

Form  
1040EZ

Department of the Treasury—Internal Revenue Service  
**Income Tax Return for Single and  
Joint Filers With No Dependents (L) 1993**

4920712100503

OMB No. 1545-0675

Use the  
IRS label  
(See page 10.)  
Otherwise,  
please print.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Print your name (first, initial, last)  
**Mohammad Y. Hammoud**  
If a joint return, print spouse's name (first, initial, last)

Home address (number and street). If you have a P.O. box, see page 11. Apt. no.  
**3555 Spanish Quarter Cir. F**  
City, town or post office, state and ZIP code. If you have a foreign address, see page 11.  
**Charlotte NC 28205**

Your social security number

**237 75 3540**

Spouse's social security number

See instructions on back and in Form 1040EZ booklet.

Presidential  
Election  
Campaign  
(See page 11.)

Note: Checking "Yes" will not change your tax or reduce your refund.

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing  
status

1  Single Married filing joint return  
(even if only one had income)

Report  
your  
income

2 Total wages, salaries, and tips. This should be shown in  
box 1 of your W-2 form(s). Attach your W-2 form(s). 2

**7,102.96**

Attach  
Copy B of  
Form(s)  
W-2 here.

3 Taxable interest income of \$400 or less. If the total is  
over \$400, you cannot use Form 1040EZ. 3

**16.07**

Attach any tax  
payment on  
top of  
Form(s) W-2.

4 Add lines 2 and 3. This is your **adjusted gross income.** 4

**7,119.03**

Note: You  
must check  
Yes or No.

5 Can your parents (or someone else) claim you on their return?  
Yes. Do worksheet X No. If single, enter 6,050.00.  
on back; enter If married, enter 10,900.00.  
amount from For an explanation of these  
line G here. amounts, see back of form. 5

**6,050.00**

6 Subtract line 5 from line 4. If line 5 is larger than line  
4, enter 0. This is your **taxable income.**

**1,069.03**

Figure  
your  
tax

7 Enter your Federal income tax withheld from box 2 of  
your W-2 form(s). 7

**362.98**

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  
booklet. Then, enter the tax from the table on this line. 8

**159.00**

Refund  
or  
amount  
you  
owe

9 If line 7 is larger than line 8, subtract line 8 from line 7.  
This is your **refund.** 9

**203.98**

10 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

**0.00**

Sign  
your  
return

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

*Mohammad Hammoud*

Date Your occupation Date Spouse's occupation

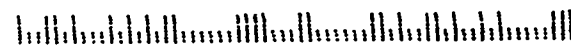
Mohammad Hammoud  
3555-F Spanish Qtr. Sir.  
Charlotte NC 28205

04/28/94



Internal Revenue Service  
Memphis TN 37501-0014

37501-0014



a Control number <b>0001205</b>		22222		Void For Official Use Only		
b Employer's identification number <b>48-0895936</b>			1 Wages, tips, other comp. <b>1850.37</b>		2 Federal income tax withheld <b>65.26</b>	
c Employer's name, address, and Zip code <b>PIZZA HUT OF AMERICA, INC. P O BOX 428 9111 E DOUGLAS WICHITA, KS 67201</b>			3 Social security wages <b>1767.56</b>		4 Social security tax withheld <b>113.18</b>	
			5 Medicare wages and tips <b>1845.29</b>		6 Medicare tax withheld <b>26.47</b>	
			7 Social security tips <b>77.73</b>		8 Allocated tips	
d Employee's social security number <b>237-75-3540</b>			9 Advance EIC payment		10 Dependent care benefits	
16 State	Employer's state I.D. No.	17 State wages, tips	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
NC	41-8227-19	1850.37	22.12			
e Employee's name (first, middle initial, last) <b>734108 F 14053190 MOHAMMAD Y HAMMOUD APT F 3555 SPANISH QUARTER CHARLOTTE NC, NC 00000-8205</b>			11 Nonqualified plans		12 Benefits included in Box 1	
			13 See Instrs. for Box 13		14 Other	
			15 Statutory employee	Deceased	Pension plan	Legal rep.
				<input checked="" type="checkbox"/>		
f Employee's address and Zip code			Department of the Treasury-Internal Revenue Service			

Copy B - To Be Filed With Employee's Federal Tax Return

**W-2 Wage and Tax Statement 1993**

1 Wages, tips, other comp. <b>5252.59</b>		2 Federal income tax withheld <b>297.72</b>	
3 Social Security wages <b>5252.59</b>		4 Social Security tax withheld <b>325.66</b>	
5 Medicare wages and tips <b>5252.59</b>		6 Medicare tax withheld <b>76.16</b>	
a Control Number <b>038888 DRH</b>	Dept. <b>559320</b>	Corp.	Employer use only <b>A 275</b>
c Employer's name, address, and ZIP code <b>PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270</b>			
b Employer's FED ID number <b>61-0992859</b>		d Employee's SSA number <b>237-75-3540</b>	
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 See Instrs. for Box 13		14 Other	
15 Stat. Emp.	Deceased	Pension plan	Legal rep.
e/f Employee's name, address and ZIP code <b>MOHAMAD Y HAMMOUD 3555#F SPANISH QUART CIRCLE CHARLOTTE NC 28205</b>			
16 State Employer's State ID <b>NC 60 32773</b>		17 State wages, tips, etc. <b>5252.59</b>	
18 State income tax <b>114.34</b>		19 Name of locality	
20 Local wages, tips, etc.		21 Local income tax	
<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 1993</b> <small>OMB No. 1545-0008</small> Copy B To be filed with employee's Federal Income Tax Return. <b>Fold and D</b>			

**CERTIFIED TRUE COPY**  
 No. of pages: 3 Date: 6-9-98  
 By: [Signature]  
 Disclosure Officer  
 Internal Revenue Service  
 North-South Carolina District  
 Greensboro, North Carolina

Form  
**1040EZ**

**Income Tax Return for Single and Joint Filers With No Dependents**

**1994**

69 2 07 05T 624 48 5

OMB No. 1545-0675

Use the IRS label (See page 11.) Otherwise Please print.

Print your name (first, initial, last)  
**MOHAMAD HAMMOUD**

If a joint return, print spouse's name (first, initial, last)

Home address (number & street). If you have a P.O. box, see page 12. Apt. no.  
**3555 F SPANISH QUART CIRCLE**

City, town, or post office, state, and ZIP code. If you have a foreign address, see page 12.  
**CHARLOTTE NC 28205**

Your social security number  
**237-75-3540**

Spouse's social security number

See instructions on page 2 and in Form 1040EZ booklet.

Presidential Election Campaign (See page 12.)

Note: Checking "Yes" will not change your tax or reduce your refund.

Do you want \$3 to go to this fund?  Yes  No

If a joint return, does your spouse want \$3 to go to this fund?  Yes  No

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

—

**Income**

Attach Copy B of Form(s) W-2 here. Enclose, but do not attach any payment with your return.

Note: You must check Yes or No.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). **1**

2 Taxable interest income of \$400 or less. If the total is over \$400, you cannot use Form 1040EZ. **2**

3 Add lines 1 and 2. This is your **adjusted gross income**. If less than \$9,000, see page 45 to find out if you can claim the earned income credit on line 7. **3**

4 Can your parents (or someone else) claim you on their return?  Yes. Do worksheet on back; enter amount from line G here.  No. If single, enter 6,250.00. If married, enter 11,250.00. For an explanation of these amounts, see back of form. **4**

5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income**. **5**

Dollars	Cents
	9,403
	9,403
	6,250
	3,153
	657
7 NO	
	657
	476
	181

**Payments and tax**

6 Enter your Federal income tax withheld from box 2 of your W-2 form(s). **6**

7 Earned Income credit (see page 15.). Enter type and amount of nontaxable earned income below. **7**

8 Add lines 6 and 7 (don't include nontaxable earned income). These are your **total payments**. **8**

9 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 tax from the table on this line. **9**

**Refund or Amount you owe**

10 If line 8 is larger than line 9, subtract line 9 from line 8. This is your **refund**. **10**

11 If line 9 is larger than line 8, subtract line 8 from line 9. This is the amount you owe. See page 20 for details on how to pay and what to write on your payment. **11**

**Sign your return**

Keep a copy 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 year.

Your signature *Mohamad Hammoud* Date **2/10/1995**

Your occupation \_\_\_\_\_

Spouse's signature (if joint return) \_\_\_\_\_ Date \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

For IRS Use Only -- Please do not write in boxes below.

A

Preparer Signature *A.W. Miller* Date **02-10-95** Check if self-employed  Preparer's SSN **240-80-7491** EIN: **56-1797197**

Firm Name **ACCUTROL TAX & BOOKKEEPING SER**

Address **1040 MT GALLANT RD**

City ST Zip **ROCK HILL SC 29732**

IRPTRN237753540290210000 \* (1998) IRR- ON LINE TRANSCRIPT SYSTEM \*  
TIN- 237753540 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 31 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

MUHAMAD Y HAMMUD  
3555#F SPANISH QUART  
CHARLOTTE NC  
STATE: NC ZIP: 28205-0000

MONEY SECTION  
WAGES.....\$9.402+  
TX WITHHELD.....\$656+  
FICA TX WH.....\$582+  
T FICA WAG.....\$9.402+  
MEDICARE WH.....\$136+  
MEDICARE MG.....\$9.402+

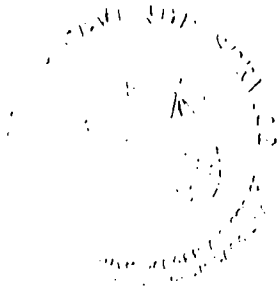
ACCOUNT NUMBER: N/A  
PAYER ENTITY DATA: TIN 610992859  
PRAIRIE PIZZA INC  
1421 D ORCHARD LAKE DRIVE  
CHARLOTTE NC 28270

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=(N)EXT. (O)NLINE. PAYE(E). PAYE(R). HARD(C)OPY. IRFO(L)

Form 6261 (11-79) Internal Revenue Service  
Form 6261 (11-79) Internal Revenue Service  
Form 6261 (11-79) Internal Revenue Service



**CERTIFIED TRUE COPY**  
No. of pages: 2 Date: 6-9-98  
By: [Signature]  
Disclosure Officer  
Internal Revenue Service  
North-South Carolina District  
Greensboro, North Carolina

728  
31E

4920721601031

Form 1040EZ Income Tax Return for Single and Joint Filers With No Dependents 1995

OMB No. 1545-0675

Use the IRS label (See page 12.) Otherwise Please print.

Print your name (first, initial, last) MOHAMAD Y. HAMMOUD
P.O. Box 29301
Charlotte, NC 28229

Your social security number 237-75-3540
Spouse's social security number

See instructions on page 2 and in Form 1040EZ booklet.

Presidential Election Campaign (See page 12.) Note: Checking "Yes" will not change your tax or reduce your refund. Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes No
Grid for election campaign contributions

Income

Attach Copy B of Form(s) W-2 here. Enclose, but do not attach any payment with your return.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). 1
2 Taxable interest income of \$400 or less. If the total is over \$400, you cannot use Form 1040EZ. 2
3 Unemployment compensation (see page X). 3
4 Add lines 1, 2, and 3. This is your adjusted gross income. 4
5 Can your parents (or someone else) claim you on their return? 5
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income. 6

Table with columns Dollars and Cents. Values: 3,761; 46; 3,807; 6,400; 0

Note: You must check Yes or No.

Payments and tax

7 Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7
8 Earned Income credit (see page 15.). Enter type and amount of nontaxable earned income below.
9 Add lines 7 and 8 (don't include nontaxable earned income). These are your total payments. 9
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. 10

Table with columns Dollars and Cents. Values: 211; 211; 0

Refund or Amount you owe

11 If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. 11
12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. See page 20 for details on how to pay and what to write on your payment. 12

Table with columns Dollars and Cents. Values: 211

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.

Sign your return

Your signature + Mohamed Hammoud Date 7/18/96
Your occupation
Spouse's signature (if joint return) Date
Spouse's occupation

For IRS Use Only -- Please do not write in boxes below.

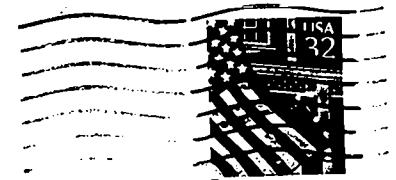
Grid of boxes for IRS use only, numbered 1-5.

Preparer

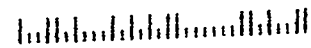
Signature R. Wayne Wilhelm, CPA Date 7-18-96 Preparer's SSN 240-80-7491
Address 5527 MONROE RD. City ST Zip CHARLOTTE NC 28212

Mohamad Hammond  
P.O. Box 29301  
Charlotte NC 28229

07/29/96



Internal Revenue Service  
Memphis, Tenn. 37501



1 Wages, tips, other com 3760.63		2 Federal income tax withheld 210.77	
3 Social security wages 3760.63		4 Social security tax withheld 233.16	
5 Medicare wages and tips 3760.63		6 Medicare tax withheld 54.53	
a Control Number 038888 DRH	Dept. 559320	Corp.	Employer use only T 295
e Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270			
b Employer's FED ID number 61-0992859		d Employee's SSA number 237-75-3540	
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 See Instrs. for box 13		14 Other	
15 Stat emp.	Deceased	Pension plan	Legal rep. Hshld. emp. Deferred comp.
e/f Employee's name, address and ZIP code MOHAMAD Y HAMMOUD 3549-E SPANISH QUART CIRCLE CHARLOTTE NC 28205			
16 State Employer's state ID NC 60 32773	17 State wages, tips, etc. 3760.63		
18 State income tax 86.62	19 Locality name		
20 Local wages, tips, etc.	21 Local income tax		
<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 1995</b> <small>OMB No. 1545-0008</small> <small>Copy B To be filed with employee's Federal Income Tax Return.</small>			

**CERTIFIED TRUE COPY**

No. of pages: 3 Date: 6/15/98

By: [Signature]  
**Disclosure Officer**  
**Internal Revenue Service**  
**North-South Carolina District**  
**Greensboro, North Carolina**



230

17221122535258

Form 1040 U.S. Individual Income Tax Return 1997

Department of the Treasury - Internal Revenue Service

(99) IRS use only - Do not write or staple in this space.

For the year Jan 1 - Dec 31, 1997, or other tax year beginning 1997, ending 19

Label (See instructions.)

Your First Name MOHAMAD MI Y Last Name HAMMOUD Your Social Security No. 237-75-3540

Use the IRS label. Otherwise, please print or type.

If a Joint Return, Spouse's First Name ANGELA MI G Last Name TSIOMAS Spouse's Social Security No. 242-51-8852

Presidential Election Campaign (See instructions.)

Home Address (number and street). If You Have a P.O. Box, See Instructions. 7403 KENTUCKY/UPPER Apartment No. For help finding line instructions, see instructions in the booklet.

City, Town or Post Office. If You Have a Foreign Address, See Instructions. DEARBORN MI 48126 State ZIP Code

Filing Status

- 1 Single
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
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died 19 ). (See instructions.)

Exemptions

- 6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
b [X] Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) No. of months lived in your home in 1997
d Total number of exemptions claimed 2

CERTIFIED TRUE COPY
No. of pages: 4 Date: 1-1-1998
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 24,693.
8a Taxable interest. Attach Schedule B if required 8a 871.
9 Dividends. Attach Schedule B if required 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D 13
14 Other gains or (losses). Attach Form 4797 14
15a Total IRA distributions 15a b Taxable amount (see instrs) 15b
16a Total pensions and annuities 16a b Taxable amount (see instrs) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see instrs) 20b
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.

Adjusted Gross Income

- 23 IRA deduction (see instructions) 23
24 Medical savings account deduction. Attach Form 8853 24
25 Moving expenses. Attach Form 3903 or 3903-F 25
26 One-half of self-employment tax. Attach Schedule SE 26
27 Self-employed health insurance deduction (see instructions) 27
28 Keogh and self-employed SEP and SIMPLE plans 28
29 Penalty on early withdrawal of savings 29
30a Alimony paid. b Recipient's SSN 30a
31 Add lines 23 - 30a 31
32 Subtract line 31 from line 22. This is your adjusted gross income 32 25,564.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040 (1997)

Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-39 for tax computation.

Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-46 for credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 47-53 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 54-60 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-63 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-65 for amount owed.

Sign Here

Signature area with fields for Your Signature, Date, Your Occupation, Spouse's Signature, Date, Spouse's Occupation.

Paid Preparer's Use Only

Preparer information fields including Preparer's Signature, Date, Firm's Name, Address, EIN, and ZIP Code.

If you want the IRS to figure your tax, see instructions.

Attach Forms W-2, W-2G, and 1099-R to page 1.

Keep a copy of this return for your records.

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 TSIUMAS

237-75-3540

Schedule B - Interest and Dividend Income

08

Part I Interest Income

(See instructions.)

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 interest shown on that form.

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

Table with 2 columns: Description and Amount. Includes rows for interest from BB&T, total interest (871), and adjustments for EE U.S. savings bonds.

Part II Dividend Income

(See instructions.)

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

Table with 2 columns: Description and Amount. Includes rows for dividends from various payers, total dividends (871), and adjustments for capital gain and nontaxable distributions.

Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts and foreign trusts.

1 Wages, tips, other comp. 24693.00		2 Federal income tax withheld 4321.36	
3 Social security wages 24693.00		4 Social security tax withheld 1530.97	
5 Medicare wages and tips 24693.00		6 Medicare tax withheld 358.05	
a Control Number 049048 DRH	Dept. 555230	Corp.	Employer use only T 1156
c Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270			
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 Stat emp.	Deceased	Pension plan	Legal rep. <input type="checkbox"/> Hahd. emp. <input type="checkbox"/> Deferred comp. <input type="checkbox"/>
e/f Employee's name, address and ZIP code ANGELA G TSIUMAS 519 WEBSTER PLACE CHARLOTTE NC 28209-2336			
16 State	Employer's state ID NC 60 32773	17 State wages, tips, etc. 24693.00	
18 State income tax 1435.70		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
<b>NC State Reference Copy</b> <b>W-2 Wage and Tax Statement 1997</b> <small>Copy 2 to be filed with employee's STATE Income Tax Return.</small>			

Form

1040



Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 1998

(99)

492111140250635

IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 1998, or other tax year beginning 1998, ending 19 OMB No. 1545-0074

Label (See instructions.)

Your First Name MI Last Name MOHAMAD Y HAMMOUD

Your Social Security Number 237-75-3540

Use the IRS label. Otherwise, please print or type.

If a Joint Return, Spouse's First Name MI Last Name ANGELA G TSIOMAS

Spouse's Social Security Number 242-51-8852

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. 5425 DONNEFIELD DR

Important! You must enter your social security number(s) above.

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code CHARLOTTE NC 28227

Presidential Election Campaign (See instructions.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes No X X Note: Checking 'Yes' will not change your tax or reduce your refund.

Filing Status

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died 19). (See instructions.)

Exemptions

- 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instructions)
d Total number of exemptions claimed

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9 Ordinary dividends. Attach Schedule B if required
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions
15b Taxable amount (see instrs)
16a Total pensions & annuities
16b Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount (see instrs)
21 Other income. List type & amount — see instrs
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income

- 23 IRA deduction (see instructions)
24 Student loan interest deduction (see instructions)
25 Medical savings account deduction. Attach Form 8853
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed health insurance deduction (see instructions)
29 Keogh and self-employed SEP and SIMPLE plans
30 Penalty on early withdrawal of savings
31a Alimony paid. b Recipient's SSN
31b Add lines 23 through 31a
32 Subtract line 32 from line 22. This is your adjusted gross income

CERTIFIED TRUE COPY
No. of pages: 1 Date:
By: [Signature]
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

Tax and Credits

Standard Deduction for Most People

Single: \$4,250

Head of household: \$6,250

Married filing jointly or Qualifying widow(er): \$7,100

Married filing separately: \$3,550

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-49 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 50-56 for Other Taxes.

Payments

Attach Forms W-2 and W-2G to page 1. Also attach Form 1099-R if tax was withheld.

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-64 for Payments.

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 65-67 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for Amount You Owe.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature area with fields for Your Signature, Spouse's Signature, Date, Your Occupation, Spouse's Occupation, and Daytime Telephone Number.

Paid Preparer's Use Only

Preparer's information fields including Signature, Date, Firm's Name, EIN, and ZIP Code.

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

Your Social Security Number

MUHAMMAD Y HAMMOUD & ANGELA G TSIOMAS

237-75-3540

Schedule B - Interest and Ordinary Dividends

08

Part I Interest

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

(See instructions.)

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 interest shown on that form.

Table with 4 rows for interest entries. Row 1: BB&T (683.38), CENTURA BANK (1,064.87). Row 2: Total (1,748.25). Row 3: Excludable interest (0). Row 4: Total after exclusion (1,748.25).

Part II Ordinary Dividends

Note: If you had over \$400 in ordinary dividends, you must also complete Part III.

(See instructions.)

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Table for ordinary dividends with 1 row for entry 5 and 1 row for total entry 6. All cells are empty.

Part III Foreign Accounts and Trusts

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.

(See instructions.)

Table with 3 rows for foreign account questions and 2 columns for Yes/No. Row 1: Question 7a, No. Row 2: Question 7b, No. Row 3: Question 8, No.

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

Your Social Security Number

MÖHAMAD Y. HAMMOUD & ANGELA G TSIOMAS

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.

**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.

27	(a) Name	(b) Enter P for partnership; S for S Corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment at Risk?	
					(e) All is at risk	(f) Some is not at risk
A	QUEEN TOBACO INC.	S		56-2090219	X	
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		12,538.		
B				
C				
D				
E				
28a Totals				
b Totals		12,538.		
29 Add columns (h) and (k) of line 28a				29
30 Add columns (g), (i), and (j) of line 28b				30 -12,538.
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31 -12,538.

**Part III Income or Loss from Estates and Trusts**

32	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
33a Totals			
b Totals			
34 Add columns (d) and (f) of line 33a			34
35 Add columns (c) and (e) of line 33b			35
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below			36

**Part IV Income or Loss from Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

**Part V Summary**

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	-12,538.
41	Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see instructions)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	



a Control number 6		b Employer identification number 38-3340233		Form W-2 Wage and Tax Statement 1998 Copy B To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0006		Dept. of Treas. - IRS 38-1908247			
c Employer's name, address, and ZIP code CHAHROUR INVESTMENT II, INC 29401 WEST 7 MILE ROAD LIVONIA, MI 48150 CONT: SAM P2324040				1 Wages, tips, other compensation 5356.00		2 Federal income tax withheld 104.00						
				3 Social security wages 5356.00		4 Social security tax withheld 332.02						
				5 Medicare wages and tips 5356.00		6 Medicare tax withheld 77.74						
				7 Social security tips		8 Allocated tips		9 Advance EIC payment				
d Employer's social security number 237-75-3540				10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in box 1				
e Employer's name, address, and ZIP code MOHAMAD Y. HAMMOUD 7403 KENTUCKY/UPPER FLAT DEARBORN, MI 48126				13 See instrs. for box 13		14 Other						
				15 Statutory employee		Deceased		Pension plan		Legal rep.		
				Deferred compensation								
16 State MI		Employer's state I.D. no.		17 State wages, tips, etc. 5356.00		18 State income tax 180.44		19 Locality name		20 Local wages, tips, etc.		21 Local income tax

This information is being furnished to the Internal Revenue Service.

a Control number 9		b Employer identification number 38-3222497		Form W-2 Wage and Tax Statement 1998 Copy B To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008		Dept. of Treas. - IRS 38-1908647			
c Employer's name, address, and ZIP code 8 MILE GAS & MART, INC. 13600 EIGHT MILE ROAD OAK PARK, MI 48237 CONT: SAM P2324040				1 Wages, tips, other compensation 1339.00		2 Federal income tax withheld						
				3 Social security wages 1339.00		4 Social security tax withheld 82.94						
				5 Medicare wages and tips 1339.00		6 Medicare tax withheld 19.50						
				7 Social security tips		8 Allocated tips		9 Advance EIC payment				
d Employer's social security number 242-51-8852				10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in box 1				
e Employer's name, address, and ZIP code ANGELA G. TSIOUMAS 7403 KENTUCKY/UPPER DEARBORN, MI 48126				13 See instrs. for box 13		14 Other						
				15 Statutory employee		Deceased		Pension plan		Legal rep.		
				Deferred compensation								
16 State MI		Employer's state I.D. no. 38-3222497		17 State wages, tips, etc. 1339.00		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.

a Control number		OMB No. 1545-0008				
b Employer identification number 56-2090219		1 Wages, tips, other compensation 1963.71		2 Federal income tax withheld 173.00		
c Employer's name, address, and ZIP code QUEEN TOBACCO, INC. 6404 -D ALBEMARLE RD  CHARLOTTE, NC 28212		3 Social security wages 1963.71		4 Social security tax withheld 121.75		
		5 Medicare wages and tips 1963.71		6 Medicare tax withheld 28.47		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 242-51-8852		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code ANGELA TSIUMAS 5425 DONNEFIELD DR.  CHARLOTTE, NC 28227		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other		
		15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>
				Legal rep. <input type="checkbox"/>		
				Deferred compensation <input type="checkbox"/>		
16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
NC	600168185	1963.71	75.34			

Form **W-2** Wage and Tax Statement **1998**

Department of the Treasury—Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return

This Information is being furnished to the Internal Revenue Service.

1 Wages, tips, other comp. 816.00		2 Federal income tax withheld 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	
a Control Number 049048 DRH	Dept. 555230	Corp. T	Employer use only 1121
c Employer's name, address, and ZIP code PRAIRIE PIZZA INC 1421D ORCHARD LAKE DRIVE CHARLOTTE NC 28270			
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 See instrs. for box 13		14 Other	
15 Stat emp.	Deceased	Pension plan	Legal rep. Deferred comp.
e/f Employee's name, address and ZIP code ANGELA G TSIUMAS 519 WEBSTER PLACE CHARLOTTE NC 28209-2336			
16 State NC	Employer's state ID no. 060032773	17 State wages, tips, etc. 816.00	
18 State income tax 44.14		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy <b>W-2</b> Wage and Tax <b>1998</b> Statement <small>OMB No. 1545-0008</small> Copy B to be filed with employee's Federal Income Tax Return.			

# Certification of Lack of Record

Date:  
January 17, 2001

34542

## 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

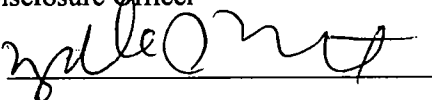
1996

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: <sup>2</sup> 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 1  
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 237753540 TIN TYPE AND VALIDITY 0  
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 WITHHELD.....\$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 PYR'S SUBMISSION DLN: 49569510760020  
P O BOX 29301 TRNS CNTL CD: 49160 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ON: TAPE  
STATE: NC ZIP: 28229-0000 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.....\$708+

COPIED MICRO COPY  
No. of pages: 9 Date: 01-17-2001  
By: *[Signature]*  
Checkers Office  
Internal Revenue Service  
North Carolina Service Center  
Charlotte, North Carolina

FORM 1041

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
WAGES.....	\$3,750+
TX WITHELD.....	\$66+
MEDCARE WH.....	\$54+

GROUP	AMOUNT
INTEREST.....	\$708+
FICA TX.....	\$232+
MEDCARE WG.....	\$3,750+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE 3  
IRMF PAYEE REQUEST 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

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

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+

DOCUMENT TYPE: 1098-T ON FILE DATE: 02-27-1999 ORIGINAL SUBMISSION  
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN

HAMMOUD MOHAMAD Y  
P O BOX 29301

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

STATE: NC ZIP: 28229-0000

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

NON MONEY DOCUMENT TYPE

DOCUMENT TYPE: 1099-G ON FILE DATE: 06-25-1999 ORIGINAL SUBMISSION  
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN

MOHAMMAD Y HAMMOUD  
ANGELA G TSIUMAS  
7403 KENTUCKY ST UPPR  
DEARBORN

PYR'S SUBMISSION DLN: 49569544970009  
TRNS CNTL CD: 49735 PYR OFC CD: N/A  
SUBMITTED TO: IRS ON: TAPE  
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+

3363782214

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 PYR'S SUBMISSION DLN: 49569532040029  
P O BOX 29301 TRNS CNTL CD: 49160 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ON: TAPE  
STATE: NC ZIP: 28229-0000 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+

-----



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 0  
DOCUMENT CODE 00

GROUP	AMOUNT
WAGES.....	\$5,356+
PR YR RFND.....	\$501+
FICA TX.....	\$332+
MEDCARE WG.....	\$5,356+

\*\*\*SUMMARY\*\*\*

GROUP	AMOUNT
INTEREST.....	\$17+
TX WITHELD.....	\$104+
MEDCARE WH.....	\$77+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 6  
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: 05-01-1998 ORIGINAL SUBMISSION  
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN  
MAHAMAD Y HAMMOUD PYR'S SUBMISSION DLN: 07569485950018  
6130 CORK TREE COURT TRNS CNTL CD: 07L64 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ON: TAPE  
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

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

INTEREST.....\$22+

-----  
DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION  
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN  
MOHAMAD HAMMOUD PYR'S SUBMISSION DLN: 49569625480028  
P O BOX 29301 TRNS CNTL CD: 49160 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ON: TAPE  
STATE: NC ZIP: 28229-0000 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.....\$30+

-----

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

GROUP	AMOUNT	***SUMMARY***	GROUP	AMOUNT
INTEREST.....	\$52+			

248 50

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 8  
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: 07-06-1997 ORIGINAL SUBMISSION  
PAYEE ENTITY DATA: PRIMARY SSN 237-75-3540 -- VALID SSN  
MOHAMAD HAMMOUD PYR'S SUBMISSION DLN: 49569570180027  
P O BOX 29301 TRNS CNTL CD: 49160 PYR OFC CD: N/A  
CHARLOTTE 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+

-----

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

\*\*\*SUMMARY\*\*\*

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



4922110121426

Form 1040 U.S. Individual Income Tax Return 1999

(99) IRS use only - Do not write or staple in this space.

For the year Jan 1-Dec 31, 1999, or other tax year beginning , 1999, ending OMB No. 1545-0074

Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See instructions.)

Personal information section including names (MOHAMAD HAMMOUD, ANGELA TSIOMAS), address (5425 DONNEFIELD DR, CHARLOTTE NC 28227), and social security numbers (237-75-3540, 242-51-8852).

Filing Status Check only one box.

Filing status options: 1 Single, 2 Married filing joint return (checked), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions more than dependents, see instructions.

Exemptions section: 6a Yourself (checked), 6b Spouse (checked), 6c Dependents table with handwritten entries for 'M. J. Cameron'.

Income Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.

Income section: 7 Wages (3,750), 8a Taxable interest (3,591), 9 Ordinary dividends, 10-14 Other income, 15a-16b Pensions/IRA, 17 Rental real estate (2,151), 18-21 Other income, 22 Total income (9,492).

Adjusted Gross Income

Adjusted Gross Income section: 23-33 Deductions (IRA, student loan, medical, moving, etc.) and 33 Adjusted gross income (9,492).

Tax and Credits

Standard Deduction for Most People

Single: \$4,300

Head of household: \$6,350

Married filing jointly or Qualifying widow(er): \$7,200

Married filing separately: \$3,600

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-49 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 50-56 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-64 for Payments.

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 65-67 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for Amount You Owe.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature table with columns for Your Signature, Date, Your Occupation, Spouse's Signature, Date, Spouse's Occupation, and Daytime Telephone Number (optional).

Paid Preparer's Use Only

Table for Paid Preparer's Use Only with fields for Signature, Date, Firm's Name, Address, EIN, and ZIP Code.

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

Your Social Security Number

MOHAMAD HAMMOUD & ANGELA TSIUMAS

237-75-3540

**Schedule B – Interest and Ordinary Dividends**

08

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

**Part I Interest**

(See instructions for Form 1040, line 8a.)

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 interest shown on that form.

		Amount
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's social security number and address	
	B B & T	408.59
	B B 7 T	3.22
	CENTURA BANK	3,179.12
2	Add the amounts on line 1	3,590.93
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You <b>Must</b> attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	3,590.93

**Part II Ordinary Dividends**

(See instructions for Form 1040, line 8a.)

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note: If you had over \$400 in ordinary dividends, you must also complete Part III.

		Amount
5	List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9	

**Part III Foreign Accounts and Trusts**

(See instructions.)

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.

	Yes	No
7a At any time during 1999, 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		X
b If 'yes,' enter the name of the foreign country		
8 During 1999, 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



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 TSIOMAS

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.

**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.

27	(a) Name	(b) Enter P for partnership; S for S Corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment at Risk?	
					(e) All is at risk	(f) Some is not at risk
A	QUEEN TOBACCO , INC	S		56-2090219	X	
B						
C						
D						
E						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				2,151.	
B					
C					
D					
E					
28a Totals				2,151.	
b Totals					
29 Add columns (h) and (k) of line 28a				29	2,151.
30 Add columns (g), (i), and (j) of line 28b				30	
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31	2,151.

**Part III Income or Loss from Estates and Trusts**

32	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1		
A					
B					
33a Totals					
b Totals					
34 Add columns (d) and (f) of line 33a				34	
35 Add columns (c) and (e) of line 33b				35	
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below				36	

**Part IV Income or Loss from Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

**Part V Summary**

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	2,151.
41	Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see instructions)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

**Schedule K-1**  
**(Form 1120S)**

**Shareholder's Share of Income, Credits, Deductions, etc**

OMB No. 1545-0130

▶ See separate instructions.

For calendar year 1999 or tax year

**1999**

Department of the Treasury  
Internal Revenue Service

beginning Jan 1, 1999, and ending Apr 30, 1999

Shareholder's identifying number ▶ 242-51-8852 Corporation's identifying number ▶ 56-2090219

Shareholder's Name, Address, and ZIP Code

Corporation's Name, Address, and ZIP Code

ANGELA G. TSIOMAS  
5425 DONNEFIELD DR  
CHARLOTTE, NC 28227

QUEEN TOBACCO INC  
5425 DONNEFIELD DR  
CHARLOTTE, NC 28212

- A** Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) ..... ▶ 100.00000 %
- B** Internal Revenue Service Center where corporation filed its return ..... ▶ Memphis, TN 37501-0013
- C** Tax shelter registration number (see instructions for Schedule K-1) .....
- D** Check applicable boxes: (1)  Final K-1 (2)  Amended K-1

		(a) Pro rata share items	(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:			
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1	2,151.	See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	2	Net income (loss) from rental real estate activities	2				
	3	Net income (loss) from other rental activities	3				
	4	Portfolio income (loss):				Schedule B, Part I, line 1 Schedule B, Part II, line 5 Schedule E, Part I, line 4 Schedule D, line 5, col (f)	
		4a	Interest	4a			
		4b	Ordinary dividends	4b			
		4c	Royalties	4c			
		4d	Net short-term capital gain (loss)	4d			
		e	Net long-term capital gain (loss):				
			e(1)	(1) 28% rate gain (loss)	e(1)		
e(2)	(2) Total for year	e(2)		Schedule D, line 12, col (g) Schedule D, line 12, col (f)			
f	Other portfolio income (loss) (attach schedule)	4f		(Enter on applicable line of return.)			
5	Net Section 1231 gain (loss) (other than due to casualty or theft)	5		See Shareholder's Instructions for Schedule K-1 (Form 1120S).			
6	Other income (loss) (attach schedule)	6		(Enter on applicable line of return.)			
Deductions	7	Charitable contributions (attach schedule)	7		Schedule A, line 15 or 16		
	8	Section 179 expense deduction	8		See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	9	Deductions related to portfolio income (loss) (attach schedule)	9				
	10	Other deductions (attach schedule)	10				
Investment Interest	11a	Interest expense on investment debts	11a		Form 4952, line 1 See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	b(1)	(1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)				
	b(2)	(2) Investment expenses included on line 9 above	b(2)				
Credits	12a	Credit for alcohol used as fuel	12a		Form 6478, line 10		
	b	Low-income housing credit:				Form 8586, line 5	
		b(1)	(1) From Section 42(j)(5) partnerships for property placed in service before 1990	b(1)			
		b(2)	(2) Other than on line 12b(1) for property placed in service before 1990	b(2)			
		b(3)	(3) From Section 42(j)(5) partnerships for property placed in service after 1989	b(3)			
	b(4)	(4) Other than on line 12b(3) for property placed in service after 1989	b(4)				
	12c	c Qualified rehabilitation expenditures related to rental real estate activities	12c		See Shareholder's Instructions for Schedule K-1 (Form 1120S).		
	12d	d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12d				
12e	e Credits related to other rental activities	12e					
13	Other credits	13					

BAA For Paperwork Reduction Act Notice, see the instructions for Form 1120S.

Schedule K-1 (Form 1120S) 1999

(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
<b>Adjustments and Tax Preference Items</b>	14a Depreciation adjustment on property placed in service after 1986	14a	See Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	d(2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
<b>Foreign Taxes</b>	15a Type of income ▶		Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	15c	
	d Total applicable deductions and losses (attach schedule)	15d	Form 1116, Part II Form 1116, Part III
	e Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f Reduction in taxes available for credit (attach schedule)	15f	
	g Other foreign tax information (attach schedule)	15g	See Instructions for Form 1116
<b>Other</b>	16 Section 59(e)(2) expenditures: a Type ▶		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	16b	
	17 Tax-exempt interest income	17	Form 1040, line 8b
	18 Other tax-exempt income	18	See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	19 Nondeductible expenses	19	
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	20	
	21 Amount of loan repayments for 'Loans from Shareholders'	21	
	22 Recapture of low-income housing credit:		Form 8611, line 8
a From Section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
<b>Supplemental Information</b>	23 Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space is needed):		