

Name, Address, Phone, Fax, Email of Person Submitting Form:



UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, Hawaii 96813

CONFIDENTIAL
DO NOT FILE IN CM/ECF

B21 (10/09)

Debtor:

Case No.:

Joint Debtor:
(if any)

Chapter:

**STATEMENT OF SOCIAL SECURITY NUMBER (SSN) OR
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)**

Amended

1. Name of Debtor (Last, First, Middle):

Debtor has a Social Security Number and it is: _____ - _____ - _____
(If more than one, state all.)

Debtor does not have a Social Security Number but has an
Individual Taxpayer Identification Number (ITIN) and it is: _____

Debtor does not have either a Social Security Number or an Individual Taxpayer Identification
Number.

2. Name of Joint Debtor (Last, First, Middle):

Joint Debtor has a Social Security Number and it is: _____ - _____ - _____
(If more than one, state all.)

Joint Debtor does not have a Social Security Number but has an
Individual Taxpayer Identification Number (ITIN) and it is: _____

Joint Debtor does not have either a Social Security Number or an Individual Taxpayer
Identification Number.

I declare under penalty of perjury that the foregoing is true and correct.

/s/ _____
Debtor

/s/ _____
Joint Debtor

Dated: _____

Dated: _____

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 & 3571.