FORM CM-2 (REV. 2024)

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



Se	Section I. General Information - For Individuals CM2_I 2024A 01 VID01							
Taxpayer(s) Name(s) and Address				2. Home P		3. N	Marital Statu	S
				4a. Taxpaye	er's Social Security N	No. b. S	Spouse's Soc	ial Security No.
5a.	a. Taxpayer's Birth Date 5b. Spouse's Birth		th Date	6. Other Names or Aliases				
7. Name, age, social security number, and relationship of dependents living in				household.				
	estion II			Informati				
	ction II.		mployment l	intormatio	n · n		1 0	
8.	Taxpayer's Employer or Business (name and address)		a. How long em	iployed?	b. Business Pho	ne No.	c. Occup	pation
			d. Check approp	priate item				
			Wage Earner				Partner	
8.	8. Spouse's Employer or Business (name and address)		a. How long em	nployed?	b. Business Phone No. c. Occupation		oation	
		d. Check approp	d. Check appropriate item					
		Wage Earner Sole Proprietor			etor	Partner		
	ction III.	Ger	neral Financia	al Informa	ation			
10.	Bank accounts (include Savings & Loans, C Attach additional sheet		and Retirement Pla	ans, Certificat	e of Deposits, etc.)			
	Name of Institution		Address		Type of Account	Accour	nt No.	Balance
_								
Total (Enter in Item 17)								

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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 (E	nter in Item 25)				
12. Safe deposit b	poxes rented or accessed (List all	locations, box numbers, and	l contents.)		•	<u>r</u>		
13. Real and leas	se property (Brief description and	type of ownership)	T	Physic	cal Address (include to	ax map key)		
14. Life Insuranc	e (Name of Company)		Policy Number	Туре	Face Amount	Loan Value		
			Total (Enter in Item 19)					
	ocks, bonds, mutual funds, money Quantity or				Overmon of Docond			
Kind	Denomination	Current Value	Where Located Owner of Record					
					+			

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Section IV. Asset and Liability Analysis

Section IV. Asset and	Liability Analy	/SIS		
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				
Total Diabilities				1

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Monthly	Income	and	Expense	Analysis
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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	2's Signature (if joint return was filed) 56. I	Date			