

State of Hawaii - Department of Taxation
STATEMENT OF FINANCIAL CONDITION AND OTHER INFORMATION

Place
QR Code
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Section I. General Information - For Corporations, Partnerships, etc.

Human Readable text here

1. Name and address of business		2. Business Phone No. ()		
		3. Please check appropriate item: () Corporation () Partnership () Other (specify) _____		
4. Name and title of person being interviewed	5. Federal I.D. No.	6. General Excise I.D. No.		
7. Information about owner, partners, officers, major shareholder, etc.				
Name, Title, % ownership, # of shares	Effective Date	Home Address	Home Phone Number	Social Security Number

Section II. General Financial Information

8. Bank account (include Savings & Loans, Credit Unions, IRA and Retirement 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)					
9. Charge cards, bank credit available (Lines of credit, etc.) Attach additional sheets as necessary.					
Type of Account or Card	Name and address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Total (Enter in Item 27)					
10. Safe deposit boxes rented or accessed (List all locations, box numbers, and contents.)					

Section II. General Financial Information — continued

11. Real and lease property (Brief description and type of ownership)		Physical Address (include tax map key)			
12. Life Insurance (Name of Company)		Policy Number	Type	Face Amount	Available Loan Value
Total (Enter in Item 19)					
13. Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.) Attach additional sheets as necessary.					
Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record	
14. Additional information regarding financial condition (Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, etc.)					
15. Accounts / Notes Receivable (include current contract jobs, loans to stockholders, officers, partners, etc.)					
Name	Address	Amount Due	Date Due	Status	
Total (Enter in Item 20)					

Section III.

Asset and Liability Analysis

Description	Current Market Value	Liabilities Balance Due	Equity in Asset	Amount of Monthly 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)				
a.				
b.				
c.				
23. Real property (from Item 11)				
a.				
b.				
c.				
24. Machinery and equipment				
a.				
b.				
25. Merchandise inventory				
26. Other assets				
a.				
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 IV.

Income and Expense Analysis

Income for the period _____ to _____		Expenses for the period _____ to _____	
36. Gross receipts from sales		42. Materials purchased	
37. Gross rental income		43. Net wages and salaries	
38. Interest		44. Rent	
39. Dividends		45. Supplies	
40. Other income (please specify)		46. Utilities / Telephone	
		47. Gasoline / Oil	
		48. Repairs and maintenance	
		49. Insurance	
		50. Taxes	
		51. Other (please specify)	
41. Total Income		52. Total Expenses	
		53. Net difference	

I hereby certify under penalty provided by section 710-1063, Hawaii Revised Statutes (unsworn falsification to government authority) that I am authorized to submit this Statement of Financial Condition to the Department of Taxation, State of Hawaii and the statements set forth herein are true and correct.

54. Your signature	55. Date
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Additional information or comments: