CONTRACTORS FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____ , 20 _____ **(not more than one year old)** is for:

Name of Applicant: _____

(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

Note: The name listed on this financial statement must be exactly the same name listed on your application under "Name of Applicant".

ASSETS:

CURRENT ASSETS:

Cash *(include checking account)* ..... $ _____

Savings Account..... _____

Time certificates *(within 1 year)*.... _____

Deposit with bids ..... _____

TOTAL CASH..... $ _____

Accounts receivable *(completed contracts)*..... _____

Earned estimated & retainage *(uncompleted contracts)* _____

Other accounts receivable..... _____

Work in progress *(unbilled)*..... _____

Notes receivable..... _____

Stocks and bonds..... _____

Life insurance *(cash value)*..... _____

Other current assets..... _____

TOTAL CURRENT ASSETS..... $ _____

OTHER ASSETS:

Material in stock *(not included in any items above)*..... $ _____

Inventory or other materials..... _____

Other assets..... _____

TOTAL OTHER ASSETS..... $ _____

FIXED ASSETS:

Equipment at net book value..... $ _____

Real estate..... _____

Furniture and fixtures at net book value..... _____

Tools..... _____

Other fixed assets..... _____

TOTAL FIXED ASSETS..... $ _____

TOTAL ASSETS..... **$** _____

(SIGNATURE OF APPLICANT REQUIRED ON PAGE 2)

Financial Statement as of _____ , 20 ____ **(not more than one year old)** is for:

Name of Applicant: _____

(Sole Proprietor, Corporation, Partnership, Joint Venture, LLC, LLP)

LIABILITIES:

CURRENT LIABILITIES:

Notes payable *(due within one year)*:

To banks regular ..... $ _____

To material men ..... _____

To other *(exclusive of Equipment)*.... _____

TOTAL NOTES PAYABLE..... $ _____

Accounts payable:

Subcontractors..... $ _____

Material men..... _____

Others..... _____

TOTAL ACCOUNTS PAYABLE..... $ _____

Current maturities *(long-term debt)*..... $ _____

Accrued payrolls..... _____

Federal and state income tax..... _____

Payroll taxes *(including F.I.C.A. S.U.I. and income taxes withheld)*..... _____

Other accrued taxes, interest, etc..... _____

Encumbrances on equipment *(due within 1 year)*..... _____

Other Current Liabilities *(specify)*:

_____

_____ _____

TOTAL CURRENT LIABILITIES..... $ _____

LONG-TERM LIABILITIES:

Long-term debt *(less portion due within one year)*..... $ _____

Encumbrances on equipment *(due after 1 year)*..... _____

Encumbrances on real estate..... _____

Billings in excess of cost on uncompleted contracts.. _____

Other long-term liabilities *(specify)*:

_____

_____ _____

TOTAL LONG-TERM LIABILITIES..... $ _____

TOTAL LIABILITIES..... $ _____

NET WORTH:

Capital stock *(if corporation, show shares authorized, issued-par value)*..... $ _____

Surplus..... _____

TOTAL NET WORTH..... $ _____

TOTAL LIABILITIES AND NET WORTH..... **$** _____

THE STATEMENT BELOW MUST BE SIGNED BY THE APPLICANT, WHETHER CPA USES THIS FORM OR HIS OWN.

FINANCIAL STATEMENT MUST BE COMPILED, REVIEWED OR AUDITED AND ACCOMPANIED BY AN INDEPENDENT ACCOUNTANT'S REPORT.

Print Form

For compiled and reviewed financial statements: This statement must be signed, whether CPA uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I certify that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor *(Sec. 710-1017, Sections 436B-19, and 444-17, Hawaii Revised Statutes).*

SIGNATURE OF APPLICANT: _____

TITLE *(owner, president, etc.)*: _____

See accompanying independent accountant's report. The undersigned has no interest in the above enterprise.

SIGNATURE OF C.P.A. or P.A.: _____ LICENSE NO.: _____

PRINT NAME: _____ STATE: _____

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT (PA) OR CERTIFIED PUBLIC ACCOUNTANT (CPA) HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF A CURRENT LICENSE. Note: Financial Statements prepared by bookkeepers and tax preparers are not acceptable.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.