

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

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Section I. General Information - For Individuals

Human Readable text here

1. Taxpayer(s) Name(s) and Address		2. Home Phone No.	3. Marital Status
		4a. Taxpayer's Social Security No.	b. Spouse's Social Security No.
5a. Taxpayer's Birth Date	5b. Spouse's Birth Date	6. Other Names or Aliases	
7. Name, age, social security number, and relationship of dependents living in your household.			

Section II. Employment Information

8. Taxpayer's Employer or Business (name and address)	a. How long employed?	b. Business Phone No.	c. Occupation
	d. Check appropriate item <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner		
8. Spouse's Employer or Business (name and address)	a. How long employed?	b. Business Phone No.	c. Occupation
	d. Check appropriate item <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner		

Section III. General Financial Information

10. Bank accounts (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)				

Section III. General Financial Information — continued

11. Charge cards, lines of credit (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 25)					

12. Safe deposit boxes rented or accessed (List all locations, box numbers, and contents.)

13. Real and lease property (Brief description and type of ownership)	Physical Address (include tax map key)

14. Life Insurance (Name of Company)	Policy Number	Type	Face Amount	Loan Value
Total (Enter in Item 19)				

15. Securities (stocks, bonds, mutual funds, money market funds, etc.) Attach additional sheets if needed.

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record

Section IV.

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 10)				
18. Securities (from Item 15)				
19. Cash or loan value of Insurance (from Item 14)				
20. Accounts Receivable				
21. Merchandise Inventory				
22. Vehicles (Model, year, license)				
a.				
b.				
c.				
23. Real property (from Item 13)				
a.				
b.				
c.				
24. Other assets				
a.				
b.				
c.				
d.				
e.				
f.				
Total Assets				
LIABILITIES				
25. Bank revolving credit (from Item 11)				
26. Loan on Insurance				
27. Accounts payable				
28. Notes payable				
29. Mortgages				
30. Judgments				
31. Other liabilities				
a.				
b.				
c.				
d.				
e.				
f.				
Total Liabilities				

Section V.

Monthly Income and Expense Analysis

Income			Necessary Living Expenses	
Source	Gross	Net		
32. Wages/Salaries: (Taxpayer)			43. Rent:	
33. Wages/Salaries: (Spouse)			44. Groceries: (no. of people _____)	
34. Interest - Dividends:			45. Utilities: Gas _____ Water _____	
35. Net business income:			Electric _____ Phone _____	
36. Rental Income:			46. Transportation:	
37. Pension: (Taxpayer)			47. Insurance: Home: _____ Car _____	
38. Pension: (spouse)			Life _____ Health _____	
39. Child Support:			48. Medical:	
40. Alimony:			49. Estimated tax payments:	
41. Other:			50. Court ordered payments:	
			51. Other expenses: (please specify)	
42. Total Income:			52. Total Expenses:	
			53. Net difference (income less necessary living expenses:	

Certification

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. Spouse's Signature (if joint return was filed)	56. Date
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