Department of the Treasury-Internal Revenue Service 4920712100503 Income Tax Return for Single and 1040EZ Joint Filers With No Dependents (L) 1993 Print your name (first, initial, last) OMB No. 1545-0675 A Mohammad Yl Hammoud Use the Your social security number В If a joint return, print spouse's name (first, initial, last) IRS label Ε 237 (See page 10.) 75 Otherwise, Home address (number and street). If you have a P.O. box, see page 11. н please print. 3555 Spanish Quarter Çir. Spouse's social security number City, town or post office, state and ZIP code. If you h Charlotte See instructions on back and in Form 1040EZ booklet. Presidential Note: Checking "Yes" will not change your tax or reduce your refund. Election Do you want \$3 to go to this fund? Campaign (See page 11.) If a joint return, does your spouse want \$3 to go to this fund? **Filing** Single Married filing joint return status (even if only one had income) Report Total wages, salaries, and tips. This should be shown in 7,102.96 your box 1 of your W-2 form(s). Attach your W-2 form(s). income Attach Taxable interest income of \$400 or less. If the total is Copy B of 16.07 Form(s) over \$400, you cannot use Form 1040EZ. 3 W-2 here. Attach any tax payment on top of 119.03 Add lines 2 and 3. This is your adjusted gross income. Form(s) W-2 Can your parents (or someone else) claim you on their return? Note: You Yes. Do worksheet X No. If single, enter 6,050.00. must check on back; enter If married, enter 10,900.00. Yes or No. amount from For an explanation of these line G here. amounts, see back of form: POSTEIARK Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income. Enter your Federal income tax withheld from box 2 of **Figure** 362.98 your W-2 form(s). 7 your tax 8 Tax. Look at line 6 above. Use the amount on line 6 to find your tax in the tax table on pages 24-28 of the 159.00 booklet. Then, enter the tax from the table on this line.

you owe Sign

Refund

amount

or

If line 7 is larger than line 8, subtract line 8 from line 7. This is your refund.

If line 8 is larger than line 7, subtract line 7 from line 8. This is the amount you owe. For details on how to pay, including what to write on your payment, see page 16. 10

your return

Кеер а сору of this form for your records.

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Your signature Spouse's signature if joint return

Date

Your occupation

Date

Spouse's occupation

203.98

0.00

Mohammad Hammoud 3555-F Spanish Qtr. Sir. Charlotte NC 28205

04/25/94





Internal Revenue Service Memphis TN 37501-0014

37501-0014

Tallabadalahlamillimilmaddahlahlahlandli

e Control knumber 0001205	22222	Void For C		T	tips, other compen	_	2 Federal income tex	withheld
b Employer's }Gentification	umber			1 Wages,	1850.37		65.20	6
48-0895936 c Employer's name, address,	end Zip code			3 Social	1767.56		4 Social security tax 113.1	
PIZZA HUT OF AMEI P O BOX 428	RICA, INC.			5 Medica	re wages and tips		6 Medicare tax withhe	
9111 E DOUGLAS WICHITA, KS 6720	ì			7 Social	1845.29		8 Allocated tips	<u> </u>
					77.73		10 Dependent care bet	nefits
d Employee's social security	number			9 Advan	se EIC payment			
237-75-3540	I.D. No. 17 St	850.37105	18 State 220	12tex	19 Locality name	50 Fee	al wages, tips, etc.21 Lo	cal income tex
	1		1	11 Nong	ualified plans		12 Benefits included	in Box 1
**Employee's new (first, a) 734108 F MOHAMMAD Y HAMMO APT F 3555 SPANISH QUA CHARLOTTE NC, NO	UD RTER			13 See	Instrs. for Box 15		14 Other	
f Employee's address and Zi Copy B - To Be Filed Federal lax	p code		o Wage		oyee P	lan r	egal 942 Subto	compensatio

Statement

18 State income tax

20 Local wages, tips, etc.

114.34

2 Federal Income tax withheld 1 Wages, tips, other comp. 297.72 5252.59 4 Social Security tax withheld 3 Social Security wages 5252.59 325.66 6 Medicare tax withheld 76.16 5 Medicare wages and tips 5252.59 Employer use only 275 Corp. Dept 559320 Control Number 038888 DRH c Employer's name, address, and ZIP code PRAIRIE PIZZA , INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270 d Employee's SSA number 237-75-3540 Employer's FED ID number 61 - 0992859 **B** Allocated tips Social Security tips 10 Dependent care benefits Advance EIC payment 12 Benefits included in Box 1 11 Nonqualified plans 13 See Instra. for Box 13 15 Stat Emp. Deceased Pension plan Legal rep. 942 emp. Deferred comp. eff Employee's name, address and ZIP code MOHAMAD Y HAMMOUD 3555#F SPANISH QUART CIRCLE CHARLOTTE NC 28205 16 State Employer's State ID NC 60 32773 17 State wages, tips, etc. 5252.59

19 Name of locality

21 Local income tax

Federal Filing Copy WV-2 Wage and Tax 1993
Statement ONB NO 1545-0008
Copy B To be filed with employee's Federal Income Tax Helum Fold and D

No. of pages: 3 Date: 6-9-98 Disclosure Officer

Internal Revenue Service North-South Carolina District Greensboro, North Carolina

By:

CERTIFIED TRUE COPY

5.45.5¢. Department of the Treasury -- Internal Revenue Service 49 2 87 85T 624 48 5 Income Tax Return for Single and Form 1994 Joint Filers With No Dependents OMB No. 1545-0675 1040EZ Print your name (first, initial, last) Your social security number MOHAMAD HAMMOUD Use the If a joint return, print spouse's name (first, initial, last) 237-75-3540 IRS label Apt. no. Home address (number & street). If you have a P.O. box, see page 12. (See page 11.) 3555 F SPANISH QUART CIRCLE Spouse's social security number Otherwise City, town, or post office, state, and ZIP code. If you have a foreign address, see page 12. Please print. NC 28205 CHARLOTTE See Instructions on page 2 and In Form 1040EZ booklet. No Yes Note: Checking "Yes" will not change your tax or reduce your refund. Presidential Do you want \$3 to go to this fund? **Election** If a joint return, does your spouse want \$3 to go to this fund? Campaign (See page 12. Cents **Dollars** Income Total wages, salaries, and tips. This should be shown in box 1 of your Attach 9,403 W-2 form(s). Attach your W-2 form(s). Copy B of Taxable interest income of \$400 or less. If the total is Form(s) W-2 here. 2 over \$400, you cannot use Form 1040EZ. Enclose, but Add lines 1 and 2. This is your adjusted gross income. do not attach 3 If less than \$9,000, see page \$45 to find out if you can any payment 9,403 with your return. 3 claim the earned income credit on line 7. Can your parents (or someone else) claim you on their return? Note: You If single, enter 6,250.00. Yes. Do worksheet X must check if married, enter 11,250.00. on back; enter For an explanation of these Yes or No. 6,250 amount from amounts, see back of form. line G here. Subtract line 4 from line 3. If line 4 is larger than line 5 3,153 5 3, enter 0. This is your taxable income Enter your Federal income tax withheld from box 2 of Payments 657 6 your W-2 form(s) and tax Earned Income credit (see page 15.). Enter and amount of nontaxable earned income below. 7 NO Add lines 6 and 7 (don't include nontaxable earned 657 8 income). These are your total payments. Tax. Use the amount on line 5 to find your tax in the tax table on pages 28-32 of the booklet. Then enter the 476 tax from the table on this line. If line 8 is larger than line 9, subtract line 9 from line 8. 181 Refund 10 This is your refund. or If line 9 is larger than line 8, subtract line 8 from line 9. **Amount** This is the amount you owe. See page 20 for details on you how to pay and what to write on your payment. 11 **OW8** I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the year. For IRS Use Only -- Please Date do not write in boxes below. Sign Your signature your morama return Your occupation Кеер а сору of this form Date Spouse's signature (if joint return) for your records Spouse's occupation Preparer's SSN Check if self-Preparer 240-80-7491 employed 1 02-10-95 Signature EIN: 56-1797197 ACCUTROL TAX & BOOKKEEPING Firm Name 1040 MT GALLANT RD Address 29732 Form 1040EZ (1994) ROCK HILL

City ST Zip

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form 6261 (12-79) Internal Revenue Service

Form 6261 (12-79)

Internal Revenue Service

Form 6261 (12-79)

Internal Revenue Ser

IRPTRM237753540294210000 A (IAA4) THH- BM CIME IMUNCESTAL BARIEN X TIN- 23/258540 TIN TYPE AND VALIDITY- 2 DUCUMENT CODE- 21 PAGE 0001 OF 0001 DOCUMENT TYPE: W-2 ON FILE DATE: 07-13-95 ORIGINAL SUBMISSION PAYEE ENTITY DATA: SSN 237-75-3540 -- VALID SSN MONEY SECTION (IUOMMAH Y (IAMAHOM 3555#F SPANISH QUART CHARLOTTE NO

ACCOUNT NUMBER: N/A PAYER ENTITY DATA: TIN 610992859 PRAIRIE PIZZA INC 1421 D ORCHARD LAKE DAIVE CHARLOTTE NC 28270

STATE: NC ZIP: 28205-0000

SSA MICROFILM NUMBER: 41298593050 TRANSMITTER CONTROL NUMBER: SUBMITTED TO: SSA ON: TAPE PAYROLL REPORTING UNIT: N/A FOREIGN PAYER IND: ASSUMED NOT FOREIGN DEATH INDICATOR: ASSUMED ALIVE PENSION INDICATOR: UNANSWERED TYPE OF EMPLOYMENT: ALL OTHERS

DEFERRED COMP IND: NOT CHECKED * CHNG: NOT SET CREDIBILITY: NOT SET STATUTORY EMPLOYEE IND: NO

ENTER DEFINER=(M)EXT. (O)NLINE. PAYE(E). PAYE(R). HARD(C)OPY. IRFO(L)

CERTIFIED TRUE COPY

No. of peges: 2 Date: 6-9-98

Disclosure Officer Internal Revenue Service North-South Carolina District Greensboro, North Carolina

CIE	Department of the Treasury ernal Revenue Service	4920721601031
Form	Income Tax Return for Single and	4320121001031
<u>1040EZ</u>	Joint Filers With No Dependents 1995	ery park the common of the com
	Print your name (first, initial, last)	OMB No. 1545-067
Use the	MOHAMAD Y. HAMMOUD	Variable to the second to the
IRS label	B .	Your social security number
(See page 12.)	P.O. Box 29301	237-75-3540
Otherwise	H Charlotte, NC 28229 Apt. no.	
Please print.	E; .	Spouse's social security number
	E ge 12.	opouse's social security number
Presidential	See Instructions on page 2 and In Form 1040EZ booklet.	a Na
Election	The state of the s	s No
Campaign (See page 12.)	Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?	+- `
	in a joint return, does your spouse want \$3 to go to this fund?	!
Income		Dollars Cents
Attach	1 Total wages, salaries, and tips. This should	Donais Cents
Copy B of	be shown in box 1 of your W-2 form(s).	3,761
Form(s) W-2 here.	2 Taxable interest income of \$400 or less. If the total is	3,761
Enclose, but	over \$400, you cannot use Form 1040EZ.	46
do not attach		
any payment with your return.	3 Unemployment compensation (see page X).	
, and , and a common	4 Add lines 1, 2, and 3. This is your adjusted gross income.	
	If < \$9,230, see page 15 to find out if you can claim the earned income credit on In 8.	3,807
Note: You	5 Can your parents (or someone else) claim you on their return?	•
must check Yes or No.	Yes. Do worksheet X No. If single, enter 6,400.00. on back; enter if married, enter 11,550.00.	
163 0/ 140.	amount from For an explanation of these	
	line G here. amounts, see back of form. 5 Subtract line 5 from line 4. If line 5 is larger than line	6,400
	4 onter 0. This is your Asset Is to seem	
Payments	4, enter 0. This is your taxable Income. ▶ 6 7 Enter your Federal income tax withheld from box 2 of	0_
and tax	your W-2 form(s).	
	8 Earned Income credit (see page 15.). Enter type	211
	and amount of nontaxable earned income below.	
	The state of the s	7 6
	9 Add lines 7 and 8 (don't include nontaxable eather 3 (G)	를 🕦
	income). These are your total payments.	211
	10 Tax. Use the amount on line 6 to find your tax to the	
	10 Tax. Use the amount on line 6 to find your tax in the tax table on pages 28-32 of the booklet. Then enter the tax from the table on this line.	
Refund	11 If line 9 is larger than line 10, subtract line 10 from line 9.	
or	This is your refund.	211
Amount	12 If line 10 is larger than line 9, subtract line 9 from line 10.	<u></u>
you	This is the amount you owe. See page 20 for details on	
owe	how to pay and what to write on your payment. 12	<u> </u>
	I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately	
Sign	Sources of income I received during the year. Your signature / Date	For IRS Use Only Please
your	Your signature Date 7/8/9/	do not write in boxes below.
return	Your occupation	1 2 2 4 5
Keep a copy of this form		
for your	Spouse's signature (if joint return) Date	
records		ليساليسا ليساليسا
	Spouse's occupation	
		1 11 11 11 1
Preparer	Preparer's	SSN 6 7 8 9 10
Signature	May 18 employed 240-80-	,
Firm Name	R. WAYNE WILHELM, CPA EIN:	
Address	5527 MONROE RD.	
City ST Zip	CHARLOTTE NC 28212	
ror Privacy Act at	nd Paperwork Reduction Act Notice, see page 4.	Form 1040EZ (1995)

Form 1040EZ (1995)

Mohamad Hammond
P. D. BOX 29301
Charlotte NC 28229

07/29/96





Internal Revenue Service Memphis, Tenn. 37501

hillimidddiniallidal

1 Wages, tips, other com	2 Federal i	ncome tax v	withheld
1 Wages, tips, other com 3760.63	•	210	.77
	4 Social se	armite tax	withheld
3 Social security wages	4 Social se	233	16
3760.63			
5 Medicare wages and tips 3760.63	6 Medicare	54	.53
3760.63	<u> </u>		
	0	Employer	use only
Control Number Dept 559320	Corp.	T	295
		·	
e Employer's name, address,	and ZIP code		1
DOLLE DIZZA INC	?		1
1421-D ORCHARD L	AKE DR	1	l
1421-D UNCHARD	270		1
CHARLOTTE NC 28	270		1
1			ì
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1			i i
		'- ESA	umber
b Employer's FED ID number	d Employ	ee's SSA n 237 - 75 - 3	540
61-0992999	8 Allocat	ad ting	
7 Social security tips	8 Allocat	eu upo	i
1		dent care b	enefits
9 Advance EIC payment	10 Depen	Detrit Care D	
1		ts included	lin box 1
11 Nonqualified plans	12 Beneri	ES INCIDES	
<u></u>			
13 See Instra. for box 13	14 Other		ì
10 000	l		l
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i i			
15 Stat emp. Deceased Pension	dan Legal rep.	Hishid, emp.	Deterred comb.
			L
e/f Employee's name, addres	s and ZIP co	de	
e/t Employee's flame, addition			
MOHAMAD Y HAM	MOOD		
3549-E SPANISH	UART		
3549-E SEARION			
CIRCLE			
CHARLOTTE NC 2	8205		
16 State Employer's state II	17 Sta	te wages,	ips, etc.
NC: 60 32773	· '''	3	760.63
	19 Lo	cality name	
18 State income tax	lia co	Jan 17	
86.62	- 	cal income	tex
20 Local wages, tips, etc.	21 Lo		"
		<u> </u>	
Federa	Filing	COPY	
Wag	e and T	ax 1	aas
IM-フ way			フリノ
Ste	tement	TQMB	No. 1545-0008

No. of pages? 3 Date: 4/5/95

By Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return

17221122535258

	(99) IRS use only —	Do not write or staple in this space.
<u>Fc</u>	or the year Jan 1 - Dec 31, 1997, or other tax year beginning 1997, ending	19 OMB No. 1545-0074
Label	Your First Name MI Last Name	Your Social Security No.
(See instructions.)	MOHAMAD Y HAMMOUD	237-75-3540
I laa Alaa	If a Joint Return, Spouse's First Name MI Last Name	
Use the IRS label.	1	Spouse's Social Security No.
Otherwise.	ANGELA G TSIOUMAS Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.	242-51-8852
please print		For help finding line
or type.	7403 KENTUCKY/UPPER	instructions, see
	City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code	instructions in the booklet.
Presidential	DEARBORN MI 48126	V N-
Election	111 40120	Yes No Note: Checking
Campaign (See instructions.)	Do you want \$3 to go to this fund?	Yes' will not change your tax or reduce
	If a joint return, does your spouse want \$3 to go to this fund?	X your refund.
Filing Status	1 Single	
i iiiig Status	2 X Married filing joint return (even if only one had income)	
	3 Married filing separate return. Enter spouse's SSN above & full name here ▶	
Observations.	Head of household (with qualifying person). (Soci instructions.) (6 th annual)	
Check only one box.	— 1 read of floasehold (with qualifying person). (See instructions.) If the qualifying person	is a child but not your
One box.	dependent, enter this child's name here ▶	
	5 Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instr	uctions.)
Exemptions	6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or	No. of boxes
Exemplions	her tax return, do not check box 6a	checked on
		6a and 6b 2
	b X Spouse (2) Dependent's (3) Dependent's (4) No	
	c Dependents: (2) Dependent's (3) Dependent's relationship months	. Of fictures -
	number to you in your !	
	(1) First name Last name in 19	7 ● did not live
		with you due to
If more than	CERTIFIED TRUE COPY	aration (see instructions)
If more than six dependents.	CENTIFIED TRUE COFT	
see instructions.	No. of pages: 4 Date: 111 1 5 1005	Dependents on line 6c
	No. of pages: Date: !!!! 1 5 1055	not entered
	W/N.	
		Add numbers entered on
	d Total number of exemptions claimete.	lines above .
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-Disclosure Officer	7 24,693.
	Taxable interest. Attach schedule Bir renternal Revenue Service	8a 871.
Attach		
Copy B of	9 Dividends. Attach Schedule B in require Corolina District	9
your Forms W-2, W-2G, &	in laxable refunds, credits, or offsets of states as the different feet instructions)	10
1099-R here.	11 Alimony received	11
If you did not	12 Business income or (loss). Attach Schedule C or C-EZ.	12
get a W-2, see	12 Control and an Alexan Att. Co. Co. Co.	13
instructions.		14
	15a Total IDA distributions 15-	15b
	16a Total pensions and appuition	
	17 Pental real estate revelting partnerships Consecutions Assatis At the Consecution of t	16b
Enclose, but do	18 Farm income or (loce) Attach Schodule E	17
not attach, any	10. Unamentar marak arang arang 11.	18
payment. Also, please use Form		19
1040-V.		20 b
	21 Other income. List type and amount — see instructions	
		21 _
·	22 Add the amounts in the far right column for lines 7 · 21. This is your total income	22 25,564.
A	23 IRA deduction (see instructions)	
Adjusted	24 Medical savings account deduction. Attach Form 8853 24	1
Gross	25 Moving expenses. Attach Form 3903 or 3903-F	V
ncome	26 One-half of self-employment tax. Attach Schedule SE	ľ
f line 32 is	27 Self-employed health insurance deduction (see instructions). 27	
under \$29,290	28 Keogh and self-employed SEP and SIMPLE plans	
under \$9,770 if	29 Penalty on early withdrawal of savings	
a child did not	7,	1
	30 a Alimony paid. b Recipient's SSN	
ive with you),	30 a Alimony paid. b Recipient's SSN Sala Sala Sala Sala Sala Sala Sala	
ive with you), see EIC in the nstructions.	31 Add lines 23 - 30a	31 25,564.

100 11000 (1007)		<u> 237-75 354∪ </u>
Tax Computation	33 Amount from line 32 (adjusted gross income) 34a Check if: You were 65/older, Blind; Spouse was 65/older, Blind Add the number of boxes checked above and enter the total here	25,564.
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	<u>.</u>
	Standard deduction shown below for your filing status. But	
	see the instructions if you checked any box on line 34a or 34b your: or someone can claim you as a dependent.	
	● Single — \$4,150 • Married filing jointly or Qualifying widow(er) — \$6,900 • Head of household — \$6,050 • Married filing separately — \$3,450 36 Subtract line 35 from line 33	35 6,900.
If you want the IRS to	37 If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet in the instructions for the amount to enter	. 36 18,664. 37 5,300.
figure your tax, see instructions.	38 Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0 39 Tax. See instrs. Check if any tax from a Form(s) 8814 b Form 4972	38 13,364. 39 2,006.
Credits	40 Credit for child and dependent care expenses. Attach Form 2441	2,000.
	41 Credit for the elderly or the disabled. Attach Sch R]
	42 Adoption credit. Attach Form 8839	_
	43 Foreign tax credit. Attach Form 1116	-
	c Form 8801 d Form (specify) 44	
	45 Add lines 40 through 44	45
	46 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-	46 2,006.
Other	47 Self-employment tax. Attach Schedule SE	. 47
Taxes	48 Alternative minimum tax. Attach Form 6251	. 48
	49 SS and Medicare tax on tip income not reported to employer. Attach Form 4137	49
	50 Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required	. 50
	 51 Advance earned income credit payments from Form(s) W-2. 52 Household employment taxes. Attach Schedule H. 	51
	53 Add Ins 46 - 52. This is your total tax	. 52 53 2,006.
Payments	54 Federal income tax withheld from Forms W-2 and 1099 54 4,321.	2,006.
. aymond	55 1997 estimated tax payments and amount applied from 1996 return	-
	56 a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount ▶	
Attach Forms W-2, W-2G,	and type ► 56a	_
and 1099-R	57 Amount paid with Form 4868 (request for extension)]
to page 1.	58 Excess social security and RRTA tax withheld (see instrs) 58]
	59 Other payments. Check if from a Form 2439 b Form 4136	
	60 Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	60 4,321.
Refund	61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you Overpaid	61 2,315.
Have it directly deposited! See	62a Amount of line 61 you want Refunded to You	62a 2,315.
nstructions and fill in 62b, 62c,	▶ b Routing number cType: ☐ Checking ☐ Savings ▶ d Account number	
and 62d.	63 Amount of line 61 you want Applied to Your 1998 Estimated Tax ▶ 63]
Amount You Owe	64 If line 53 is more than line 60, subtract line 60 from line 53. This is the Amount You Owe. For details on how to pay, see instructions	64
	65 Estimated tax penalty. Also include on line 64	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which provided the provided in the pro	est of my knowledge and eparer has any knowledge.
	NONE NONE	
Keep a copy of this return	Spouse's Signature. If a Joint Reprin, BOTH Must Sign. Date , Spouse's Occupation	
or your records.	► Xan 1 98 MANAGER	
Paid	Preparer's Signature Date 04/12/98 Check if self-employed	Preparer's Social Security No. 376 - 58 - 6992
Preparer's	Firm's Name OMNEX ACCOUNTING & TAX SERVICES	
Use Only	(or yours if self-employed) and Address DEARBORN EIN DEARBORN MI ZIP Code	38-2803250 V
	and Address DEARBORN MI TIP Code	48126

Schedule A & B (Form 1040) 1997

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.

Your Social Security Number

MOHAMAD Y HAMMOUD & ANGELA G TSIOUMAS

237-75-3540

		Schedule B — Interest and Dividend Income	08
	Not	e: If you had over \$400 in taxable interest income, you must also complete Part III.	
	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer social security number and address	Amount
		BB&T \	34.
instructions.)		BB&T	837.
Note: If you			
1099 INT, Form			
substitute statement			
firm, list the firm's name as the payer			
interest shown on			
hat form.			
	2	Add the amounts on line 1	
	_		871.
	3	line 14. You must attach Form 8815 to Form 1040	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.	
	Note	e: If you had over \$400 in gross dividends and/or other distributions on stock, you must also comp	lete Part III.
	_		Amount
Interest Income (See instructions.) Note: If you received a Form 1099-INT, Form	5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8	
nstructions.)			
lote: If you			
099-DIV, or			
rom a brokerage irm, list the firm's			
ind enter the total			
		\	
	6	Add the amounts on line 5	
	7		
	8		
	9	Add lines 7 and 89	
	10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9.	
oreign	You (c) re	must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account eceived a distribution from, or were a grantor of, or a transferor to, a foreign trust.	t; or Yes No
ınd	11 a	At any time during 1997, did you have an interest in or a signature or other authority over a finar in a foreign country, such as a bank account, securities account, or other financial account? See for exceptions and filing requirements for Form TD F 90-22.1	ncial account instructions
Part I Interest Income See instructions.) Note: If you had over \$400 in taxable interest income, you must also complete. It is name of payer, if any interest is from a seller-financed mortgage and the property as a personal residence, see the instructions and list this into show that buyer's social security number and address. Note: If you received a Form 10940 in the first income in the form 10940 in the first interest shown on hat form. 2 Add the amounts on line 1. 3 Excludable interest on series EE U.S. savings bonds issued after 1989 from 10940 interest shown on hat form. 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8 interest in the payer of the payer in th	If 'yes,' enter the name of the foreign country		
·		During 1997, did you receive a distribution from, or were you the grantor of, or transferor to, a fo If 'yes,' you may have to file Form 3520 or 926. See instructions.	reign trust?
AA For Dans	work	Paduction Act Natice can Form 1040 instructions	

1	Wages, tips, othe 24693	.00	2 Federal income tax withheld 4321.36			
3	Social security w 24693	.00	4 Socia	security tax withheld 1530.97		
5	Medicare wages (24693	nd tips .00	6 Medicare tax withheld 358.05			
•0	Control Number 49048 DRH	Dept 555230	Согр.	Employer use only		

c Employer's name, address, and ZIP code PRAIRIE PIZZA , INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270

	ı
b Employer's FED ID number 61 - 0992859	d Employee's SSA number 242-51-8852
. 7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13	14 Other
15 Statema Deceased Passics of	
	Legal rep. Hishid. emp. Deferred comp.
eff Employee's name, address a	nd 7IP code
ANGELA G TSIOUMA	6
519 WEBSTER PLAC	, i
CHARLOTTE NC 2820	E
OFFICE NC 2820	J9-2336
16 Cart E	
16 State Employer's state ID NC 60 32773	17 State wages, tips, etc.
18 State income tax	24693.00
1435.70	19 Locality name
20 Local wages, tips, etc.	21 Local income tax
Carl A Carlo	[
NC State Re	ference Copy
V - Wage an	dax of OO Tal
Stateme	THE COMPANY
ODV 2 to be filed with analysis or a re-	CONTRACTOR OF THE PROPERTY OF

492111140250635

Fc:m 1040	U.S. Individual Income Tax Re		(99) IRS use	only — [o not v	∙ • • write or sta	ple in this space.
	or the year Jan 1-Dec 31, 1998, or other tax year be	eginning ,	1998, ending		, 19		MB No. 1545-0074
Label		Name			Your S	social Seci	rity Number
(See instructions.)		MMOUD			237	- 75-3	540
Use the	1	Name			Spous	ie's Social	Security Number
IRS label. Otherwise,	ANGELA G TS. Home Address (number and street). If You Have a P.O. Box, Se	IOUMAS			242	-51-8	852
please print		ee Instructions.	Apartment I	No.		Impo	ortant!
or type.	5425 DONNEFIELD DR City, Town or Post Office. If You Have a Foreign Address, See I						nter your social
Presidential	1	Instructions.	State ZIP Code		seci	arity nun	nber(s) above.
Election	CHARLOTTE		NC 28227		Yes	No	ote: Checking
Campaign (See instructions.)	Do you want \$3 to go to this fund?]		vo	es' will not change ur tax or reduce
	If a joint return, does your spouse want \$3 to	go to this fund?	<u></u>	<u> </u>	}	χ yα	ur refund.
Filing Status	1 Single 2 X Married filing joint return (even if only o						
•	3, (313), II 311, I						
) and the special returns Effect Spe	ouse's SSN above & f	ull name here 🟲	·			
Check only one box.	() From a financonola (with qualifying pers	on). (See instructions	.) If the qualifying $p\epsilon$	erson is	a chi	ld but n	ot your
one box.	dependent, enter this child's name here					·	
	5 Qualifying widow(er) with dependent chi	ild (year spouse died	<u>►</u> 19). (Se	e instru	ıction	<u>s.)</u>	
Exemptions	6a X Yourself. If your parent (or someone else her tax return, do not check box 6a	se) can claim you as	a dependent on his o	or _		No. of box	n ()
-						6a and 6b	" <u>2</u>
	b X Spouse	(2) Dependent's				No. of your children or	, 1
	c Dependents:	social security	(3) Dependent's relationship	(4) √ qualifying	ır (6c who:	
	(1) First name Last name	number	to you	for child credit (s	tax 1	with you .	
	(I) First name Last name			instruction	ns)	 did not l with you d 	<i>i</i> e to
			 			divorce or aration (se	e l
If more than six dependents.			 			instruction	· · ·
see instructions.					,	Dependent on 6c not	s
				-		entered above	
						Add numbe	ers
	d Total number of exemptions claimed				l	entered on lines above	. ▶ 2
Income	wages, salaries, tips, etc. Attach Form(s) W	1-2		i	7		9,475.
	8a Taxable interest. Attach Schedule B if requir	ed			8a		1,748.
Attach Copy B	b Tax-exempt interest. Do not include on line 9 Ordinary dividends. Attach Schedule B if req	8a <u>.</u> <u>8</u>	S D				
of your Forms W-2, W-2G, and	10 Taxable refunds, credits, or offsets of state a	and local income town		• • • • • •	9		
1099-R here.	11 Alimony received	and local income taxe	s (see instructions)	-	10 11		
الجيمية والماسية	12 Business income or (loss). Attach Schedule	C or C-EZ		····	12		
If you did not get a W-2, see	13 Capital gain or (loss). Attach Schedule D				13		
instructions.	14 Other gains or (losses). Attach Form 4797			_	14		
	15a Total IRA distributions 15a		ole amount (see inst		15b		
	16a Total pensions & annuities . 16a	b Taxat	ole amount (see insti	rs)	16b	4	
Cualana b A I	17 Rental real estate, royalties, partnerships, S	corporations, trusts, e	etc. Attach Schedule	E[17	=I	-12,538/.
Enclose, but do not staple, any	18 Farm income or (loss). Attach Schedule F19 Unemployment compensation		• • • • • • • • • • • • • • • • • • • •	_	18	(
payment. Also,	20a Social security benefits				19		
please use Form 1 040-V.	21 Other income. List type & amount — see instrs	CERTIFIE	D TRUE COP	(S)	20Ъ	 -	
	22 Add the amounts in the far right column for				21		(1 215
	23 IRA deduction (see instructions)	No. of pages;	Sale you Date	1e - 7	1214		(-1,315.)
Adjusted	24 Student loan interest deduction (see instruction		/		- }}		
Gross		or By 8853	100/1	1	-#		
Income	20 Moving expenses. Attach Form 3903	7	a una Offica un	70	.]		
	27 One-half of self-employment tax. Attach Sci	CUUIC OL	sure Officer		- [[
f line 33 is	28 Self-employed health insurance deduction (se	ee instru internal 18	evenue Servic	8			
under \$30,095 (under \$10,030 if	29 Keogh and self-employed SEP and SIMPLE						
child did not	30 Penalty on early withdrawal of savings	Greensbox	North Carolin	na			
ive with you), see EIC in the	31 a Alimony paid. b Recipient's SSN	31	al				
nstructions.	32 Add lines 23 through 31a]3	2		/
RAA For Disclosur	33 Subtract line 32 from line 22. This is your ad	usted gross income	· · · · · · · · · · · · · · · · · · ·	►3	3		7-1,315.
,	re, Privacy Act, and Paperwork Reduction Act Noti	ice, see instructions.				Form	1040 (1998)

Form 1040 (1998	MOHAMAD Y HAMM & ANGELA G ISTOUMAS	237-	/5-3540 Page 2
Tax and	34 Amount from line 33 (adjusted gross income)	34	-1,315
Credits	35 a Check if: You were 65/older, Blind; Spouse was 65/older, Blind.		ला १ भाग ला
	Add the number of boxes checked above and enter the total here		
		┥	
Standard	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ▶ 35 b	٦١)
Deduction -		}	}
for Most People	36 Enter the larger of your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions to find your standard	ļ	
reopie	deduction if you checked any box on line 35a or 35b or if someone can claim		
Single:	you as a dependent	. 36	7,100.
\$4,250	37 Subtract line 36 from line 34	. 37	-8,415.
Head of	38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34	-	
household:	is over \$93,400, see the worksheet in the instructions for the amount to enter	38	5,400.
\$6,250	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		·
	40 Tax. See instructions. Check if any tax from a Form(s) 8814 b Form 4972		0.
Married filing i		40	0.
Qualifying	The same and a separation and appropriate the same separation and	_	
widow(er):	42 Credit for the elderly or the disabled. Attach Schedule R		į
\$7,100	43 Child tax credit (see instructions)		1
Married filing	44 Education credits. Attach Form 8863	_}	j
separately:	45 Adoption credit. Attach Form 8839	_	ļ
\$3,550	46 Foreign tax credit. Attach Form 1116 if required	7	
Li	47 Other. Check if from a Form 3800 b Form 8396	\neg	ĺ
	c Form 8801 d Form (specify) 47	1	ì
	48 Add lines 41 through 47. These are your total credits	48	
	49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-		
041-	50 Self-employment tax. Attach Schedule SE	50	0.
Other			
Taxes		. 51	
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	. 52	
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	. 53	
	54 Advance earned income credit payments from Form(s) W-2	. 54	
	55 Household employment taxes. Attach Schedule H	. 55	
	56 Add lines 49-55. This is your total tax	▶ 56	0.
Payments	57 Federal income tax withheld from Forms W-2 and 1099 57		
	58 1998 estimated tax payments and amount applied from 1997 return	-	1
	59 a Earned income credit. Attach Schedule EIC if you have a qualifying child.	_	
	b Nontaxable earned income: amount ▶	- [
Attach Forms	and type . ► 59a 42] :	
W-2 and W-2G	60 Additional child tax credit. Attach Form 8812	-	
to page 1. Also attach			
Form 1099-R	part (address to extension)	_ '	
if tax was	62 Excess social security and RRTA tax withheld (see instrs) 62	_	
withheld.	63 Other payments. Check if from a Form 2439	1 1	
	b Form 4136 63	}	
		┥ !	TI
	64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments	- 64	411
	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid	64	411.
Refund	• • • • • • • • • • • • • • • • • • • •	65	411.
Have it directly deposited! See	66 a Amount of line 65 you want Refunded to You	► 66 a	411.
instructions and	► b Routing number ► c Type: ☐ Checking ☐ Savings		
fill in 66b, 66c,	► d Account number	{ }	
and 66d.	67 Amount of line 65 you want Applied to Your 1999 Estimated Tax > 67		
Amount	60 If line E6 is more than line 64 outlined line 64 for the first	7 1	
You Owe	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions	- 68	
TOU OWE		00	
		RAINER .	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the tiple, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	æst of my reparer ha	knowledge and as any knowledge.
Here	Your Signature Date Your Occupation		time Telephone
Joint return? See instructions.	The second secon		nber (optional)
Keep a copy for your records.	The same of the sa	}	
or your records.	4-11-99 MERCHANT		
	Preparer's N	Prep	arer's Social Security No.
Paid	Preparer's Signature Check if self-employed	}	
Preparer's	Firm's Name Self-prepared		
Use Only	(or yours if self-employed) EIN		
-	and Address 70 Code		

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.

MOHAMAD Y HAMMOUD & ANGELA G TSIOUMAS

Your Social Security Number

237-75-3540

Schedule B - Interest and Ordinary Dividends 80 Part I Note: If you had over \$400 in taxable interest income, you must also complete Part III Interest List name of payer. If any interest is from a seller-financed mortgage and the buyer used **Amount** the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address (See BB&T 683.38 instructions.) CENTURA BANK 1.064.87 Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total 1 interest shown on that form. 2 Add the amounts on line 1 2 1,748.25 Excludable interest on series EE U.S. savings bonds in line 14. You must attach Form 88 5 to Form 1040 sued after 1989 from Form 8815. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 1,748.25 Part II Note: If you had over \$400 in ordinary dividends, you must also complete Part III. Ordinary **Amount** 5 List name of payer. Include only ordinary divderds. Report any capital gain distributions **Dividends** on Schedule D, line 13 > (See instructions.) Note: If you received a Form 1099-DIV, or substitute statement substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 5 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 Part III You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign Yes No Accounts and 7a At any time during 1998, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account. See instructions for exceptions and filing requirements for Form TD F 90-22.1 **Trusts** Χ (See b If 'yes,' enter the name of the foreign country... instructions.) During 1998, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'yes,' you may have to file Form 3520. See instructions X

Your Social Security Number

34632

MOHAMAD Y HAMMOUD & ANGELA G TSIOUMAS

237-75-3540

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

2000	1		-			S Corporations
	IDCOMO OF	~~~		Dawlmanakina		C C
4 - C	nicome or		1163363	Parinerenine	ann	> L.OMOPATIONS
					ullu	2 COLDOLATIONS

Note: If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. See instructions. If you check column (f), you must attach Form 6198.

27	(a) Name		(b) Enter P for partnership; S for S Corporation	(c) Check if foreign partnership	preign identification		Investmen (e) All is at risk	nt at Risk? (f) Some i
A Q	UEEN TOBACO INC.		S		56-2090	1219	X	notatri
В					30 2030	7213	1-^-	
С					<u> </u>		<u> </u>	
D								
E					†			
	Passive Income and Los	3	<u> </u>	Nonpass	sive Income	and L	oss	
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive from Schedule	loss	(j) Section 179 expense deducti from Form 456	on	(k) Nonpassive income from Schedule K-1	
_A			12,	538.				
В								
<u>c</u>								·
D								
E								
	Totals							
	Totals		12,	538.				
29 .	Add columns (h) and (k) of line 28a	• • • • • • • • • • • • • • • • • • • •				29		
	Add columns (g), (i), and (j) of line 28b				• • • • • • • • • • •	30	-12	2,538
31	Total partnership and S corporation income of here and include in the total on line 40 helew	or (loss). Combine lines	29 and 30. Enter t	he result				
art	here and include in the total on line 40 below III Income or Loss from Estates	and Tructo	<u></u>	• • • • • • • • • • • • • • • • • • • •	···	31	-12	<u>2,538</u>
2	meonic of Loss from Estates						·	
A		(a) Name					(b) Employer	ID no.
В								
	Passive Incon	ne and Loce			•			
	(c) Passive deduction or loss allow		(d) Description				ome and Loss	
	(attach Form 8582 if required)	cu .	(d) Passive inco) Deduction or 10 om Schedule K		(f) Other inc from Schedu	
A	· · · · · · · · · · · · · · · · · · ·						Tom octicus	IC IX-1
В			-					
ßa 1	Totals							
ъ٦	Totals		31					
34 /	Add columns (d) and (f) of line 33a	· · · · · · · · · · · · · · · · · · ·		*************		34		
5 /	Add columns (c) and (e) of line 33b			· · · · · · · · · · · · · · · · · · ·		+	-	
36 T	Total estate and trust income or (loss). Comb he result here and include in the total on line	ine lines 34 and 35. En	tor		t	35		
4.1		-4- 804		te (DEMIC	'c\ _ Poc	36 J	Holdon	
arti	income or Loss from Real Est	ate mortgage inve	Siment Condii				noider	
L.	income or Loss from Real Est	(b) Employer	(c) Excess inclus	ion (dì) Taxable incom	ie I	(e) Income i	rom
L.	Income or Loss from Real Est	(b) Employer identification number	(c) Excess inclus	ion (d)	Taxable income net loss) from	ne T	(e) Income t Schedules Q,	
L.	income or Loss from Real Est	(b) Employer	(c) Excess inclus	ion (d)) Taxable incom	ne T		
7 8 C	(a) Name Combine columns (d) and (e) only. Enter the	(b) Employer identification number	(c) Excess inclus from Schedules line 2c (see instruct	ion (d) Q, ions) Sch	Taxable incom net loss) from ledules Q, line	ne 1b		
7 8 C	income or Loss from Real Est	(b) Employer identification number	(c) Excess inclus from Schedules line 2c (see instruct	ion (d) Q, ions) Sch	Taxable incom net loss) from ledules Q, line	ne T		
7 8 C	(a) Name Combine columns (d) and (e) only. Enter the Summary	identification number	(c) Excess inclus from Schedules line 2c (see instruction the total on line	ion (d) Q, ions) Sch 40 below	Taxable incommet loss) from ledules Q, line	16 16 38		
8 C	(a) Name Combine columns (d) and (e) only. Enter the Summary Net farm rental income or (loss) from Form 48 Total income or (loss). Combine lines 26, 31	result here and include 335. Also, complete line	in the total on line	ion (d)	Taxable incomet loss) from ledules Q, line	38 39	Schedules Q,	line 3b
37 38 C 39 N 10 T 11 R	(a) Name Combine columns (d) and (e) only. Enter the Summary Net farm rental income or (loss) from Form 48	result here and include 335. Also, complete line 36, 38, and 39. Enter the second sec	(c) Excess inclus from Schedules line 2c (see instruction in the total on line 41 below	ion (d)	Taxable incomet loss) from ledules Q, line	16 16 38	Schedules Q,	

c Employer's name, address and 21Pc.	bluyer identification number 3 4 0 2 3 3	Form W-2 Wage as Copy B To Se Filed W	ith Employee's FEDE	RAL Tax Return 15	MB No. Dept. of Fress -
CHAHROUR INVESTME 29401 WEST 7 MILE LIVONIA, MI 4815 CONT:SAM P2324040	ENT II, INC E ROAD	1 Wayes this other co 3 Social security wages 5 Medicare wages and t 7 Social security tips	5356.00 5356.00 5356.00	2 Federal income 4 Social security 6 Medicard tax w	38-19066 104.00 tax withheld 332.02 77.74
d Employee's social security number 237-75-3540 c. Employee's name, address, and ZIP co MOHAMAD Y. HAMMOU 7403 KENTUCKY/UPP DEARBORN, MI 481	D ER FI.AT	19 Dependent care benet 13 Sec matrs, for bux 13 15 Statutory employee	8 Allocated fits 11 Nonqualifit Deceased Pensio	ed plans 12	9 Advance EIC payment
16 State Employer's state I.D. no. MI his information is being furnished to the im	5356.00	6 State income tax 19 L			tc. 21 Local income tax

a Control number	b Employer identification number 38-3222497	Form W-2 Wage and Copy B To Be Filed With	Tax Statement 1998	OMB Return 1545-C	
c Employer's name, address, and ZI 8 MILE GAS & 13600 EIGHT N OAK PARK, MI	MART, INC. MILE ROAD 48237	1 Wages, tips, other compe 3 Social security wages	1339.00	2 Federal income tax wit 4 Social security tax wit	thheld
CONT:SAM P232	24040	5 Medicare wages and tips 7 Social security tips	8 Allocated tips	6 Medicare tax withheld 9 A	
d Employee's social security number 242-51-8852		10 Dependent care benefits	11 Nonqualified p	lans 12 B	enefits included in box 1
e Employee's name, address, and ZII ANGELA G. TSI 7403 KENTUCKY	OUMAS //UPPER	13 See instrs. for box 13		14 Other	
DEARBORN, MI	48126	15 Statutory employee	Deceased Pension p	lan Legal rep.	Deferred compensation
16 State Employer's state 1.D. MI 38-322249	B	18 State income tax 19	Locality name 20	Local wages, tips, etc.	21 Local income tax
This information is being furnished to the	Internal Revenue Service	<u> </u>			

a Control number				
		OMB No. 1545-0008	1	
b Employer identification nu	mber		1 Wages, tips, other compensation	2 Federal income tax withheld
56-2090219			1963.71	173.00
c Employer's name, address	s, and ZIP code		3 Social security wages	4 Social security tax withheld
QUEEN TOBAC	CCO, INC.		1963.71	
6404 -D ALE	BEMARLE RD		5 Medicare wages and tips	6 Medicare tax withheld
CHADI OMME	NC 00010		1963.71	28.47
CHARLOTTE,	NC 28212		7 Social security tips	8 Allocated tips
d Employee's social security	y number		9 Advance EIC payment	10 Dependent care benefits
242-51-8852				
e Employee's name, address	s, and ZIP code		11 Nonqualified plans	12 Benefits included in box 1
ANGELA TSIC	DUMAS			
5425 DONNER	FIELD DR.		13 See Instrs. for box 13 .	14 Other
CHARLOTTE,	NC 28227		15 Statutory Deceased Pensic employee plan	n Legal Deferred rep. compensation
16 State Employer's state	e I.D. no. 17 State v	vages tips etc. 18 Stat	e income tax 19 Locality name 20 Loc	
NCL 60016818		1963.71	l ' '	al wages, tips, etc. 21 Local income tax
INCTQQQTQ	2.54	1200./1		
1				

Wage and Tax 199 A

Department of the Treasury-Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return to the Internal Revenue Service.

This Information is being furnished

1 Wages, tips, other comp.	2 Federal ins tax withheld					
1 Wages, tips, other comp. 816.00	91.54					
3 Social security wages 816.00	4 Social security tax withheld 50.59					
5 Medicare wages and tips 816.00	6 Medicare tax withheld 11.83					
Control Number Dept.	CorpEmployer use only					
049048 DRH 555230	T 1121					
c Employer's name, address, or PRAIRIE PIZZA INC	ind ZIP code					
1421D ORCHARD LA						
CHARLOTTE NC 282	270					
b Employer's FED ID number	d Employee's SSA number					
61 - 0992859 7 Social security tips	d Employee's SSA number 242-51-8852 8 Allocated tips					
9 Advance EIC payment	10 Dependent care benefits					
11 Nonqualified plans 12 Benefits included in box 1						
13 See instra. for box 13	14 Other					
15 Stat emp. Deceased Pension	n plan Legal rep. Deferred comp.					
e/f Employee's name, address	and ZIP code					
ANGELA G TSIOUM						
519 WEBSTER PLACE						
OHARLOTTE NO LO						
16 State Employer's state ID no	16 State Employer's state ID no. 17 State wages, tips, etc. NC 060032773 816.00					
18 State income tax	19 Locality name					
44.14 20 Local wages, tips, etc.	21 Local income tax					
[
Federal Filing Copy NA/_ 2 Wage and Tax 1000						
VV-/ 1330						
Copy B to be filed with employee's Federal Income Tax Heturn.						

Certification of Lack of Record

Date:

医神经神经

January 17, 2001

TO WHOM IT MAY CONCERN:

I certify that I have legal custody of Federal tax forms and related documents filed in the Internal Revenue Service Office, North-South Carolina District Office.

I further certify that a thorough search has been made of the records in my custody and no tax form, as described below, was found to have been filed in the name of the person indicated.

Name of Person Mohamad Hammoud

Address 5425 Donnefield Drive Charlotte, NC 28227

Kind of Tax Form 1040

Tax Period 1996

I have signed this certification and affixed to it the seal of this office on the date shown at the top of this page.

Name: R.L. Commerson

Title: Disclosure Officer

Signature]

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1999 CYCLE 200044 PAGE IRMF PAYEE REQUEST DATE 11-DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY O DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-01-2000 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN MOHAMAD Y HAMMOUD SSA MICROFILM NUMBER: 90576542785

STATE: ** ZIP: 00000-0000

ACCOUNT NUMBER: N/A PAYER ENTITY DATA: TIN 562155979 SORBEN INC

SUBMITTED TO: SSA ON: PAPER PAYROLL REPORTING UNIT: N/A FOREIGN PYR IND: ASSUMED NOT FOREIGN DEATH INDICATOR: ASSUMED ALIVE PENSION INDICATOR: UNANSWERED DEFERRED COMP IND: NOT CHECKED \$ CHNG: NOT SET CREDIBILITY: NOT SET STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS

WAGES....\$3,750+ TX WITHELD....\$66+ FICA TX WH.....\$232+
T FICA WAG....\$3,750+
MEDCARE WH.....\$54+
MEDCARE WG....\$3,750+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 05-02-2000 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN MOHAMAD HAMMOUD P O BOX 29301 PYR'S SUBMISSION DLN: 49569510760020 TRNS CNTL CD: 49160 PYR OFC CD: N/A SUBMITTED TO: IRS ON: TAPE CHARLOTTE

STATE: NC ZIP: 28229-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 6015000300000948745
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$708+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1999 CYCLE 200044 PAGE 2 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

	SUMMARY	
GROUP AMOUNT	GROUP A	TAUOM
WAGES\$3,750+	INTEREST	\$708+
TX WITHELD\$66+	FICA TX	\$232+
MEDCARE WH\$54+	MEDCARE WG\$3	,750+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE IRMF PAYEE REQUEST DATE 11-DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 08-13-1999 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN MOHAMAD Y HAMMOUD SSA MICROFILM NUMBER: 81326770185

STATE: ** ZIP: 00000-0000

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 383340233

CHAHROUR INVESTMENT II INC

TYPE OF EMPLOYMENT: ALL OTHERS

WAGES.....\$5,356+
TX WITHELD....\$104+
FICA TX WH.....\$332+
T FICA WAG.....\$5,356+
MEDCARE WH.....\$77+
MEDCARE WG.....\$5,356+

SUBMITTED TO: SSA ON: PAPER PAYROLL REPORTING UNIT: N/A
FOREIGN PYR IND: ASSUMED NOT FOREIGN
DEATH INDICATOR: ASSUMED ALIVE PENSION INDICATOR: UNCHK (UNRELIABLE" DEFERRED COMP IND: UNCHK (UNRELIABLE" \$ CHNG: NOT SET CREDIBILITY: NOT SET STATUTORY EMPLOYEE IND: NO

DOCUMENT TYPE: 1098-T ON FILE DATE: 02-27-1999 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN PYR'S SUBMISSION DLN: 49569437460009
TRNS CNTL CD: 38747 PYR OFC CD: N/A
SUBMITTED TO: IRS ELECTRONICALLY
LESS THAN HALF TIME STUDENT
NOT A GRADUATE STUDENT HAMMOUD MOHAMAD Y P 0 BOX 29301 STATE: NC ZIP: 28229-0000

ACCOUNT NUMBER: N/A PAYER ENTITY DATA: EIN 56-0797174 CENTRAL PIEDMONT COMMUNITY COLLEGE P 0 BOX 35009 CHARLOTTE NC282355009

NON MONEY DOCUMENT TYPE

DUCUMENT TYPE: 1099-G ON FILE DATE: 06-25-1999 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN MOHAMMAD Y HAMMOUD PYR'S SUBMISSION DING ANGELA G TSIOUMAS 7403 KENTUCKY OF 1907-PYR'S SUBMISSION DLN: 49569544970009
TRNS CNTL CD: 49735 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE 7403 KENTUCKY ST UPPR DEARBORN TAX YEAR OF REFUND: 1997

STATE: MI ZIP: 48126-1611
ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 56-1611838
NC STATE DEPARTMENT OF REVENUE
P O BOX 25000
RALEIGH NC276400001

1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS PR YR RFND.....\$501+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE 4 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 06-01-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN
MOHAMAD HAMMOUD
POBOX 29301
CHARLOTTE
STATE: NC ZIP: 28229-0000
POCUMENT TYPE: 1099-INT ON FILE DATE: 06-01-1999 ORIGINAL SUBMISSION
PYR'S SUBMISSION DLN: 49569532040029
TRNS CNTL CD: 49160 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE
NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000000948745
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$17+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE 5 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY O DOCUMENT CODE 00

0.5.0	***SUMMARY***	
GROUP AMOUNT	GROUP	AMOUNT
WAGES\$5,356+	INTEREST	\$17+
PR_YR_RFND\$501+	TX WITHFLD	
FICA TX\$332+	MEDCARE WH	\$77+
MEDCARE WG\$5,356+		

34545

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE IRMF PAYEE REQUEST DATE 11-DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 05-01-1998 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN

MAHAMAD Y HAMMOUD 6130 CORK TREE COURT

PYR'S SUBMISSION DLN: 07569485950018
TRNS CNTL CD: 07L64 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE

NO SECOND NOTICE

ACCOUNT NUMBER: 4121370501617545 PAYER ENTITY DATA: EIN 02-0118519 FIRST DEPOSIT NATIONAL BANK 219 MAIN STREET TILTON NH03276

INTEREST.....\$22+

STATE: NC ZIP: 28212-0000

CHARLOTTE

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN

PYR'S SUBMISSION DLN: 49569625480028 TRNS CNTL CD: 49160 PYR OFC CD: N/A SUBMITTED TO: IRS ON: TAPE MOHAMAD HAMMOUD P O BOX 29301 CHARLOTTE

NO SECOND NOTICE

STATE: NC ZIP: 28229-0000

ACCOUNT NUMBER: 6015000300000948745
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$30+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 7
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

AMOUNT INTEREST.....\$52+

GROUP

SUMMARY GROUP

AMOUNT

---P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE IRMF PAYEE REQUEST DATE 11-8 DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-06-1997 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN MOHAMAD HAMMOUD PYR'S SUBMISSION DLN: 495695 TRNS CNTL CD: 49160 PYR OFC CHARLOTTE SUBMITTED TO: IRS ON: TAPE PYR'S SUBMISSION DLN: 49569570180027
TRNS CNTL CD: 49160 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE

STATE: NC ZIP: 28229-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000000948745 PAYER ENTITY DATA: EIN 56-1360141 FIRST UNION NATIONAL BK OF NC INTEREST REPORTING NC0467 301 S COLLEGE ST CHARLOTTE NC 28288 0467

INTEREST.....\$65+

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P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 9 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

GROUP AMOUNT INTEREST.....\$65+

SUMMARY
GROUP

AMOUNT

Form 1040	U.S. Individual Income Tax R		(99) IRS use o	only — Do not write or staple in this space.
Fo	r the year Jan 1-Dec 31, 1999, or other tax year I	beginning	, 1999, ending	, OMB No. 1545-0074
Label	Your First Name MI Las	t Name	· · · · · · · · · · · · · · · · · · ·	Your Social Security Number
(See instructions.)	MOHAMAD HA	AMMOUD		237-75-3540
Use the	If a Joint Return, Spouse's First Name MI Las	t Name		Spouse's Social Security Number
IRS label.	ANGELA TS	SIOUMAS		242-51-8852
Otherwise, please print	Home Address (number and street). If You Have a P.O. Box,	See Instructions.	Apartment No	
or type.	5425 DONNEFIELD DR			You must enter your social
	City, Town or Post Office. If You Have a Foreign Address, Se	e Instructions	State ZIP Code	security number(s) above.
Presidential	CHARLOTTE		NC 28227	Yes No Nata Charles
Election Campaign	Do you want \$3 to go to this fund?			Y 'Yes' will not change
(See instructions.)	If a joint return, does your spouse want \$3 to			your tax or reduce
	1 Single	<u>go_to_go</u>		
Filing Status	2 X Married filing joint return (even if only	one had income)		
	3 Married filing separate return. Enter s	•	full name here	
Ob	4 Head of household (with qualifying per	•	_	reon is a child but not your
Check only one box.	dependent, enter this child's name he		is.) if the qualitying per	sort is a critic but not your
5.10 BOX.	5 Qualifying widow(er) with dependent of		d > 10) (See	instructions \
				e instructions.)
Exemptions	6a X Yourself. If your parent (or someone of her tax return, do not check box 6a	eise) cari ciaim you as	s a dependent on his or	checked on
				64 and 65
	b X Spouse	(2) Dependent's	(3) Dependent's	(4) v if South
	c Dependents:	- social security	relationship qu	ualifying child a lived
	79. First server	Grumber :	to you	for child tax with you
	(1) First name Last name		ا تو الوراه كالمان ف ما الا الصا	nstructions) with you due to
•		No. of pages: _	9 Day 1-13-	divorce or sep- aration (see
more than		11/1		instructions) .
dependents, see instructions.			1 2 2 2 4 2	Dependents on 6c not
doc mod detions.			WWW COL	entered above
		1.5100108	'410 Gereer -	Add numbers
	d Total number of exemptions claimed		Wanto Course	entered on lines above
•	7 Wages, salaries, tips, etc. Attach Form(\$)	W-2	Charles Line	3,750.
Income	8a Taxable interest. Attach Schedule B if requ		2 1 3 2 4 3 6 2 miles	8a 3,591.
Attach Copy B of your Forms	b Tax-exempt interest. Do not include on line	e 8a	8b	
W-2 and W-2G	9 Ordinary dividends. Attach Schedule B if re			
here. Also attach	10 Taxable refunds, credits, or offsets of state	e and local income tax	kes (see instructions) .	10
Form(s) 1099-R if tax was withheld.	11 Alimony received			
If you did not	12 Business income or (loss). Attach Schedul			
gét a W-2, see	13 Capital gain or (loss). Attach Schedule Diff			
instructions.	14 Other gains or (losses). Attach Form 4797			14
•	15a Total IRA distributions 15a		able amount (see instra	·
	16a Total pensions & annuities . 16a		able amount (see instra	
Englace but de	17 Rental real estate, royalties, partnerships,18 Farm income or (loss). Attach Schedule F			
Enclose, but do not staple, any	46 11			
payment. Also,	20 a Social security benefits 20 a		able amount (see instra	
please use Form 1040-V.	21 Other income. List type & amount (see instrs)	D Tax	able amount (see instr	•
	22 Add the amounts in the far right column for	r lines 7 through 21. T	his is your total income	e 21 9.492
	23 IRA deduction (see instructions)		23	e ► 22 9,492.
Adjusted ,	, 24 Student loan interest deduction (see instru	<u> </u>	24	
Gross	25 Medical savings account deduction. Attach		25	
Income	26 Moving expenses. Attach Form 3903		26	
	27 One-half of self-employment tax. Attach So		27	
	28 Self-employed health insurance deduction		28	
	29 Keogh and self-employed SEP and SIMPLE	J	29	
	30 Penalty on early withdrawal of savings		30	
	31 a Alimony paid b Recipient's SSN >	[31 a	
٠.	32 Add lines 23 through 31a			32
	33 Subtract line 32 from line 22. This is your a	djusted gross income	3	. ▶ 33 9 492

Form 1040 (1999	MOHAMAD HAMMODE & ANGELA TSIOUMAS	237-75-3540 Page
Tax and Credits	34 Amount from line 33 (adjusted gross income) 35a Check if: You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here. ► 35a	34 - 9,492
Standard Deduction for Most People	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here] -
Single: \$4,300	any box on line 35a or 35b or if someone can claim you as a dependent	36 7,200 37 2,292
Head of household:	38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter	38 5.500
\$6,350	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0 40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972	39 0. 40 0.
Married filing jointly or	41 Credit for child and dependent care expenses. Attach Form 2441 41	
Qualifying widow(er):	42 Credit for the elderly or the disabled. Attach Schedule R	-
\$7,200`	44 Education credits. Attach Form 8863	_
Married filing separately: \$3,600	45 Adoption credit. Attach Form 8839	-
·	47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)	
	48 Add lines 41 through 47. These are your total credits 49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶	
Other	50 Self-employment tax. Attach Schedule SE	49 0.
Taxes	51 Alternative minimum tax. Attach Form 6251	
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	
•	54 Advance earned income credit payments from Form(s) W-2	
	55 Household employment taxes. Attach Schedule H	
	56 Add lines 49-55. This is your total tax	56 0.
Payments	57 Federal income tax withheld from Forms W-2 and 1099 57 66.	-
	58 1999 estimated tax payments and amount applied from 1998 return	-
	b Nontaxable earned income: amount	
	and type . ► 59a	
	60 Additional child tax credit. Attach Form 8812 60	1
	61 Amount paid with request for extension to file (see instructions)	
	62 Excess social security and RRTA tax withheld (see instrs) 62	-
	63 Other payments. Check if from a Form 2439	
	b Form 4136	
	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64 66.
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid	65 66.
Have it directly deposited! See instructions and fill in 66b, 66c,	66a Amount of line 65 you want R ∉iunded to You ▶ b Routing number	66a 66.
and 66d.	67 Amount of line 65 you want Applied to Your 2000 Estimated Tax 67	
Amount You Owe	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions	68
7	69 Estimated tax penalty. Also include on line 68	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	pest of my knowledge and reparer has any knowledge.
Here Joint return? See instructions.	Your Signature Date Your Occupation 3-28- Euro	Daytime Kelephone Number (optional)
Keep a copy for your records.	Spouse's Signature. If a Joint Return, Both Must Sign. Date 3-28-2000 MArrier	
Paid	Preparer's Abdulla Dwwish 03175/00 Check if self-employed	Preparer's SSN or PNN
Preparer's	Firm's Name Plokessional Accounting & Tax Services	-1-212 207
Use Only	self-employed) and Address Charles Ala 3 9200 78 Code	6-2138879

Schedule A & B (Form 1040) 1999

OMB No 1545-0074

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.

237-75-354<u>0</u>

Your Social Security Number

MOHAMAD HAMMOUD & ANGELA TSIOUMAS

Schedule B — Interest and Ordinary Dividends

80

	Note	e: If you had over \$400 in taxable interest income, you must also complete Part III.				
Part I Interest		List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address		Ar	mount	
		B_B_&_,T			400	0 E C
(See instruction	s	B B 7 T	-	<u> </u>		8.59 3.22
for Form 1040, line 8a.)		CENTURA BANK	1	—	3,179	
		CENTORY DANK	-		3,1/3	7.12
			-			
Note: If you			-}			
received a Form 1099-INT, Form			1	ļ		
1099-OID, or substitute statement			' '			
from a brokerage firm, list the firm's			-	<u> </u>		
name as the payer and enter the total			1			
interest shown on that form.						
			1			
			1			
			1			
	2	Add the amounts on line 1	2	 	3,590	93
	3		3		<u> </u>	<u>,</u>
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	<u> </u>	3,590	93
D+ #		: If you had over \$400 in ordinary dividends, you must also complete Park III.			<u> </u>	<u></u>
Part II Ordinary				An	nount	
Dividends	5	List name of payer. Include only ordinary dividends. If you received any capital gain				
		distributions, see the instructions for Form 1040, line 13		<u></u>		
(See instructions	.					
for Form 1040,				<u></u>		
line 8a.)						
Note: If you						
received a Form 1099-DIV, or						
substitute statement from a brokerage				ļ		
firm, list the firm's name as the payer			\	<u> </u>		
and enter the ordinary dividends shown on	,		5			
that form.						
				<u></u>		
				<u> </u>		
				<u> </u>	1	
	_					
D A !!!		Add the amounts on line 5. Enter the total here and on Form 1040, line 9	6			
Part III Foreign Accounts	You r (c) re	must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreceived a distribution from, or were a grantor of, or a transferor to, a foreign trust.	ign a	ccount; or	Yes	No
and Trusts	7a	At any time during 1999, did you have an interest in or a signature or other authority over a fin in a foreign country, such as a bank account, securities account, or other financial account? S for exceptions and filing requirements for Form TD F 90-22.1	ancia ee in:	al account structions		
(See		If 'yes,' enter the name of the foreign country				X
instructions.)		• • • • • • • • • • • • • • • • • • • •	- -			
	8	During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a If 'yes,' you may have to file Form 3520. See instructions	forei	gn trust?		×



Name(s) Shown on Return. Do Not Enter Name and Social Security Number if Shown on Page 1.

Your Social Security Number

MOHAMAD HAMMOUD & ANGELA TSIOUMAS

237-<u>75</u>-<u>3540</u>

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss from Partnerships and S Corporations

Note: If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. See instructions, If you check column (f), you must attach Form 6198

	The state of the s	allacii Form 6136.						
27	(a) Name		(b) Enter P for partnership; S for S Corporation	(c) Che foreig partner	jn id	Employer entification number	Investme (e) All is at risk	nt at Risk? (f) Some is not at ris
Α	QUEEN TOBACCO , INC		S		56-2	090219	X	
В					30 2	030213		
С				 	- -			
D				-		 _		
E				-				
		·	 	<u> </u>				
	Passive Income and Loss	1			passive Inco			
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive from Schedule	loss K-1	(j) Section expense de from Form	n 179 duction n 4562	(k) Nonpa income f Schedule	rom
Α								2,151
В								_ , _ .
C								
D								
Ε								
28	a Totals							1 1 5 1
	b Totals							2,151
29	Add columns (b) and (b) of line 22a	<u> </u>	×					
30	Add columns (h) and (k) of line 28a							2,151
	(g), (i), and (j) of fine 200					30		
31		(loss). Combine lines	29 and 30. Enter	the resul	It here and		_	_
	include in the total on line 40 below. Income or Loss from Estates at		· · · · · · · · · · · · · · · · · · ·		· · · · <u>· · · · · · · · · · · · · · · </u>	31		2,151.
32	income of Loss from Estates a				 .	-		
	 	(a) Name					(b) Employe	r ID no.
A					<u> </u>			
В								_
_	Passive Income	and Loss	· · · · · · · · · · · · · · · · · · ·		Nonp	assive Inc	ome and Los	5
	(c) Passive deduction or loss allowed	İ	(d) Passive inc	ome	(e) Deduction	or loss	(f) Other in	come
	(attach Form 8582 if required)		from Schedule	K-1	from Sched	ule K-1	from Schedu	le K-1
Α								
В								
33 a	a Totals			8				
t	Totals							
34	Add columns (d) and (f) of line 33a	· · · · · · · · · · · · · · · · · · ·		***************************************		34		<u></u>
35	Add columns (c) and (e) of line 33b							
20						33		
36	Total estate and trust income or (loss). Combir the result here and include in the total on line 4	10 below	· · · · · · · · · · · · · · · · · · ·	<u></u> <u>.</u>	<u></u> ,	36		
	t IV Income or Loss from Real Estat	e Mortgage Invest	ment Conduit	s (REN	IICs) — Re	sidual F	lolder	
37	(a) Name	(b) Employer	(c) Excess inclu- from Schedules		(d) Taxable	income	(e) Income	from
		identification number	line 2c (see instruc	tions)	(net loss) Schedules Q	from	Schedules Q,	line 3b
38	Combine columns (d) and (e) only. Enter the re	esult here and include i	n the total on line	40 belo	w	38		
ar	t V Summary							
39	Net farm rental income or (loss) from Form 483	85 Also complete line	41 helow			39		
40						35		
40	Total income or (loss). Combine lines 26, 31, 3 1040, line 17		e result here and	on Form) 	40	2	,151.
41	Reconciliation of Farming and Fishing Income farming and fishing income reported on Form 4	Enter your gross 835 Jine 7: Schedule 4	(.1					<u></u>
	(Form 1065), line 15b; Schedule K-1 (Form 112	OS) line 23, and Sche	dule i					
	K-1 (Form 1041), line 14 (see instructions)		 <u>41</u>					
42	Reconciliation for Real Estate Professionals. If	you were a real estate			· <u> </u>			
	professional (see instructions), enter the net in reported anywhere on Form 1040 from all renta in which you materially participated under the p	I real estate activities	es 42					

Schedule K-1 (Form 1120S)

Sharehouer's Share of Income, Credits, Deductions, etc.

► See separate instructions.

.For calendar year 1999 or tax year

, 1999, and ending Apr 30 beginning Jan 1

56-2090219

Department of the Treasury Internal Revenue Service Shareholder's identifying number ►

Shareholder's Name, Address, and ZIP Code

ANGELA G. TSIOUMAS

242-51-8852

Corporation's identifying number ►

Corporation's Name, Address, and ZIP Code

QUEEN TOBACCO INC

		DONNEFIEL RLOTTE, NC		
B Inter	areholder's percentage of stock ownership for tax year (see instructions and Revenue Service Center where corporation filed its return	phis, TN	37501-0013	
	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
	1 Ordinary income (loss) from trade or business activities 2 Net income (loss) from rental real estate activities 3 Net income (loss) from other rental activities 4 Portfolio income (loss): a Interest	2 3	2,151.	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
Income (Loss)	b Ordinary dividends c Royalties d Net short-term capital gain (loss) e Net long-term capital gain (loss):	4b 4c		Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f)
	(1) 28% rate gain (loss) (2) Total for year f Other portfolio income (loss) (attach schedule)	e(2)		Schedule D, line 12, col (g) Schedule D, line 12, col (f) (Enter on applicable line of return.) See Shareholder's Instruc-
	 Net Section 1231 gain (loss) (other than due to casualty or theft) Other income (loss) (attach schedule) Charitable contributions (attach schedule) 	6		tions for Schedule K-1 (Form 1120S). (Enter on applicable line of return.) Schedule A, line 15 or 16
Deduc- tions	8 Section 179 expense deduction 9 Deductions related to portfolio income (loss) (attach schedule) 10 Other deductions (attach schedule)	9 10		See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S).
Invest- ment Interest	11a Interest expense on investment debts b (1) Investment income included on lines 4a, 4b, 4c, and 4f above (2) Investment expenses included on line 9 above 12a Credit for alcohol used as fuel	b(1) b(2)		Form 4952, line 1 See Shareholder's Instruc- tions for Schedule K-1 (Form 1120S).
	 b Low-income housing credit: (1) From Section 42(j)(5) partnerships for property placed in service before 1990 (2) Other than on line 12b(1) for property placed in service 	b(1)		Form 6478, line 10
0 131	before 1990 (3) From Section 42(j)(5) partnerships for property placed in service after 1989 (4) Other than on line 12b(3) for property placed in service	b(2)		—Form 8586, line 5
Credits	after 1989 c Qualified rehabilitation expenditures related to rental real estate activities	12c		<u>-</u> -! ! ,
	 d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities e Credits related to other rental activities 13 Other credits 	· · · · · · · · · · · · · · · · · · ·		See Shareholder's Instructions for Schedule K-1 (Form 1120S).

	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
A	14a Depreciation adjustment on property placed in service after 1986	14a		
Adjust- ments	b Adjusted gain or loss	14b		See Shareholder's
and Tax	c Depletion (other than oil and gas)	14c		Schedule K-1
Prefer- ence	d (1) Gross income from oil, gas, or geothermal properties	d(1)		(Form 1120S) and Instructions for
Items	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)		Form 6251
	e Other adjustments and tax preference items (attach schedule)	14e		T
	15a Type of income ►			Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶			
Foreign	c Total gross income from sources outside the United States (attach schedule)	15 c		Form 1116, Part I
Taxes	d Total applicable deductions and losses (attach schedule)	15d		<u></u>
	e Total foreign taxes (check one): ► Paid Accrued	15e		Form 1116, Part II
	f Reduction in taxes available for credit (attach schedule)	15 f		Form 1116, Part III
	g Other foreign tax information (attach schedule)	15g		See Instructions for Form 1116
	16 Section 59(e)(2) expenditures: a Type ►			See Shareholder's Instruc- tions for Schedule K-1
	b Amount	16b		(Form 1120S).
Other	17 Tax-exempt interest income			Form 1040, line 8b
	18 Other tax-exempt income	18		
	19 Nondeductible expenses	19		See Shareholder's Instructions for
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	0.	Schedule K-1
	21 Amount of loan repayments for 'Loans from Shareholders'	21		<u> </u>
	22 Recapture of low-income housing credit:			
	a From Section 42(j)(5) partnerships	22a		5 0611 1 8
	b Other than on line 22a	22b		Form 8611, line 8

23 Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space is needed):

Supplemental Information