map key)
12. Life Insurance (1	Name of Company)		Policy Number	Туре	Face Amount	Available Loan Valu
				Total (I	Enter in Item 19)	
13. Securities (stock	s, bonds, mutual funds, mone	y market funds, governm	nent securities, etc.) Att	ach additional sheets a	s necessary.	
Kind	Quantity or Denomination	Current Value		Where Located		Owner of Record
14 4 11% 1 . C	nation regarding financial con	17.7 (C. 4 17.	1 1 4 3 61 1		<u> </u>	
15. Accounts / Notes	Receivable (include current	contract jobs, loans to sto	ockholders, officers, par	rtners, etc.)		
	Name		Address	Amount I	Due Date D	rue Status
		+				
1			Total (Enter in Item 2	0)		

#### Section III.

# **Asset and Liability Analysis**

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	Description	Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Monthly Payment
ASSET	S				
16. Ca	sh				
17. Ba	nk accounts (from Item 8)				
18. Sec	curities (from Item 13)				
19. Ca	sh or loan value of Insurance (from Item 12)				
20. Ac	counts / Notes Receivable (from Item 15)				
21. Me	erchandise Inventory				
22. Ve	hicles (Model, year, license)				
a.					
b.					
c.					
23. Re	al property (from Item 11)				
a.					
b.					
c.					
24. Ma	achinery and equipment				
a.					
b.					
25. Me	erchandise inventory				
26. Otl	her assets				
a.					
b.					
c.					
d.					
e.					
	Total Assets				
LIABIL	ITIES				
27. Ba	nk revolving credit (from Item 9)				
28. Lo	an on Insurance				
29. Ac	counts payable				
30. No	otes payable				
31. Mo	ortgages				
32. Juc	dgments				
33. Otl	her liabilities				
a.					
b.					
c.					
d.					
e.					
34. Fee	deral taxes owed				
35. Sta	ate taxes owed				
	Total Liabilities				
			•		

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Se	CTI	Λn	1	₩.

Income for the period	to	Expenses for the period	to
6. Gross receipts from sales		42. Materials purchased	
7. Gross rental income		43. Net wages and salaries	
8. Interest		44. Rent	
9. Dividends		45. Supplies	
0. Other income (please specify)		46. Utilities / Telephone	
		47. Gasoline / Oil	
		48. Repairs and maintenance	
		49. Insurance	
		50. Taxes	
		51. Other (please specify)	
1. Total Income		52. Total Expenses	
		53. Net difference	
der penalties of perjury, I (we) decl bilities, and other information is true . Your signature	are that to the best of m , correct, and complete.	ny (our) knowledge and belief this statemo	55. Date
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