Form income Tax Return for Single and 1040EZ Joint Filers With No Dependents (B) OMB No. 1545-0675 Print your name (first, initial, last) Your social security number A B Chawki Y. Hammoud Use the irst, initial, last) IRS label E 242 (See page 10.) Otherwise, Home address (number and street). If you have a P.O. box, see page 11. Н please print. Spouse's social security number 3555 Spanish Quarter Circle E City, town or post office, state and ZIP code. If you have a foreign address, see page 11. R E Charlotte 28205 NC 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 6,438.11 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 over \$400, you cannot use Form 1040EZ. Form(s) W-2 here. Attach any tax payment on 6,438.11 top of 4 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. 6,050.00 Yes or No. amount from For an explanation of these line G here. amounts, see back of form. 6 Subtract line 5 from line 4. If line 5 is larger than line 388.11 4, enter 0. This is your taxable income. 6 Enter your Federal income tax withheld from box 2 of **Figure** 667.12 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 58.00 booklet. Then, enter the tax from the table on this line. Refund 9 If line 7 is larger than line 8, subtract line 8 from line 7. or 609.12 This is your refund. amount If line 8 is larger than line 7, subtract line 7 from line 8. you This is the amount you owe. For details on how to owe pay, including what to write on your payment, see 0.00 page 16. 10 I have read this return. Under penalties of perjury, I declare that to the Sign best of my knowledge and belief, the return is true, correct, and accurately your lists all amounts and sources of income I received during the tax year. return Your signature Spouse's signature if joint return Keep a copy nuce of this form for your

Department of the Treasury-Internal Revenue Service

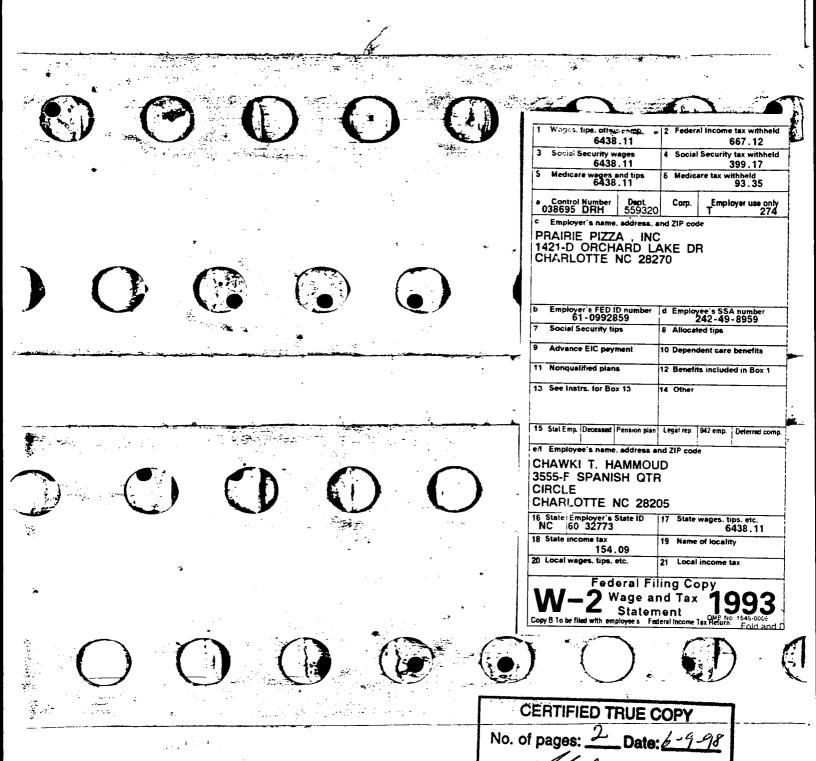
records.

Your occupation

COOK

Date

Spouse's occupation



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

Form

Department of the Treasury — Internal Revenue Service

1040A (99)	U.S. Individual Income Tax	Keturn		19	IRS Us	e Only — Do no	ot write or staple in the				
i	Your first name	MI	Last name			Your	OMB N Social Security Num	Vo. 1545-008			
Label	Chawki T.(Hammoud)										
	f a joint return, spouse's first name	Mi	Last name				242-49-8959 Spouse's Social Security Number				
_	Jessica Y Fortune					23	39-17-514	13			
Use the IRS	Home address (number and street). If you have a P.O.	box, see instruc	tions.	A	partment numb	Δ,	r Privacy Act				
label. Otherwise,	6138 Cork Tree Ct.	an	d Paperwork								
please print or type.	City, town or post office. If you have a foreign address,		duction Act tice, see								
l	Charlotte, NC 282					ins	tructions.				
	Presidential Election Campaign Fu				Yes		<b>te:</b> Checking 'Yo I not change	es'			
	Do you want \$3 to go to this fund?.					you	ur tax or reduce				
<del></del>	If a joint return, does your spouse w	ant \$3 to go	to this fund?	· · · · · ·		you	ur refund.	-2"			
<b>a.</b>	· — · · · · · · · · · · · · · · · · · ·	ouan if ani.		,							
Check the box for your	- · ·				t						
filing status	3 Married filing separate return. Enter spouse's social security number above and full name here ▶										
	4 Head of household (with qu		rson) If the gual	lifuina norce	n is a shild	but not up					
	dependent, enter this child			myrrig perso	orris a crinic	but not you	ır				
Check only one box.	5 Qualifying widow(er) with o			died ► 19	<u> </u>		<del></del>				
	6 a X Yourself. If your parent (or	someone e	lse) can claim v	ou as a dec	endent on I	nis or	No. of boxes				
F:	her tax return, <b>d</b> e 18b on page 2.	o not check	box 6a. But be s	sure to chec	k the box o	n line	checked on 6a and 6b	2.			
Figure your	C L 37   C	<u>.</u>	<u> </u>			- 					
exemptions	c Dependents:	(2)	(3)		(4)	(5)	<del>-</del>				
		Check if under	If age 1 or older dependent's soc	ial re	Dependent's elationship to y	ou lived in	children on				
	(1) Name (first, initial, and last name)	age 1	security numbe	er		home in 199					
If more than							■ lived — with you				
seven dependents.	·				<u> </u>		• didn't				
see instructions.	<del></del>	$\longrightarrow$	···				live with you due to				
							divorce or separation				
							Dependents on 6c not				
		+++					entered above				
	J. 16	<del></del>	<del></del>	<del> </del>							
	d If your child didn't live with you under a pre-1985 agreement, or a second control of the c	i but is claim check here	ned as your depe	endent	▶ □		Add numbers				
	e Total number of exemptions cl							2.			
	7 Wages, salaries, tips, etc. This	should be s	shown in box 1 c	f vour W-2	form(s).		. Illes above	1 4.			
Figure your total	Attach Form(s) W-2					7	20	,894.			
income	8 a Taxable interest income. If over	er \$400, atta	ich Schedule 1,			8		<u>, 054.</u>			
	b Tax-exempt interest. Do not in				<del></del>		·				
Attach Copy B of your Forms W-2	9 Dividends. If over \$400, attach	Schedule 1				9					
and 1099-R here.	10 a Total IRA distributions 10 a				ble amount		b	0.			
16	11 a Total pensions										
If you didn't get a W-2, see instructions.	and annuities 11 a					<u>11</u>	<u>b</u>	0.			
	12 Unemployment compensation.		<u> </u>	<u> </u>	<u></u>	12					
Enclose, but do not attach, any	13 a Social security			ļ							
payment with your return.	benefits 13 a		<del></del>			13	<u> </u>				
	14 Add lines 7 through 13b (far rig				<u> </u>	<b>≻</b> 14	20	<u>,894.</u>			
	15 a Your IRA deduction	· · <u>·</u> · · · ·	<u> </u>	15 a		<del></del>					
	h Spouse's IPA deduction			15.6							
igure our	<ul><li>b Spouse's IRA deduction</li><li>c Add lines 15a and 15b. These a</li></ul>	are your tet	al adjustments	IDD		<del></del>					
djusted	The same of the and the three t	are your tota	a aujustinents	· · · · · ·	<u> </u>	15	<u> </u>				
jross ncome	16 Subtract line 15c from line 14.	This is your	adjusted gross	income. If	less						
	than \$25,296 and a child lived with you), see 'Earned income	with you (les	ss than \$9,000 it	f a child did	n't live	► 1£	20	004			
1191 For Papony	ork Reduction Act Notice, see instruction				<u> </u>		2 U orm <b>1040A</b> (1994	<u>,894.</u>			

Form **1040A** (1994)

Name(s) shown on page 1	· · · · · · · · · · · · · · · · · · ·	Your Social Security Number
C. Hammoud	& J. Fortune	242-49-8959
	17 Enter the amount from line 16	20,894.
Figure your	18 a Check You were 65 or older Blind Enter no. of	
standard	if: Spouse was 65 or older Blind boxes chkd ➤ 18 a	
deduction, exemption	b If your parent (or someone else) can claim you as a dependent,	
amount,	check here	
and taxable	c If you are married filing separately and your spouse files Form 1040	
income	and itemizes deductions, see instructions and check here ▶ 18 c	
	19 Enter the standard deduction shown below for your filing status. But if you checked any box on line 18a or b, go to instructions to find your	
	standard deduction. If you checked box 18c, enter -0	
	<ul> <li>Single - \$3,800</li> <li>Married filing jointly or Qualifying widow(er) - \$6,350</li> </ul>	
	<ul> <li>◆ Head of household – \$5,600</li> <li>◆ Married filing separately – \$3,175</li> </ul>	<b>19</b> <u>6,350.</u>
	20 Subtract line 19 from line 17. If line 19 is more than line 17, enter -0	20 14,544.
	21 Multiply \$2,450 by the total number of exemptions claimed on line 6e	<b>21 4</b> ,900.
	22 Subtract line 21 from line 20. If line 21 is more than line 20, enter -0 This is	
	your taxable income	<b>22</b> 9,644.
	23 Find the tax on the amount on line 22. Check if from:	·
Figure	X Tax Table or Form 8615	23 1,444.
your tax,	24 a Credit for child and dependent care	
credits, and	expenses. Attach Schedule 2 24 a	
payments	<b>b</b> Credit for the elderly or the disabled.	
	Attach Schedule 3	
	c Add lines 24a and 24b. These are your total credits	24 c
If you want the	25 Subtract line 24c from line 23. If line 24c is more than line 23, enter -0	25 1,444.
IRS to figure your tax, see	26 Advance earned income credit payments from Form W-2	26
the instructions for line 22.	27 Add lines 25 and 26. This is your total tax	<u> 1,444.</u>
	28 a Total federal income tax withheld. If any tax	
	is from Form(s) 1099, check here	
	<b>b</b> 1994 estimated tax payments and amount applied	
	from 1993 return	
	c Earned income credit. If required, att Sch EIC No 28 c	
	Nontaxable earned income:	
	amount ▶ and type ▶	
	d Add lines 28a, 28b, & 28c (don't include nontaxable earned	
	income). These are your <b>total payments</b>	<b>28 d</b> 1,597.
	29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount	00 450
Figure		29 153.
your refund or	30 Amount of line 29 you want refunded to you	<b>30</b> 153.
amount	31 Amount of line 29 you want applied to your 1995	
you owe	estimated tax	
	32 If line 27 is more than line 28d, subtract line 28d from line 27. This is the amount	
	you owe. For details on how to pay, including what to write on your payment,	32
	see instructions	32
<u>C:</u>		best of my knowledge
Sign your return	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declarating that the taxpayer) is based on all information of which the preparer has any knowledge.	on of preparer (other
	Your signature / / / / Date Your occupati	
Keep a copy of this return for	Clark heurt 3-9- 95	
your records.	Spouse's signature. If joint return, BOTH must sign.  Date Spouse's occi	upation /
	0 2 3 6 6	/
	Date	Preparer's SSN
	Preparer's signature Check if self-employed	_   / /
Paid	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	X 155-70-0527
preparer's	(or yours if	1
use only	and address	
	CHARLOTTE, NC ZIF	Code 28208

a Control number	OMB No 154	5-0008
b Employer's identification number		1 Wages, tips, other compensation 2 Federal income tax withheld
56-1758774		382.50
c Employer's name, address, and ZIP cod	e	3 Social security wages 4 Social security tax withheld
A PLUS PROFESSIONAL	-	382.50 23.72
PLACEMENT INC		5 Medicare wages and tips 6 Medicare tax withheld
2520 SARDIS RD NORT	TH STE 220	382.50 5.53
CHARLOTTE NC 28227	7	7 Social security tips 8 Allocated tips
d Employee's social security number		9 Advance EIC payment 10 Dependent care benefits
239-17-5143		
e Employee's name, address, and ZIP cod	le	11 Nonqualified plans 12 Benefits included in box 1
JESSICA FORTUNE		
6138 CORK TREE CT CHARLOTTE NC 2821	12	13 See Instrs. for box 13 14 Other
		15 Statutory Deceased Pension Legal 942 Subtotal Deferred employee plan rep. emp. compensation
16 State Employer's state I.D. No.		3 State income tax 19 Locality name 20 Local wages, tips, etc. 21 Local income tax
NC 60 60322	382.50	

W-2 Wage and Tax 1994

Copy 8 To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

a Control number	Ī									
		OMB No. 154	5-0008							
b Employer's identification	n number			1 Wage	s, tips, othe	er compe	ensation	2 Fede	ral income	tax withheld
	56-	1817448		į	:	35.0	0	ł		.00
c Employer's name, addr	ess, and ZIP co	de		3 Socia	al security	wages		4 Soci	al security	tax withheld
Morgan Resou	•			35.00 2.17						2.17
7300 Carmel	Exec. P	ark		5 Medi	care wage:	s and tip	s	6 Med	icare tax v	vithheld
Suite 215			;	35.0	0			.51		
Charlotte NC 28226				7 Socia	al security	tips		8 Alloc	cated tips	
						.0	0	1		.00
d Employee's social security number				9 Adva	nce EIC pa	yment		10 Dependent care benefits		
239175143	239175143					.0	0	.00		
e Employee's name, add	•	de		11 Nong	ualified pla	ns		12 Bene	fits includ	ed in Box 1
<b>Jessica</b> Fort	une			ł		.0			.00	
6138 Cork Tr	ee Ct.			13 See Instrs. for Box 13				14 Other		
Charlotte N	C 28212							İ		
				1						
				15 Statutor employe	y Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	
					~ 		ιομ.	i ii.		compensation
16 State Employer's stat	e I.D. No.	17 State wages, tips, etc.	18 State in	ncome tax	19 Locali	ly name	20 Local	wages, tips, o	etc. 211	ocal income tax
NC 60-64283		35.00		.00						
	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			1	••••••	·····†····	••••••
			1							

Department of the Treasury-Internal Revenue Service

Copy B To Be Filed Wi FEDERAL Tax Return	_ ` ~	<b>.</b> .		1994	OMB No. 1545-0008					
a Control number	1 Wages, tips, off	rer comp.	27	ederal income	tax withheld					
EE# 7		6021.65			5,33					
	3 Social security	wages	45	ocial security	tax withheld					
b Employer's ID no.		6021.65	1		3.34					
	5 Medicare wage		6 M	ledicare tax w						
c Employer's name, addres	s and 7ID code	6021.65	i	8	7.31					
SHOWMARS - UNIVERSITY  7605 UNIVERSITY BOULEVARD CHARLOTTE NC 28213										
d Employee's social securi	ly number	···								
239-17-5143 e Employee's name, addres										
JESSICA PORTUNE 124 S. CECIL STRE LEXINGTON NC 2726										
7 Social security tips	8 Allocated t	8 Allocated tips			9 Advance EIC payment					
10 Dependent care benefits	11 Nonqualific	ed plans	12	Benefits incl	uded in Box 1					
13 See Instrs. for Box 13		14 Other								
15 Statutory Decea employee	sed Pension plan		942 emp.	Subtotal	Deferred compensation					
NC 60-50443		6021.65		107	.06					
16 State Emplr.'s state I.D.	# 17 State wage	es, tips, etc.	18	State income	e tax					
19 Locality name	20 Local wage	es, tips, etc.		Local income	• tax					

Form W-2 Wage and Tax Statement Dept. of the Treasury — IRS This information is being furnished to the Internal Revenue Service.

Wages, tips, other of 3229.		2 Federal income tax withheld 1227 . 19 4 Social see rity tax withheld 820 . 24 ***					
3 Social Lurity was 13229.							
Medicare wages an	d tips	6 Medicare tax withheld					
13229	80	191.84					
Control number	Dept.	Corp.	Employer use only				
038785 DRH	559320		A 237				

PRAIRIE PIZZA INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270

b	Employ	er's FED 1 - 0992	D number 859	d Employee's SSA number 242 - 49 - 8959						
7	Social	security ti	ps.	8 Allocated tips						
9	Advan	e EIC pay	ment	10 Depen	dent care	benefits				
11	Nonqu	alified plan	)S	12 Benefi	ts include	ed in box 1				
13	See Int	strs. for bo	x 13	14 Other		_				
15	Stat emo	Deceases	Pension plan	Legai reg	942 emp	Deferred comp				
			e. address, a	<u> </u>						
-4		ree o nam	r. suurittaa, t	PIRI LIP CO	~					
C1 35	HAWK 555-F	SPANI	AMMOU SH QTF NC 282	۹ .						

W-2 Wage and Tax 1994

Copy 8 To be filed with employee's Federal Income Tax Refurn.

19 Locality name

21 Local income tax

18 State income tax

20 Local wages, tips, etc.

702.35

ارا c. Employer's name	e address an	d ZIP code					4	7			- · · · ·	
P.O. B	CHISE OF OX 58014	REMEDYTEMP,	INC.				•	OMB No 1545-0	Form W-2 N 1 Wages, tips, of 3 Social security	ther comped	sation 2 Federa	tement 1994 Fincome tax withheld 100 - 100
CHARLO Social security tip	TTE, NC	8 Allocated tips		00 9 /	Advance EIC p	payment 0	0		5 Medicare wag			are tax withheld 2.13
Dependent care benefits 0 11 Nonqualified plans .00				00 12	Benefits inclu	ded in B	n Box 1 a Employee's name, address, and ZIP code JESSICA FORTUNE 6138 CORK TREE COURT					
3 See Intrs. for Bo	x 13		14 Other				j		RLOTTE, NC 28			
5 Statutory Employe	e Deceased	Pension Plan Legal rep.	942 emp. Su	ubtotal Defen	red compensation	Void	1	Employer's ident	fication number		d Employee's soc 239-	ial security number 17-5143
6 State		state I.D. No.	17 State v	wages, tip	os. 617.00	18 Sta	te incor	ne tax	19 Locality name	20 Local v	vages, tips, etc.	21 Local income tax
Copy B to be	filed with	employee's FE	DERAL I Revenue Serv	tax retu	ırn	<u> </u>						Department of the Treasury Internal Revenue Service
	a Control	Number	. ,		Void		o e		To be filed with en			urn
		21800 ·	199 umber	4		*	OF		ee's and employer es, tips, other compe		2 Federal incor	ne tax withheld

a Control Number	Void	<u> </u>	Copy B To be filed with employee's	FEDERAL tax return
221800	1994	1 OF 1	Employee's and employer's copy of	compared .
b Employer's identification no			Wages, tips, other compensation	2 Federal income tax withheld
94-216180			1.076.65	
c Employer's name, address			3 Social security wages	4 Social security tax withheld
c Employer's name, address	5, and 211 0000	#* 	1.070-65	66.75
TEMPHORLD			5 Medicare wages and tips	6 Medicare tax withheld
100 REDWOOD	SHORES PARE	(hAY	1.076.65	15.61
REDWOOD CIT	V. CA 94065		7 Social security tips	8 Allocated tips
KEDNOOD OT!	1	NI N		
d Employee's social security	number		9 Advance EIC payment	10 Dependent care benefits
239-17-51				
· · · · · · · · · · · · · · · · · · ·			11 Nonqualified plans	12 Benefits included in Box 1
e Employee's name (first, m	niddje initial, last)			
.er 204 W E	OBTHAR	×.50	13	14 Other
JESSICA Y F	GK (UNG SEG (ESA)A (			I see a second second
6138 CCRK I				
CHARLETTE,	NC 20214			
			15 Statutory Deceased Pension Leg	emp. Compensation
		3. L. 1953	temployeb.	emp. pompensation
Employee's address and a	ZIP čode	98	19c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9a		The state of the s	Tagent Land Land	wages this etc. 21 Local income lax
6 State : Employer's state I		State wages to atc 18	State second tax. 19 Locally 20 Locally 19 Locally	
101-149	04	10.04.03		
er o skal de julie er stjær ett gjegerg	en ar english i servici a servici (i servici a ser	The same of the sa		
				L = Resident City WCO = Work Cou
<u></u>				CI = Resident City WCO = Work Cou CI = Work City SD = School Di
ORM W-2 Wage at	nd Tax Statemer	nt		CO = Resident County

FORM W-2 Wage and Tax Statement

Dept. of the Treasury Internal Revenue Service
This Information is being furnished to the Internal Revenue Service.

CERTIFIED TRUE COPY

No. of pages; 5 Date: 6-9-98

Disclosure Officer

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

Form

# Income Tax Return for Single and Joint Filers With No Dependents (P) 1995

1040EZ OMB No. 1545-0675 Your first name and initial Your social security number Hammoud Chawki Use If a joint return, spouse's first name and initial Last name the 24 2 IRS Apt. no. Home address (number and street). If you have a P.O. box, see page 11. Spouse's social security number label 124 S. Cecil St here City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. Lexination NC 27292-4008 See instructions on back and in Form 1040EZ booklet. Note: Checking "Yes" will not change your tax or reduce your refund. Presidential Election Do you want \$3 to go to this fund? Campaign If a joint return, does your spouse want \$3 to go to this fund? (See page 11.) 215Har Total wages, salaries, and tips. This Income should be shown in box 1 of your 023 Attach W-2 form(s). Attach your W-2 form(s). 1 Copy B of Form(s) Taxable interest income of \$400 or less. If the total is W-2 here. over \$400, you cannot use Form 1040EZ. 2 Enclose, but do not attach, any payment 3 Unemployment compensation (see page 14). with your return. Add lines 1, 2, and 3. This is your adjusted gross income. If less than \$9,230, see page 15 to find out if you can claim the earned income credit on line 8. Can your parents (or someone else) claim you on their turn? Note: You No. If single, enter 6,400.00. Yes. Do worksheet must check If married, enter 11,550.00 on back; enter Yes or No. For an explanation of these amount from amounts, see back of form. line G here. Subtract line 5 from line 4. If line 5 is larger than 0 line 4, enter 0. This is your taxable income. Enter your Federal income tax withheld from box 2 of **Payments** 855 7 your W-2 form(s). and tax Earned income credit (see page 15). Enter type and amount of nontaxable earned income below. 0 8 Add lines 7 and 8 (don't include nontaxable earned ร ร income). These are your total payments. Tax. Use the amount on line 6 to find your tax in the tax table on pages 29-33 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 00 or 9. This is your refund. amount If line 10 is larger than line 9, subtract line 9 from line you 10. This is the amount you owe. See page 22 for detail **CERTIFIED TRUE COPY** on how to pay and what to write on your payment. owe I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and bellef, the return is true, correct, and accurately lists all amounts and sources of income I received during the tar yello. of pages: Spouse's signature if joint return Your signature Sign your Haranard Date Your occupation Spouse's occupation return Date Disclosure Officer Engineer Internal Revenue Service Keep a copy of this form North-South Garolina District for your Greensboro, North Carolina records.

K. J. Bagar

1998 | 22112334012-7

	Facaba		A HOLDHI 15.		Do not write o	r staple in this space.	
Label		year Jan. 1-Dec. 31, 1996, or other tax year begin		996, ending	,19	OMB. No. 1545-00	374
	Your first name	{	Last name		Your so	cial səcurity no.	
Use A	CHAWK	<del></del>	HAMMOUD \		242	-49 <u>-8959</u>	
1		, spouse's first name and initial	Last name		Spouse'	s social security no	). ).
Other- L	<u>JESSI</u>	CA Y F	ORTUNE /		239	-17-5143	
olease ''	Home address			Apt. no		lp in finding line	_
print E	6616-	H_YATESWOOD DRIVE				tions, see pages	
		ost office, state, and ZIP code. If you have a forei	gn address, see page 11.			3 in the booklet.	
	CHARL		NC 282	12	Yes No		
<b>Presidential</b>		Do you want \$3 to go to this fund? .		**	X	Note: Checking Yes will not change your	
<b>Election Car</b>	npaign 🖊	If a joint return, does your spouse want			→ Ŷ	or reduce your refun	
Filing Stat	tus 1	Single	to go to time faria.	<u> </u>	<del>11.</del>	<del></del>	—
	2	X Married filing joint return (even	if only one had income	1			
	3	Married filling separate return. Enter s	•				
	4	Head of household (with qualify				<del> </del>	
Check only	· ·	enter this child's name here.	ing persons. (388 insut	actions.) If the qualitying pe	rson is a child	out not your dependent,	
one box.	5	<del></del>		- 1: 1 > 10		`	
Exemption		Qualifying widow(er) with deper			instructions	)	
_xop.i.oi	15 00	X Yourself. If your parent (or son		ou as a dependent on hi	s or her   N	lo. of boxes hecked on 6a	
		tax return, do not che	eck box ba			nd 6b	2
-	b	1 M 1 SPS-100		<u> </u>		lo. of your hildren on 6c	
If more than six	C	Dependents:	(2) Dependent's social security number. If born in	relationship to you	o. lived in	/ho:	
dependents,		(1) First name Last name	December 1996, see inst.	, , , M	our home in 1996	lived with you	
see the line 6c_						didn't live with	
instructions					Ò	r separation (see	
_		<del></del>				estructions)	_
_						ependents on 6c ot entered above	
_	·				··		_
_						dd numbers	$\neg$
	d	Total number of exemptions claimed .	<u> </u>			nteredion nes above ► 2	,
Income	7	Wages, salaries, tips, etc. Attach Form(s)	W-2				
					7   7	29,400	)
	8a	Taxable interest. Attach Schedule B if ov	rer \$400		. 8a		<u></u>
	b	Tax-exempt interest. DON'T include on	line 8a 8b				_
A 44 I	9	Dividend income. Attach Schedule B if of	over \$400		. 9		
Attach Copy B of you	" 10	Taxable refunds, credits, or offsets of star	te and local income tax	es (see instructions)	. 10		_
Forms W-2,	<u> </u>	Alimony received			11		_
W-2G, and 1099-R here.	12	Business income or (loss). Attach Sched	lule C or C-EZ		. 12	2,097	<del>,</del>
	13	Capital gain or (loss). If required, attach			. 13	2,097	—
If you did not		Other gains or (losses). Attach Form 479		• • • • •	14	<del></del>	—
get a W-2, se the line 7	<sup>e</sup> 15a	Total IRA distributions   15a		axable amount (see Inst.)	15b	<del></del>	
nstructions.		Total pensions & annuities 16a		axable amount (see inst.)	16b		—
Please send	17	Rental real estate, royalties, partnerships,			. 17	<del>-</del>	—
any payment	18	Farm income or (loss). Attach Schedule		etc. Attach Schedule E	. 18	<del></del>	
separately witi Form 1040-V.	h 40	Unemployment compensation	• • • • • •	• • • • • •	19	<del></del>	
See the line 6		Social security benefits   20a		axable amount (see inst.)			_
nstructions.	21	Other income.	<b>D</b> 18	axable amount (see inst.)	20b		_
		Other medice.	<del></del>				
	22	Add amounts in the for right adverse for I	74b 04 771 1		21		<b>—,</b>
Adjusted		Add amounts in the far right column for li Your IRA deduction (see instructions)			<b>22</b>	31,497	_/
Gross		· · · · · · · · · · · · · · · · · · ·	23a		_		'
		Spouse's IRA deduction (see instructions	<del></del>	<b> </b>	_		1
ncome	24 25	Moving expenses. Attach Form 3903 or 3	· · · · · · · · · · · · · · · · · · ·		_		
f line 24 !	25 26	One-half of self-employment tax. Attach		148			_
f line 31 is Inder \$28,495	26	Self-employed health insurance deductio					
under \$9,500	if Z/	Keogh & self employed SEP plans. If SEF					
child didn't	28	Penalty on early withdrawal of savings	28				
ive with you), see the line 54	29	Alimony paid. Recipient's SSN ▶	29				
nstructions.							
	30	Add lines 23a through 29			. 30	148	
	31	Subtract line 30 from line 22. This is your	adjusted gross incom-	e <b>b</b>	31	21 240	_

### SCHEDULE C (Form 1040)

# **Profit or Loss From Business**

(Sole Proprietorship)

1996

OMB No. 1545-0074

9. 3 % 20.3 3 M 5 1 4 7

Partnerships, joint ventures, etc., must file Form 1065. Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. 09 Attach to Form 1040 or Form 1041.
 See Instructions for Schedule C (Form 1040). Name of proprietor Social security number (SSN) CHAWKI Y HAMMOUD 242-49-8959 A Principal business or profession, including product or service (see page C-1) B Enter principal business code (see page C-6) ▶3731 RETAIL SALES Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any EASTWAY TOBACCO Business address (including suite or room no.) 2849 EASTWAY DRIVE City, town or post office, state and ZIP code CHARLOTTE, NC 28205 Accounting method: (1) X Cash Accrual (3) ☐ Other (specify) ▶ G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses . . X Yes No If you started or acquired this business during 1996, check here Part I Income Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here 67,398 2 Returns and allowances 2 3 Subtract line 2 from line 1 . . . 3 67,398 4 Cost of goods sold (from line 42 on page 2) 4 60,834 5 Gross profit. Subtract line 4 from line 3 5 6,564 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) 6 7 Gross income. Add lines 5 and 6 . 6.564 Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 Pension and profit-sharing plans 9 Bad debts from sales or Rent or lease (see page C-4): services (see page C-3) 9 a Vehicles, machinery, and equipment 20a 10 Car and truck expenses **b** Other business property 20b 2,800 (see page C-3) 10 21 Repairs and maintenance . 21 11 Commissions and fees. 11 22 Supplies (not included in Part III). 22 12 Depletion . . . . 12 23 Taxes and licenses. 23 289 13 Depreciation and section 179 Travel, meals, and entertainment: expense deduction (not included a Travel. 24a in Part III) (see page C-3) 13 36 b Meals and en 14 Employee benefit programs tertainment (other than on line 19). 14 C Enter 50% of line 15 Insurance (other than health) . 15 24b subject to Interest: limitations (see page C-4) a Mortgage (paid to banks, etc.). 16a d Subtract line 24c from line 24b 24d **b** Other . . . . 16b 25 Utilities 25 . . . . 750 17 Legal and professional 26 Wages (less employment credits) 26 services . . . 17 Other expenses (from line 48 on Office expense 18 page 2) 27 592 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . 28 .467 Tentative profit (loss). Subtract line 28 from line 7 . . . 29 2,097 30 Expenses for business use of your home. Attach Form 8829 30 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. 31 2,097 • If a loss, you MUST go on to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-5). If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2

If you checked 32b, you MUST attach Form 6198.

(statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

at risk.

All investment is at risk.

Some investment is not

32a

32b

	fule C (Form 1040) 1996			Page
	ame(s)	SSN	J	<u> </u>
CH	AWKI Y HAMMOUD	242	-49-8959	
	LIII Cost of Goods Sold (see page C-5)			
33	Method(s) used to  Value closing inventory:  (a) X Cost  (b) Lower of cost or market  (c) explanation			
34	Was there any change in determining quantities, costs, or valuations between opening and closing inv	entory? h	· . Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	1		30,000
36	Purchases less cost of items withdrawn for personal use			60,834
37	Cost of labor. Do not include salary paid to yourself		<del> </del>	00,634
38	Materials and supplies			
39	Other costs		<u> </u>	<del></del> -
40	Add lines 35 through 39			
41	Inventory at end of year		<u> </u>	90,834
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	. 41		30,000
Part	Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find on the complete this part ONLY if you are claiming car or truck required to file Form 4562 for this business.	avnonce	2 02 line 10 0-d	60,834
45 46	Do you (or your spouse) have another vehicle available for personal use?	• • •	Yes	No No
D	Do you have evidence to support your deduction?  If "Yes," is the evidence written?		□ vos	No No
Pan:	Other Expenses. List below business expenses not included on lines 8-26 or line 30.		<u></u>	
TEL	EPHONE			592
		···		
			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	
48	Total other expenses. Enter here and on page 1, line 27	48		592

# SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99) Self-Employment Tax

See Instructions for Schedule SE (Form 1040).

<del>омв №. 1545, 09</del>7. **1996** 

1996 Attachment Sequence No. 17

► Attach to Form 1040.

Name of person with self-employment income (as shown on Form 1040)

CHAWKI Y HAMMOUD

Social security number of person with self-employment income

242-49-8959

### Who Must File Schedule SE

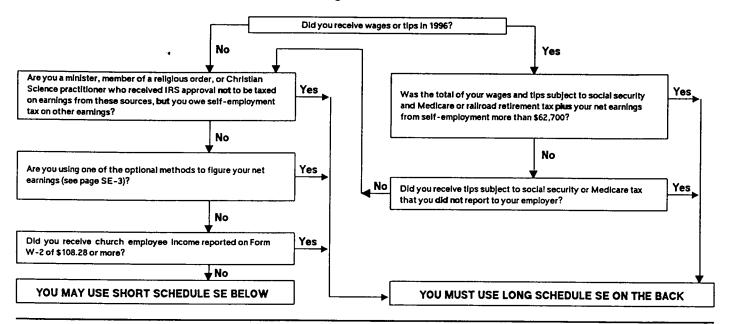
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, OR
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 45.

## May I Use Short Schedule SE or MUST I Use Long Schedule SE?



# Section A--Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a			1	-
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form	•	• •	<u> </u>	
	1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1				
	for amounts to report on this line. See page SE-2 for other income to report.	•		2	2.097
3	Combine lines 1 and 2			3	2,097
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400,	·	•		2,027
	do not file this schedule; you do not owe self-employment tax	_	. ▶	4	1,937
5	Self-employment tax. If the amount on line 4 is:	•	•	١	1,331
	• \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on				
	Form 1040, line 45.			5	296
	<ul> <li>More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the</li> </ul>	•			230
	result. Enter the total here and on Form 1040, line 45.				
6	Deduction for one-half of self-employment tax. Multiply line 5 by				
	50% (.5). Enter the result here and on Form 1040, line 25	14	8		

### Form **4562**

# Depreciation and Amortizat (Including Information on Listed Property)

OMB No. 1545-0172
-------------------

1996 Department of the Treasury Attachment Internal Revenue Service (99) ► See separate instructions. ► Attach this form to your return. Sequence No. 67 Name(s) shown on return Business or activity to which this form relates **Identifying number** <u>CHAWKI Y HAMMOUD & JESSICA Y FOR</u> SCHEDULE C 242-49-8959 Part | Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property." complete Part V before you complete Part I.) 1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions. \$17,500 2 Total cost of section 179 property placed in service. See page 2 of the instructions . 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$200,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 f 5 Dollar limitation for tax year. Subtract line f 4 from line f 1. If zero or less, enter f -0 -. If married filing separately, see page 2 of the instructions . (a) Description of property (b)Cost (business use only) (c) Elected Cost 6 7 Listed property. Enter amount from line 27 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from 1995. See page 2 of the instructions 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11, 13 Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12. . > 13 Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property. Pari II MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.) Section A -- General Asset Account Election If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions Section B -- General Depreciation System (GDS) (See page 3 of the instructions): (b) Month and (C) Basis for depreciation (d) Recovery (a) Classification of property (business\Investment use year placed in service (e)Convention (f) Method (g) Depreciation deduction period only-see instructions) 15 a 3-year property b 5-year property 7-year property 1.000 7 MO 200 DB 36 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental property 27.5 yrs. ММ S/L 27.5 yrs. MM S/L Nonresidential real property ММ 39 yrs. S/L MM S/L Section C -- Alternative Depreciation System (ADS) (See page 4 of the instructions.) 16 a Class life S/I 12-year 12 yrs. S/L 40-year 40 yrs. Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.) 17 GDS and ADS deductions for assets placed in service in tax years beginning before 1996 17 18 Property subject to section 168(f)(1) election 18 19 ACRS and other depreciation 19 Part IV Summary (See page 4 of the instructions.) 20 Listed property. Enter amount from line 26. . . . . 20 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

22 For assets shown above and placed in service during the current year, enter the

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

portion of the basis attributable to section 263A costs

21

22

loyer's identification number server 36 over a name, and cases and cases and case of the company of the case of th	-U/ 19665	La La La XOC (SQL as) College Ball N. each Et	1.Wages, lips, other compensation 6328.10	4.29
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51 WEST HIGGINS ROAD SOUTH BARRINGTON IL 60			6328.10	91.76
ployee's name, address, and ZIP code			7 Social security tips :	8 Allocated tips
JESSICA Y FORTUNE	136	This information is being furnished to the Internal Revenue Service.	9 Advance EIC payment	10 Dependent care benefits
124 S CECIL ST LEXINGTON NC 27292-4008	3		11 Nonqualified plans	12 Benefits included in Box 1
		Copy B for Employee's Federal Tax Return	14 Other	The second of th
States Spaces Page 1	Legal Habid Defend	d Employee's social security number 239 - 17 - 5143		
ate English 4 State 10.4 to 17 State 10.4 to 17 State	wages, tips, etc. 18 State Income to 110.00	19 Locally name 22.2000	20 Local wages, tips, etc.	21 Local Income tax ( \$ 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
W2 Wage and Tax Statement 1996	Department of the Treasury-Internal Revenue	Service OMB # 1545-0008	Copy R To Re Filed Wit	h Employee's FEDERAL Tax Retui

2 Federal income tax withheld  4 Social security tax withheld  163 53  6 Medicare tax withheld  58 2/  b Employer's identification number  58 - 2158130  7. SUITE E  GA 30066
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18 State income tax
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Tax Statement 1996
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tases.

a Control number		Copy B To be filed with employee's FEDERAL tax return
	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service.
<b>b</b> Employer's identification number		1 Wages, tips, other compensation 2 Federal income tax withheld
c Employer's name, address, and ZIP code	<del></del>	3 Social security wages 4 Social security tax withheld
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THE UNIVERSITY OF NO		7106.14 440.58 5 Medicare wages and tips 6 Medicare tax withheld
AT CHARLUTTE - PAYROL	LL OFFICE	
CHARLOTTE. NC 28223		7 Social security tips 8 Allocated tips
		o citicated the
d Employee's social security number	· · ·	9 Advance EIC payment 10 Dependent care benefits
239-17-5143		
a Employeds rame and ess, and zip code (*)  JE SS CLA YULANI A FIRT		17 Nongratified plans 12 //Benefits inclinated in Bone 1
TOUR SECOND ST.		413 . See instrs .for Bon15 7/14 Other .gt 1
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		S Statutory Deceased / Pension 1994 (45)41
		employee plan rep emp contraction
		Income tax 19 Locality name. 20 Local wages, tips, etc. 21 Local income tax
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W-2 Wage and Tax 1996

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(T)

Department of the Treasury-Internal Revenue Service

COPY D FOR EMPLOYER.

A CONTROL NUMBER	OMB NO. 1545-0008	I WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
2202485307		4983.00	584,49
B EMPLOYER'S IDENTIFICATION NUMBER 52-1304931		3 SOCIAL SECURITY WAGES 4983.00	4 SOCIAL SECURITY TAX WITHELD 308.95
C EMPLOYER'S NAME ADDRESS AND ZIP CODE AEROTEK, INC 6835 DEERPATH ROAD		5 MEDICARE WAGES AND TIPS 4983.00	6 MEDICARE TAX WITHHELD 72.25
BALTIMORE, MD 21227		7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
D EMPLOYEE'S SOCIAL SECURITY NUMBER 242-49-8959		9 ADVANCE EIC PAYMENT	10 DEPENDENT CARE BENEFITS
E EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE CHAWKI Y HAMMOUD	467 42	O II NONQUALIFIED PLANS	12 BENEFITS INCLUDED IN BOX 1
7126 APOLINE STREET DEARBORN, MI 48126		13	IA OTHER
		15 STATUTORY DECEASED	PENSION DEFERRED COMPENSATION
IS STATE EMPLOYER'S ST ID NO	17 STATE WAGES, YIPS, ETC 18 STATE INCOI	ME TAX 19 LOCALITY NAME	29 LOCAL WAGES, TIPS, ETC. 21 LOCAL INCOME TAX

FORM	W-2	Wage	and	Tax	Statement	1996
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Dept. of the Treasury - Internal Revenue Service COPY O FOR EMPLOYER.

	nami ang mang-	Copy B To be filed w	
a Control number	1	employee's FEDERAL to	ax return
64	OMB No. 1545-0008	This information is being furnished t	o the Internal Revenue Service.
b Employer's identification number		1 Wages, tips, other compensation	
56-1709133		8522 90	
c Employer's name, address, and ZIP code		3 Social security wages	4. Social security tax with sid.
TRAINING VISIONS INC	🚅 🗝 s i v je jako žija ji	9522.90	529 49
		6 Medicare wages and tips	6 Medicare tax withheld
517-102 EAST BOULEVAR		6522.80	123139
CHARLOTTE NC ZEZES		7. Social security trps.	8 Alfocated tips
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code		11 Nonqualified plans	12 Benefits included in Box 1s
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		(Charley Liberary Passot Lugar Mindows plan e keren	MSelf Defende Compensation
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W-2 Wage and Tax 1996	Ü	Department of the Tre	asury—Internal Revenue Service

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CERTIFIED TRUE COPY

No. of pages: 9 Date: 6-9-98

Ву:∠

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

Form 104	U.S. Individual Income Tax Return 1997	not wr	rite or staple in this sp	açe.E. C. F
Label r	For the year Jan. 1-Dec. 31, 1997, or other tax year beginning , 1997, ending	,19	OMB. No. 1	
(See	Your first name and Initial Last name	Your	social security no	o.
Instructions L	CHAWKI Y HAMMOUD	12-49-8959	<del>)</del>	
on page 10.) A	If a joint return, spouse's first name and initial Last name	Spou	ıse's social secur	ity no.
Use the IRS E   label. ↓	JESSICA Y FORTUNE	23	<u> 39-17-5143</u>	3
Otherwise, H	Home address Apt. no	For	r help in finding li	ne
please print E R or type.	ASSOCIONEY CONCRETATION THE TROOP E. Harris Blue 291		tructions, see pag	
ortype. E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.		nd 3 in the bookle	et. 
Presidential	110 2027	res	Note: Checki	
Election Camp			will not change or reduce you	
(See page 10.)	If a joint return, does your spouse want \$3 to go to this fund?		X	
Filing Statu	S Single			
J	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 page 10.) If the qualifying person is	a chilo	d but not your depende	ent,
Check only one box.	enter this child's name here.		<del></del>	
	5 Qualifying widow(er) with dependent child (year spouse died ▶19 ). (See pa	<u> </u>	0.)	
Exemptions	6a X Yourself. If your parent (or someone else) can claim you as a dependent on his o	r her	No. of boxes checked on	
.#= ·- =	tax return, <b>do not</b> check box 6a		6a and 6b	2_
	b X Spouse		No. of your children on 6c	
	(2) Dependent's (3) Dependent's (4) Dependent's (5) Dependent's (6) Dependent's (7) Dependent'	io. of lived in	n who:	
	(1) First name Last name social security number relationship to you your	home 997_	- lived with you	
If more than six			<ul> <li>did not live with you due to divorce</li> </ul>	
dependents, see page 10.			or separation (see page 11)	
see page 10.				
	CERTIFIED TRUE COPY		Dependents on 6c not entered above	
	No. of pages: Date: Date: Date:		A d d	
			Add numbers entered on	}
	d Total number of exemptions claimed	•	lines above	1_2_
Income	7 Wages, salaries, tips, etc. Attach Fern(s) W	-	-	051
	Tayable interest Attack Sabadilla Bit required	7		854
Attack	8 a Taxable interest. Attach Schedule B if require B internal Revenue Service	8a	:	12
Attach Copy B of you	The Company of the Country of the Co	6		
Forms W-2,	Dividend income. Attach Scheldule B if required Greenshoro, North Carolina  Taxable refunds, credits, or offsets of state and local income taxes (see page 12).	10	ļ	
W-2G, and 1099-R here.		11	<del> </del>	
			-	72.4
If you did not get a W-2,	12 Business income or (loss). Attach Schedule C or C-EZ	12		734
see page 12.	13 Capital gain or (loss). Attach Schedule D	14		
=	14 Other gains or (losses). Attach Form 4797			
	15a Total IRA distributions  15a b Taxable amount (see page 13)	15b	<del></del>	
Enclose, but de	16a Total pensions & annuities 16a b Taxable amount (see page 13)	16b	<del></del>	
not attach, any payment. Also	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	17		
please use	18 Farm income or (loss). Attach Schedule F	18		
Form 1040-V.	19 Unemployment compensation	19		
	20a Social security benefits 20a b Taxable amount (see page 16)	20b	<b>'</b>	<del></del>
	21 Other income.	34		
	23 Add the assessment in the facilities of the first Tall 1 of This is a facility of the facilities of	21 22	<del> </del>	666
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►		30,	600_
Adjusted	23 IRA deduction (see page 16)			
Gross	24 Medical savings account deduction. Attach Form 8853 . 24			
Income	25 PM Ping exposes, Attach Form 3903 or 3903-F 25			
	26 One-half of self-emission tax. Attach Schedule SE . 26 617		(	
	27 Self-employed health insurance deduction (see page 17). 27			
If line 32 is und	28 Keografid self-amployed SER and SIMPLE plans 28		Ì	
\$29,290 (under	29 Penalty on early withdrawal of savings 29			
\$9,770 if a child did not live with				
you), see EIC i	156	24		<i>-</i>
on page 21.	31 Add lines 23 through 30a 🛴	31	ļ	617

32

CHAWKI Y	HAN	MOUD & JESSICA Y FORTUNE	24	42-49-8 <del>9</del> 59∜≱≒ु
Tax	33	Amount from line 32 (adjusted gross income)	3	29,983
Compu-	34a	Check if: You were 65 or older Blind; Spouse was 65 or older, Blind.		
tation		Add the number of boxes checked above and enter the total here > 34a		
lation	ı	If you are married filing separately and your spouse itemizes deductions or		
		you are a dual-status alien, see page 18 and check here ▶ 34b	7	
		The mixed deducations from Schoolule A line 20 AD	一	
	35	Itemized deductions from Schedule A, line 28, OR Enter Standard deduction shown below for your filing status. But see		
		the page 18 if you checked any box on line 34a or b or someone		
		larger of Single-\$4,150 ● Married filing jointly or Qualifying widow(er)-\$6,900	> 3	<b>5</b> 6,900_
		your:  Head of household-\$6,050  Married filing separately-\$3,450	1000	H3101
	36	Subtract line 35 from line 33	. 3	6 22 222
If you want	37		22122	<b>6</b> 23,083
the IRS to	31	If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on	1:::::	_ )
figure your tax, see		line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter	. 3	
page 18.	38	Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-	. 3	
	39	Tax. See page 19. Check if any tax from a Form(s) 8814 b Form 4972.	<b>▶</b> 3	9 ` 2,666
Credits	40	Credit for child & dependent care expenses. Attach Form 2441 40		
0.00	41	Credit for the elderly or the disabled. Attach Schedule R 41		
	42	Adoption credit. Attach Form 8839		
	43	Foreign tax credit. Attach Form 1116		
	44	Other. Check if from a Form 3800 b Form 8396		
		c Form 8801 d Form (specify) 44		
	45	Add lines 40 through 44	. 4	_ 1
	46	Subtract line 45 from line 39. If line 45 is more than line 39, enter -0	► 4	<b>6</b> 2,666
	47	Self-employment tax. Attach Schedule SE	. 4	
Other	48	Alternative minimum tax. Attach Form 6251	. 4	
Taxes	49	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<u> </u>	
	50		<b>⊢</b> =	<del></del>
		Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if require	· -	
	51	Advance earned income credit payments from Form(s) W-2	. 5	
	52	Household employment taxes. Attach Schedule H	. 5	
	53	Add lines 46 through 52. This is your total tax	<b>▶</b> 5	<b>3</b> 3,900
Payments	54		92	
	55	1997 est. tax payments and amount applied from 1996 return . 55	<u> </u>	
	56a	Earned income credit. Attach Schedule EIC If you have a qualifying		
		child. b Nontaxable earned income: amount		
Attach		and type   56a		
Forms W-2,	57	Amount paid with Form 4868 (request for extension)		
W-2G, and	58	Excess social security and RRTA tax withheld (see page 27)		
1099-R on the front.	59	Other payments. Check if from a Form 2439 b Form 4136 59		
	60	Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	▶ 6	
Refund	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID	. 6	
Have it	62a	Amount of line 61 you want REFUNDED TO YOU	▶ 6	2a
directly deposited!		b Routing number	as 🗆	
See page 28		d Account number	<i>-</i>	
and fill in 62b, c, and d.	63	Amount of line 61 you want APPLIED TO YOUR 1998 ESTIMATED TAX ▶ 63		
	64	If fine 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE.		
Amount	04	For details on how to pay, see page 27	▶ 6	4 016
You Owe		rol details of flow to pay, see page 27		<b>4</b>   816
	CE	Signature with Alexander with the	_	
	65		8 I	
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, they are true, correct, and complete. Deciaration of preparer (other than taxpayer) is based on all information		
Here			TOT WINCH	i preparer rias any knowledge.
	Y	our signature Date Your occupation		1
Keep a copy of this return	<b>,</b> _	Chele Men 8-15-98 PROPRIS		
for your	s	pouse's signature. If joint return, BOTH must sign.  Date Spouse's occupa	tion	İ
records.		resola Jorlane 8-15- 9 SECRETI	ARY	
Doid	Prepar	er's Date Check if		Preparer's social security ro.
Paid	signati			
Preparer's	Firm's	name (or yours  JANDREW BOSTICK CPA, PA	EIN S	56-2056080
Use Only		-employed) and 2125 PACRWAY DRIVE 207	ZIP code	
	addres	CHARLOTTE NC	30.00	28205-5643
		7-11-11-11-11-11-11-11-11-11-11-11-11-11		<u> </u>

### SCHEDULE C (Form 1040)

Department of the Treasury

# **Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

Attachment m 1040 or Form 1041 . A See Instructions for Schodule C/E

OMB No. 1545-0074

Name of proprietor	tiden to rem	1 1040 01 1 01111 1041.	See instructions for Schedule C		
CHAWKI Y HAMMOUD				l	curity number (SSN)
A Principal business or profession	. is alreading				9-8959
RETAIL SALES	i, including pr	oduct or service (see p	age C-1)	8 Enter p	rincipal business code ge C-6) ►3731
C Business name. If no separate	husiness nem	a Janua blauli	<del></del>		
	business nam	e, leave blank.		D Employ	er ID number (EIN), if any
EASTWAY TOBACCO  E Business address (including su		1 2242 77.00			
E Business address (including su City, town or post office, state a					
		CHARLOTTE		<del></del>	
1 Accounting Hetriod. (1)	X Cash	(2) Accrual	(3) ☐ Other (specify) ►		
<ul><li>G Did you "materially participate" if</li><li>H If you started or acquired this b</li></ul>			ng 1997? If "No," see page C-2 for limit	on losses	. `. X Yes
Pari I Income				<del>.</del>	
1 Gross receipts or sales Caution	a: If this incon	ne was reported to you	on Form W-2 and the "Statutory		
1 Gross receipts or sales. Caution employee" box on that form was	s checked, se	e page C-2 and check	here	1 1	454,442
2 Returns and allowances				. 2	
3 Subtract line 2 from line 1				. 3	454,442
4 Cost of goods sold (from line 42	on page 2)			. 4	415,274
5 Gross profit. Subtract line 4 fro	m line 3 .			. 5	39,168
6 Other income, including Federa	l and state ga	soline or fuel tax credit	or refund (see page C-2)	. 6	
7 Gross income. Add lines 5 and	6	<u> </u>		7	39,168
Part II Expenses. Enter	expenses for	business use of your ho	ome <b>only</b> on line 30.		<u> </u>
8 Advertising	8	1,021	19 Pension and profit-sharing plan	s 19	
9 Bad debts from sales or			20 Rent or lease (see page C-4):		
services (see page C-3)	9		a Vehicles, machinery, and equipment	20a	
10 Car and truck expenses			<b>b</b> Other business property	. 20ь	14,000
(see page C-3)	10	2,810	21 Repairs and maintenance	. 21	740
11 Commissions and fees	11		22 Supplies (not included in Part III)	. 22	
12 Depletion	12		23 Taxes and licenses	. 23	289
13 Depreciation and section 179			24 Travel, meals, and entertainment:		
expense deduction (not include	d		a Travel	. 24a	
in Part III) (see page C-3)	13	276	b Meals and en-		
14 Employee benefit programs			tertainment		
(other than on line 19)	14		C Enter 50% of line		
15 Insurance (other than health) .	15	1,152	24b subject to		
i6 Interest:			limitations (see page C-4)		
a Mortgage (paid to banks, etc.) .	16a		d Subtract line 24c from line 24b	. 24d	
<b>b</b> Other	16b	835	25 Utilities	. 25	7,160
17 Legal and professional		-	26 Wages (less employment credits)	. 26	
services	17	175	27 Other expenses (from line 48 or	n	
18 Office expense	18	684	page 2)	. 27	1,292
28 Total expenses before expense	s for busines:	s use of home. Add line	s 8 through 27 in columns	28	30,434
29 Tentative profit (loss). Subtract li	ne 28 from lin	e7		. 29	8,734
30 Expenses for business use of yo				. 30	
31 Net profit or (loss). Subtract lin					
● If a profit, enter on Form 1040	, line 12, and	ALSO on Schedule SE	, line 2 (statutory employees,		
see page C-5). Estates and trus	ts, enter on F	orm 1041, line 3.	}	31	8,734
• If a loss, you MUST go on to li	ne 32.				
If you have a loss, check the bo					n
• If you checked 32a, enter the				32a	All investment is at risk.
(statutory employees, see page	C-5). Estates	and trusts, enter on Fo	orm 1041, line 3.	32b	Some investment is not
● If you checked 32b, you MUS					at risk.

## SCHEDULE SE (Form 1040)

Self-Employment Tax

See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074 1997

Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040.

Name of person with self-employment income (as shown on Form 1040) CHAWKI Y HAMMOUD

Social security number of person

with self-employment income ► 242-49-8959

### Who Must File Schedule SE

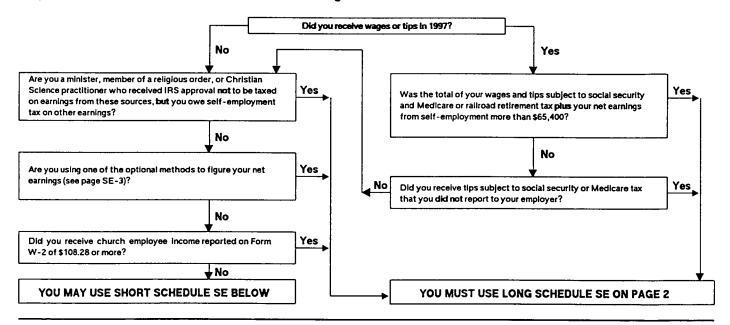
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, OR
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

## May I Use Short Schedule SE or MUST I Use Long Schedule SE?



### Section A--Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a			1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form	•	•	<b>-</b>	
	1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1				
	for amounts to report on this line. See page SE-2 for other income to report	•		2	8,734
3	Combine lines 1 and 2			3	8,734
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400,				
	do not file this schedule; you do not owe self-employment tax		. ▶	4	8,066
5	Self-employment tax. If the amount on line 4 is:				0,000
	• \$65,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on				
	Form 1040, line 47.			5	1,234
	<ul> <li>More than \$65,400, multiply line 4 by 2.9% (.029). Then, add \$8,109.60 to the</li> </ul>	•			1,233
	result. Enter the total here and on Form 1040, line 47.				
6	Deduction for one-half of self-employment tax. Multiply line 5 by				
	50% (.5). Enter the result here and on Form 1040, line 26 6	61	.7		

# **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach this form to your return.

Sequence No. 67 **Identifying number** 

Name(s) shown on return Business or activity to which this form relates <u>CHAWKI Y HAMMOUD & JESSICA Y FOR</u> SCHEDULE C Part | Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.) 1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions. \$18,000 2 2 Total cost of section 179 property placed in service. See page 2 of the instructions . 3 Threshold cost of section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . (a) Description of property (b)Cost (business use only) (c) Elected Cost 6 **7** Listed property. Enter amount from line 27 . . . . 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from 1996. See page 3 of the instructions 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 13 Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12. . > 13 Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property. Pan II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.) Section A -- General Asset Account Election If you are making the election under section 168(iX4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions Section B -- General Depreciation System (GDS) (See page 3 of the instructions): (b) Month and (c) Basis for depreciation (d) Recovery year placed in (e)Convention (f) Method (a) Classification of property (business/investment use (g) Depreciation deduction period service only-see instructions) 15 a 3-year property **b** 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property Residential rental 27.5 yrs. MM S/L MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property Section C -- Alternative Depreciation System (ADS) (See page 6 of the instructions.) 16 a Class life S/L 12-year 12 yrs. мм S/L 40-year 40 yrs. Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.) 17 17 GDS and ADS deductions for assets placed in service in tax years beginning before 1997 18 18 Property subject to section 168(f)(1) election . 19 19 ACRS and other depreciation . . Part IV Summary (See page 7 of the instructions.) 20 Listed property. Enter amount from line 26. . . . . . 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the 22 portion of the basis attributable to section 263A costs .

b Employer's identification number c Employer's name, address, and ZIP code ALLSTATE INSURANCE COMPANY	13 See instructions for Box 13	1 Wages, tips, other compensation 4705.99	2 Federal income tax withheld 15.18
HUMAN RESOURCES SERVICE CENTER 14 SOUTH BARRINGTON PLAZA		3 Social security wages 4705.99	4 Social security tax withheld 291.77
51 WEST HIGGINS ROAD SOUTH BARRINGTON IL 60010		5 Medicare wages and tips 4705.99	6 Medicare tax withheld 68.24
e Employee's name, address, and ZIP code		7 Social security tips	8 Allocated tips
JESSICA Y FORTUNE 124 S CECIL ST	This information is being furnished to the Internal Revenue Service	9 Advance EIC payment	10 Dependent care benefits
LEXINGTON NC 27292-4008		11 Nonqualified plans	12 Benefits included in Box 1
	Copy B for Employee's Federal Tax Return	14 Other	
15 stateory Deceased Person Logal Hahad Deferred plan rep. 17 State Wages, tips, etc. 18 State representation 18 State Employer's state i.D. No. 17 State wages, tips, etc. 18 State representation 18 State representation 19	d Employee's social security number 239 - 17 - 5143		
NC 060603094 17 State wages, tips, etc. 4705.99 52.64	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
Form W2 Wage and Tax Statement 1997 Department of the Treasury-Internal Revenue S	ervice OMB # 1545-0008	Copy B To Be Filed With	Employee's EEDERAL Town

				B To Be Fil			
a Control number	į						
	OMB No. 1545-	·0008	s inforn	nation is being tu	rnished		al Revenue Service.
b Employer's identification number	· .	1	Wage	s, tips, other compe	nsation	2 Federa	I income tax withheld
55-0791228				17143		<u> </u>	1777.37
c Employer's name, address, and ZIP code		3	Socia	al security wages		4 Social	security tax withheld
THE UNIVERSITY OF NO	LA CAROLII	NA		10015.	10		1154.14
AT CHARLUTTE - PAYRO			Medi	care wages and ti	ps	6 Medica	re tax withheld
CHARLOTTE, NC 28223				16615.	10		209.92
,		7	Socia	al security tips		8 Allocate	ed tips
d Employee's social security number		9	Adva	nce EIC payment		10 Depend	dent care benefits
239-17-5143							
e Employee's name, address, and ZIP code		11	Nong	ualified plans		12 Benefit	s included in Box 1
JESSICA Y FORTUNE							
124 S. CECIL STREET		13	See	Instrs. for Box 13		14 Other	
LEXINGTON. NO	27232						
			E	350.00			
		1	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ok i <sup>da</sup>		15	Statutory employee	Deceased Pension plan	Legal rep.	Hshid. emp.	Deferred compensation
16 State Employer's state I.D. No. 17 St	tate wages, tips, etc. 18	3 State income	tax	19 Locality name	20 Local	wages, tips, etc	21 Local income tax
ACI 600003532-26 11	7140.11	599.	G E				
						· • • •	<i>i</i>
				•			1,
W-2 Wage and Tax 1997	,	<del></del>		Departmer	t of the	Treasury—In	ternal Revenue Service
2 VV-Z Statement 1 1	.4						į

		THIS USE ONLY	Jo not	write or staple in this spac	e
Label -	For th	e year Jan. 1-Dec. 31, 1998, or other tax year beginning , 1998, ending	,19	OMB. No. 1543	-0074
(See	Your first nar		Your	social security number	
instructions L	CHAW:		242-49-8959		
on page 18.) B	•	rn, spouse's first name and initial Last name	•	ise's social security number	<b>S</b>
Use the IRS E Label.		ICA Y FORTUNE	2	39-17-5143	
Otherwise, H	Home addres			IMPORTANT!	
please print R or type.				You must enter	
		post office, state, and ZIP code. If you have a foreign address, see page 18.		your SSN(s) above.	
Presidential L		LOTTE NC 28227	Yes	No Note: Checking "Yes" will not	
Election Camp (See page 18.)	aign	Do you want \$3 to go to this fund?		X change your tax	
		If a joint return, does your spouse want \$3 to go to this fund?		X reduce your refu	ind.
Filing Status	s '	Single   X   Married filing joint return (even if only one had income)			
	2				
	J 4	Married filling separate return. Enter spouse's SSN above, full name here. ►  Head of household (with qualifying person). (See page 18.) If the qualifying person		26	
Check only one box.	•	enter this child's name here.	is a chi	id but not you <del>rdependent</del>	•
	5	Qualifying widow(er) with dependent child (year spouse died ▶19 ). (See p	200 1	o \	
			<del>~</del>	<del></del>	
Exemptions		tax return, do not check box 6a	oi riei	No. of boxes checked on 6a and 6b	2
		X Spouse	•	No. of your	
		Papandente: (4)C	heck if		
	(1) First name	social security number. Telational telephone child	lifying for chil	d	
16 11'	(-)	Last name tax	credit	did not live with	
If more than six dependents,		No. of pages; 10 Date: 1-19-01	ᅟ	<ul> <li>you due to divorce or separation</li> </ul>	
see page 19.			∺	— (see page 19) —	
•			Ħ	Dependents on 6c	
		Town Asor	<b>H</b> -	not entered above	
		Bisoloeuro Chicar	Ħ	Add numbers	
	. (	Total number of exemptions claimed Total Poyonto Survice	<u> </u>	entered on lines above ▶	2
Income	7	Wages, salaries, tips, etc. Attach Forms) W 2 2 2 1 Caroline. Brounds	1		
income		CIOCHETTO, Restit Continue	7	15,6	83
•	8 8	Taxable interest. Attach Schedule B if required	8a		
Attach	1	Tax-exempt interest. DO NOT include on line 8a   8b			
Copy B of your Forms W-2.	9		9		
W-2G, and	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 2 N).	10		
1099-R here.	11		11		
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ	12	9,2	27
get a W-2, see page 20.	13	Capital gain or (loss). Attach Schedule D	13		
see page 20.	14	Other gains or (losses). Attach Form 4797	14	(6	63)
	15a		15b		
Enclose, but do	16a	Total pensions & annuities 16a b Taxable amount (see page 22)	16E		
not staple, any payment. Also,	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E $$ .	17	+	
please use	18	Farm income or (loss). Attach Schedule F	18		
Form 1040-V.	19	Unemployment compensation	19		
	20		20b		
	21	Other income.			
			21		
	22		22	24,2	<u>47</u>
Adjusted	23	IRA deduction (see page 25)	-		
Gross	24	Student loan interest deduction (see page 27) 24	-		
Income	25 26	Medical savings account deduction. Attach Form 8853 . 25	-		
	26 27	Moving expenses. Attach Form 3903	-		
	27	One-half of self-employment tax. Attach Schedule SE . 27 652	-		
-	28	Self-employed health insurance deduction (see page 28)  Keeph and self-employed SER and SIMPLE plans	-[	* .	
If line 33 is unde	. 29 er 30	Keogh and self-employed SEP and SIMPLE plans 29	-		
\$30,095 (under \$10,030 if a child		Penalty on early withdrawal of savings	-		
did not live with		Jia Jia Jia	-		
you), see EIC inst. on page 30	). <b>32</b>	Add lines 23 through 31a	20	-	E O
on page 30	. 32 33	•	32		52

ŸŢŢŊŢ。マア <i>ア</i> ヱ´ヱ` ▽	98) 7. TTDD	OVOLUD A TRACE		Page Page
CHAWKI	Y HAI	4MOUD & JESSICA Y FORTUNE	242	-49-8959 AFA
ax and	34	Amount from line 33 (adjusted gross income)	34	23,595
redits	35a	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.		
		Add the number of boxes checked above and enter the total here ▶ 35a		
	¬ <b>b</b>	If you are married filing separately and your spouse itemizes deductions or	- 1	4
Standard		you were a dual-status alien, see page 29 and check here ▶ 35b		
Deduction	36			
or Most		Enter the larger of your itemized deductions from Schedule A, line 28, OR standard		
People		deduction shown on the left. But see page 30 to find your standard deduction if you		
Single:		checked any box on line 35a or 35b <b>or</b> if someone can claim you as a dependent	36	7,100
4,250	37	Subtract line 36 from line 34	37	16,495
lead of	38	If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on		
ousehold: 6,250	j	line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter .	38	5,400
-	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0	<b>—</b>	
Married filing pintly or	40		39	11,095
ualifying	1	Tax. See page 30. Check if any tax from a Form(s) 8814 b Form 4972 ▶	40	1,661
vidow(er):	41	Credit for child & dependent care expenses. Attach Form 2441 41	_	
7,100	42	Credit for the elderly or the disabled. Attach Schedule R 42		
farried	43	Child tax credit (see page 31)	7	
ing	44	Education credits. Attach Form 8863	7	
eparately: 3,550	45	Adoption credit. Attach Form 8839	-	•
	46	Foreign tax credit. Attach Form 1116 if required	-	
	47		-	
	47			
		c Form 8801 d Form (specify) 47		
٠	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 ▶	49	1,66
	50	Self-employment tax. Attach Schedule SE	50	1,304
her	51	Alternative minimum tax. Attach Form 6251	51	1,30-
xes	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<del></del>	
	53		52	· · · · · · · · · · · · · · · · · · ·
		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 through 55. This is your total tax	56	2,965
	57	Federal income tax withheld from Forms W-2 and 1099 57 980		
yments	58	1998 est. tax payments and amount applied from 1997 return . 58	1	
ach	59a	Earned income credit. Attach Schedule EIC if you have a qualifying	-	
rms W-2,	JJa	t 1 (0000000)		
d W-2G		child. b Nontaxable earned income: amount		
page 1.		and type 59a		
o attach m 1099-R	60	Additional child tax credit. Attach Form 8812 60		
m 1099-H	61	Amount paid with Form 4868 (request for extension) 61		
hheld.	62	Excess social security and RRTA tax withheld (see page 43) 62	1	
	63	Other payments. Check if from a Form 2439 b Form 4136. 63	<b>†</b>	
	64			
		Add lines 57, 58, 59a, and 60 through 63. These are your <b>total payments</b> ▶	64	980
fund	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	
ve it ectiv	66a	Amount of line 65 you want REFUNDED TO YOU	66a	
osited!	► b	Routing number C Type: Checking Savings		
page 37 I fill in 66b,	► d	Account number		
, and 66d.	67	Amount of line 65 you want APPLIED TO YOUR 1999 ESTIMATED TAX ▶ 67		
	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE.		
nount	- <del>-</del>			^
u Owe		For details on how to pay, see page 44	68	2,070
		Estimated tax penalty. Also include on line 68 69		
ın	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	of my knowledge and
re	pellet, ti	ney are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	ilch prepa	arer has any knowledge.
t return?	Your	signature   Date   Your occupation		Daytime telephone
page 18.	7 2	12-17-99 PROPRIETOR		number (optional)
р а сору	Spo	se's signature. If joint return, BOTH must sign. Date Spouse's occupation		704-904-44
your ords.		10 000		104-904-44
J143.	<del>' 7</del>		<del></del>	
id	Preparer signatur		Pre	parer's social security no.
parer's		12 1 199 Serrempioyee		/
	Firm's na	ime (or yours J ANDREW BOSTICK CPA PA EIN	56-	2056080
Only			20	2030000 /
e Only		mployed) and 2125 EXCOUNTY DD TITE 207		2030080 /

### SCHEDULE C (Form 1040)

# **Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B. ► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

1998 Attachment Sequence No. 09

OMB No. 1545-0074

	ame of proprietor					Social	security number (SSN)
	CHAWKI Y HAMMOUD						2-49-8959
A	Principal business or profession,	includi	ing product or service (see p	age (	C-1)	B Ente	r NEW code from pages C-8 & 9
_	RETAIL SALES						<b>^</b> 453990
C	in the separate by	usiness	name, leave blank.			D Emp	loyer ID number (EIN), if any
	EASTWAY TOBACCO			_			
E		or roc	om no.) 2849 EAST	rwa	Y DRIVE		
=	City, town or post office, state and						
G	Accounting method: (1)	X Cas	h (2) Accrual	(3)	Other (specify) ▶		
n n	If you started as a suite of the t	the op	eration of this business durir	ng 19	198? If "No," see page C-2 for limit of	n losse	s X Yes No
Ī	Part Income	siness	during 1998, check here .	• •	· · · · · · · · · · · · · · · · · · ·		▶
							<del></del>
	Gross receipts or sales. Caution: employee" box on that form was	If this	income was reported to you	on F	orm W-2 and the "Statutory		
2	2 Returns and allowances		a, see page C-3 and check	nere	· · · · · · · · · · · · · · · · · • [ _ ]	2	424,547
				• •	· · · · · · · · · · · · · · · · · · ·	3	424 545
4	Cost of goods sold (from line 42 c	on pag	e 2)		· · · · · · · · · · · · · · · · · · ·	4	424,547
	•	1	,	•	• • • • • • • • • • • • • • • • • • • •	-	401,637
5	Gross profit. Subtract line 4 from	line 3			• • • • • • • • • • • • • • • • • • • •	5	22,910
6	Other income, including Federal a	and sta	te gasoline or fuel tax credit	or ref	fund (see page C-3)	6	22,910
	•						
_7	Gross income. Add lines 5 and 6	<u>.</u>				7	22,910
F	art II Expenses. Enter ex	pense	s for business use of your ho	me c	only on line 30.	.1	22/310
	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or	ł		20	Rent or lease (see page C-5):		
	services (see page C-3)	9			a Vehicles, machinery, and equipment	20a	
10	Car and truck expenses				<b>b</b> Other business property	20b	3,500
	(see page C-3)	10	2,951	21	Repairs and maintenance	21	777
11	Commissions and fees	11		22	Supplies (not included in Part III)	22	
12	Depletion	12		23		23	303
13	Depreciation and section 179 expense deduction (not included			24			
	in Part III) (see page C-4)				a Travel	24a	
14		13	25		b Meals and en-		
14	Employee benefit programs (other than on line 19)				tertainment .		
15	Insurance (other than health)	14	1 210		Enter 50% of line 24b subject to		
16	Interest:	13	1,210		limitations (see		
-	Mortgage (paid to banks, etc.).	16a			page C-6) Land Subtract line 24c from line 24b.	244	
	Other	16b	877	25	1.000	24d 25	1 500
	Legal and professional		077	26	Utilities	26	1,790
	services	17	175	27	Other expenses (from line 48 on	20	
18	Office expense	18	718	-	page 2)	27	1,357
28	Total expenses before expenses i	or bus		8 th		28	13,683
						-	20,000
29	Tentative profit (loss). Subtract line	28 fro	m line 7			29	9,227
30	Expenses for business use of your	home.	Attach Form 8829			30	-,,
31	Net profit or (loss). Subtract line 3				•		
	• If a profit, enter on Form 1040,			E, lin	ne 2 (statutory employees,	31	9,227
	see page C-6). Estates and trusts,		on Form 1041, line 3.				
	• If a loss, you MUST go on to lin						
32	if you have a loss, check the box the	nat des	cribes your investment in thi	s acti	ivity (see page C-6).	_	」 う
	If you checked 32a, enter the lo  (statutory employees, see page 6.)  (statutory employees, see page 6.)					32a	All investment is at risk.
	<ul> <li>(statutory employees, see page C-</li> <li>If you checked 32b, you MUST</li> </ul>			m 10	741, line 3.	32Ь 📗	Some investment is not at risk.

CHAWKI Y HAMMOUD  242-49-8959  Method(s) used to value closing inventory: a		Jule C (Form 1040) 1998 RETAIL ALES 453990	SSN		Page
Method(s) used to value closing inventory: a				49-8959	
value closing inventory: a					
Yes, attach explanation		value closing inventory: a X Cost b Lower of cost or market c Other (att		nation	
Purchases less cost of items withdrawn for personal use	3 <del>4</del>	was there any change in determining quantities, costs, or valuations between opening and closing invented attach explanation	ntory? If	· · Tyes	X No
7 Cost of labor. Do not include any amounts paid to yourself 8 Materials and supplies	5	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		30,000
Materials and supplies 38 3, 825  Other costs 39  Other costs	6	Purchases less cost of items withdrawn for personal use	36		383,812
Other costs	7	Cost of labor. Do not include any amounts paid to yourself	37		
Add lines 35 through 39	8	Materials and supplies	38		3,825
Inventory at end of year	9	Other costs	39		
2 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	0	Add lines 35 through 39	40		117,637
Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file.  When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:  Business	1	Inventory at end of year	41		16,000
line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page  C-4 to find out if you must file.  When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:  Business	2	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	4	101,637
Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:  Business b Commuting c Other  Do you (or your spouse) have another vehicle available for personal use?	<u> </u>	line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on C-4 to find out if you must file	page		
Business b Commuting c Other  Do you (or your spouse) have another vehicle available for personal use?					
Do you (or your spouse) have another vehicle available for personal use?					
Was your vehicle available for use during off-duty hours?				l your vehicle	for:
Ta Do you have evidence to support your deduction?  b If "Yes," is the evidence written?				your vehicle	for:
b If "Yes," is the evidence written?	a	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	· · Yes	
art V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	a 5	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	· ·  Yes	
	a 5 6	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?  Was your vehicle available for use during off-duty hours?  Do you have evidence to support your deduction?	Other	Yes Yes	☐ No
	a 5 7 a b	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	☐ No ☐ No ☐ No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	5 6 7 a b	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
-	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
-	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 6 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No
	a 5 7 a <u>b</u>	Business b Commuting c  Do you (or your spouse) have another vehicle available for personal use?	Other	Yes Yes	No No No

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# SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

# Self-Employment Tax

See Instructions for Schedule SE (Form 1040).

OMB No. 15453007 1998

Attachment ► Attach to Form 1040. Sequence No. 17

Name of person with self-employment income (as shown on Form 1040) CHAWKI Y HAMMOUD

Social security number of person with self-employment income ▶

242-49-8959

### Who Must File Schedule SE

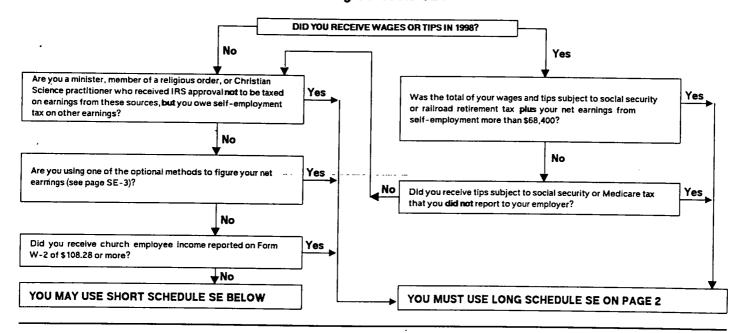
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, OR
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 50.

# May I Use Short Schedule SE or MUST I Use Long Schedule SE?



# Section A--Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report		9,227
3	Combine lines 1 and 2	3	9,227
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400,		5,221
_	do not file this schedule; you do not owe self-employment tax	4	8,521
5	Self-employment tax. If the amount on line 4 is:		
	• \$68,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on		
	Form 1040, line 50.	5	1,304
	● More than \$68,400, multiply line 4 by 2.9% (.029). Then, add \$8,481.60 to the		2,304
	result. Enter the total here and on Form 1040, line 50.		
6	Deduction for one-half of self-employment tax. Multiply line 5 by		
	50% (.5). Enter the result here and on Form 1040, line 27 6		

## Form 4797

Sales of Business Prope (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)

Attach to your tax return.

OMB No. 1545-0184 1998 Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

CHAWKI Y HAMMOUD & JESSICA Y FORTUNE

Identifying number

242-49-8959 Enter here the gross proceeds from the sale or exchange of real estate reported to you for 1998 on Form(s) 1099-S (or a substitute statement) that you will be including on line 2, 10, or 20 Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft -- Property Held More Than 1 Year Depreciation (f) Cost or other (b) Date (g) GAIN or (LOSS) (a) Description of (b) 28% RATE CAIN (c) Date sold (d) Gross sales allowed basis, plus acquired Subtract (f) from the sum of (d) and (e) or (LOSS) property (mo., day, yr.) price or allowable improvements & (mo., day, yr.) (see instr. below) since acquisition expense of sale **2**FIXTURES & Ε 1201199603311998 337 1,000 (663) Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft ..... 6 Combine lines 2 through 6 in columns (g) and (h). Enter gain or (loss) here, and on the appropriate line as follows: (663) Partnerships - Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6. Skip lines 8, 9, 11, and 12 below. S corporations - Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6. Skip lines 8, 9, 11, and 12 below, unless line 7, column (g) is a gain and the S corporation is subject to the capital gains tax. All others - If line 7, column (g) is zero or a loss, enter the amount on line 11 below and skip, lines 8 and 9. If line 7, column (g) is a gain and you did not have any prior year section 123 losses, or they were recaptured in an earlier year, enter the gain or (loss) in each column as a long-term capital gain or (loss) on Schedule D and skip lines 8, 9, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7. For column (g) only, if the result is zero or less, enter -0. Enter here and on the appropriate line(s) as follows (see instructions): . . . . . . . . . S corporations - Enter only the gain in column (g) on Schedule D (Form 11205), line 14, and skip lines 11 and 12 below. All others - If line 9, column (g) is zero, enter the gain from line 7, column (g) on line 12 below. If line 9, column (g) is more than zero, enter the amount from line 8, column (g) on line 12 below, and enter the gain or (loss) in each column of line 9 as a long-term capital gain or (loss) on Schedule D. Corporations (other than S corporations should not complete column (h). Partnerships and S corporations must complete column (h) only if line 7, column (g), is a gain. Use column (h) only to report pre-1998 28% rate gain (or loss) from a 1997-98 fiscal year partnership or S corporation. Part II Ordinary Gains and Losses Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less): 11 Loss, if any, from line 7, column (g)...... 11 663 Gain, if any, from line 7, column (g) or amount from line 8/column (g) if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a. 14 15 Ordinary gain from installment sales from Form 6252/line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions) . . . . . . 17 Combine lines 10 through 17 in column (g). Enter gain or/(loss) here, and on the appropriate line as follows: 18 663 a For all except individual returns: Enter the gain or (loss) from line 18 on the return being filed. **b** For individual returns: (1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18b(1)." See instructions 186/1) (2) Redetermine the gain or (loss) on line 18, excluding the loss, if any, on line 18b(1). Enter 

(663

## Form 4562

Sepreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

1998

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

► Attach this form to your return.

Attachment Sequence No. **67** 

Name(s) shown on return Business or activity to which this form relates **Identifying number** CHAWKI Y HAMMOUD & JESSICA Y FOR SCHEDULE C -242-49-8959 Part | Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.) \$18,500 Total cost of section 179 property placed in service. See page 2 of the instructions ...... 2 3 \$200,000

Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married (a) Description of property (b)Cost (business use only) (c) Elected cost 6 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . . . . . Carryover of disallowed deduction to 1999. Add lines 9 and 10, less line 12 . ▶ | 13

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

# Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)

	Section	n B General De	preciation System (GD	S) (See page	e 3 of the instru	ictions.)	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e)Convention	(f) Method	(g) Depreciation deduction
15a	3-year property						
b	5-year property			<u> </u>			<del></del>
С	7-year property						<del></del>
d	10-year property	$\neg$		<del>                                     </del>			<del> </del>
е	15-year property			<del>                                     </del>		·	
f	20-year property						<del> </del>
g	25-year property			25 yrs.		S/L	<del></del>
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	ММ	S/L	
i	Nonresidential real	,		39 yrs.	ММ	S/L	
	property				MM	S/L	
	Section	C Alternative De	epreciation System (AD	S) (See pag	e 5 of the instri		<u> </u>
16a	Class life					S/L	
b	12-year	$\neg$		12 yrs.		S/L	

 16a
 Class life
 S/L

 b
 12-year
 12 yrs.
 S/L

 c
 40-year
 40 yrs.
 MM
 S/L

 Part III Other Depreciation (Do Not Include Listed Property.)
 (See page 6 of the instructions.)

Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26

b Employer's identification number c Employer's name, address, and ZIP code 36-0719665	13 See instructions for Box	Wages, tips, other corr	pensation 2 Federal income tax withheld 2 25.13
ALLSTATE INSURANCE COMPANY	<del></del>	N Social security wages	
HUMAN RESOURCES SERVICE CENTER		7658.1	
14 SOUTH BARRINGTON PLAZA		5 Medicare wages and ti	
51 WEST HIGGINS ROAD		7658.1	
SOUTH BARRINGTON IL 60010  Employee's name, address, and ZIP code		7 Social security tips	8 Allocated tips
	This information is being furnished	to the Internal 9 Advance EIC payment	10 Dependent care benefits
136 JESSICA Y FORTUNE 124 S CECIL ST	Revenue Service.	11 Nonqualified plans	12 Benefits included in Box 1
LEXINGTON NC 27292-4008	Copy B for Emp	loyee's 14 Other	
·	Federal Tax Ret	um	
15 Statutory Deceased Persion Legal Companisation and Companisation	d Employee's social securit		75.00
16 State Employer's state I.D. No.   17 State wages, tips, etc.   18 State income to		20 Local wages, tips, etc	. 21 Local income tax
orm W2 Wage and Tax Statement 1998 Department of the Treasury-Internal	the state of the s	en en en en gemeen de la financier en en	Filed With Employee's FEDERAL Tax
Form W-2 Wage and Tax Statement 199	Social security ups	1 Wages, ups, other compensation 433.13	2 Féderál incomé tax withhea 5.56
C Employer's name, address, and ZIP code	8 Allocated tips	3 Social security wages 433.13	4 Social security tex withheld 26.85
APAC TeleServices, Inc. PO BOX 3300	9 Advance EIC payment	5 Medicare wages and tips 433.13	6 Medicare tax withheld 6.28
425 2ND ST SE	10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
CEDAR RAPIDS IA 52406-3300  © Employee's name, address, and ZIP code		13 See Instra. for box 13	14 Other
JESSICA Y. FORTUNE	b Employer identification number 36-2777140		
124 SOUTH CECIL STREET	d Employee's social security number 239-17-5143	3	
LEXINGTON NC 27262	15 Statutory Deceased Person plan	Legal Deferred comp	
16 State Employer's state I.D. no. 17 State wages, tips, etc. 433.		rme of locality 20 Local wages, tips, etc.	21 Local income tax
Copy 2 To Be Filed With Employee's State, City, or Local Inco	me Tax Return OMI	B No. 1545-0008	Dept. of the Treasury - IRS

BEST COPY POSSIBLE

EMPL DFC NC	Copy B To Be Filed With
a Control number	Emplr e's FEDERAL Tax Return
3114 OMB No. 1545-0008	This information is being turnished to the Internal Revenue Service
b Employer's identification number 561348344	1 Wages, tips, other compensation 2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security by Withheld
STO 1 AND THE POINT OF THE VD SAME STORY OF THE STORY OF	Medicare wages and tips their 6. Medicare tax with 1660 (5.5 Medicare wages and to the start of the start was the start of the start was the start of the start was the start of the start was the start of the start was the start of the start was the start of the start was the start of the start was the start of the start was the start of the
done, SSN, or address is to the excess against your Federal mod 0.175 and 2 and ask	7, Social security tips and second before the a country tips and the second before t
d Employee's ecial security number 1 A 1989 to change with see you from 1040 and to change endth see you from 1040 and 1	The Mark Town Course of the and you form with Course
rieppred to the SSA on	Nonqualified plans 12 Benefits included in Box 1 and included in Box 1 and included in Box 1
JESSICA FORTUNE Configuration of the configuration	TIS See Instit for Box 13 (4.14 Other 1997)  The property of t
16 State         Employer's state I.D. No.         17 State wages, fps. etc.         18 State in           NC         3416970         870.00         3	come tax 3 19 Locality name 20 Local wages, tips, etc. 21 Local income tax.
	Department of the Treasury—Internal Revenue Servi

FEDERAL Tax Re	ed With Employee's	1998 OMB No. 1545-0008				
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld				
3423056-0122	34.00	1				
342030-0442	3 Social security wages	4 Social security tax withheld				
b Employer ID number	34.00	2.11				
Elibolei in unimper	5 Medicare wages and tips	6 Medicare tax withheld				
	34.00	0.49				
23-1929707						
c Employer's name, addre						
	MPORARY INC					
18111 PRB	STON RD					
SUITE 700						
DALLAS, T	K 75252	_				
d Employee's social secur	rity number					
239-17-51	43					
e Employee's name, addr	ess, and ZIP code					
124 SOUTH		•				
LEXINGTON	, NC 27292-4008	0 Advance ElC novement				
		9 Advance EIC payment				
LEXINGTON 7 Social security tips	8 Allocated tips	9 Advance EIC payment  12 Benefits included in box 1				
TEXINGTON 7 Social security tips	8 Allocated tips					
7 Social security tips 10 Dependent care benefit	8 Allocated tips 11 Nonqualified plans					
7 Social security tips 10 Dependent care benefit	8 Allocated tips 11 Nonqualified plans					
7 Social security tips 10 Dependent care benefit	8 Allocated tips 11 Nonqualified plans					
7 Social security tips 10 Dependent care benefit	8 Allocated tips  11 Nonqualified plans	12 Benefits included in box 1				
7 Social security tips 10 Dependent care benefit 13 See instrs. for box 13	8 Allocated tips  11 Nonqualified plans	12 Benefits included in box 1				
7 Social security tips 10 Dependent care benefit 13 See instrs. for box 13  Statutory employee  NC 6041288	8 Allocated tips  11 Nonqualified plans  14 Other  Deceased Pension plan  34.00	Legal rep. Deferred comp.				
7 Social security tips 10 Dependent care benefit 13 See instrs. for box 13 15 Statutory employee  NC 6041288 16 State Employers state	8 Allocated tips  11 Nonqualified plans  14 Other  Deceased Pension plan  34.00	12 Benefits included in box 1  Legal rep. Deferred comp.				
7 Social security tips 10 Dependent care benefit 13 See instrs. for box 13  Statutory employee  NC 6041288	8 Allocated tips  11 Nonqualified plans  14 Other  Deceased Pension plan  34.00	12 Benefits included in box 1  Legal rep. Deferred comp.  0.89				
7 Social security tips 10 Dependent care benefit 13 See instrs. for box 13 15 Statutory employee  NC 6041288 16 State Employers state	8 Allocated tips  11 Nonqualified plans  14 Other  Deceased Pension plan  34.00	12 Benefits included in box 1  Legal rep. Deferred comp.  0.89				
7 Social security tips  10 Dependent care benefit  13 See instrs. for box 13  15 Statutory employee  NC 6041288  16 State Employer's state	8 Allocated tips  11 Nonqualified plans  14 Other  Deceased Pension plan  34.00  I.D. no. 17 State wages, tips, etc.  20 Local wages, tips, etc.	12 Benefits included in box 1  Legal rep. Deferred comp.  0.89				

a Control number  OMB No. 1545-0008	
b Employer's identification number 56-1348535	1 Wages, tips, other compensation 5931.78 Federal income tax withheld 783.00
c Employers name, address, and ZIP code Impact Technologies Group, Inc.	3 Social security wages L100.72 4 Social security tax withheld 378.24
. 8931 J.M. Keynes Drive, Suite 4 Charlotte, NC 28262-8435	5 Medicare wages and tips 6 Medicare tax withheld 88.46
	7 Social security tips 8 Allocated tips
d Employee's social security number 239-17-5143	9 Advance EIC payment 10 Dependent care benefits
e Employee's name, address, and ZIP code Jessica Y Fortune	11 Nonqualified plans 12 Benefits included in box 1
124 S. Cecil Street Lexington, NC 27292	13 See Instrs. for box 13 14 Other 0.00
<b>\</b>	·
	15 Statutory Deceased Pension Legal Deferred compensation
16 State Employer's state i.D. No. 17 State wages, tips, etc. 5931.78	income tax 19 Locality name 20 Local wages, tips, etc. 21 Local income tax

W-2 Wage and Tax 1996

16-0331690

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.

a Control number	OMB No. 1545-0008	This information is being furnished to the required to file a tax return, a negligence imposed on you if this income is taxable	e penalty or other sanction may be
b Employer identification number		1 Wages, tips, other compensation	2 Federal income tax withheld
56-2090219	•	755.93	82.00
c Employer's name, address, and ZIP code QULEN TOBACCO, INC.		3 Social security wages	4 Social security tax withheld
6404 -D ALBEMARLE RD		755.93	46.87
, odod -D ATBEMAKTE KD		5 Medicare wages and tips	6 Medicare tax withheld
CHARLOTTE, NC 28212		755.93	10.96
		7 Social security tips	8 Allocated tips
d Employee's social security number 239-17-5143		9 Advance EIC payment	10 Dependent care benefits
239-17-3143			·
e Employee's name, address, and ZIP code		11 Nonqualified plans	12 Benefits included in box 1
JESICA FORTUNE			
124 -S. CECILE ST		13 See Instrs. for box 13	14 Other
			·
TENTAGEN			
LEXINGTON, NC 27292-	4008		
	• •		
	*	15 Statutory Deceased Pension	n Legal Deferred compensation
	<u> </u>		
16 State Employer's state I.D. no. 17 State NC   600168185		· · · · · · · · · · · · · · · · · · ·	al wages, tips, etc. 21 Local income tax
1.0 000100100	755.93	32.79	
1			

W-2 Wage and Tax 199 8

Department of the Treasury-Internal Revenue Service

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 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: 1099-MISC ON FILE DATE: 06-14-2000 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN

HAMMOND, CHAWKI 4412 BRITTMORE ST

CHARLOTTE

STATE: NC ZIP: 28212-0000

PYR'S SUBMISSION DLN: 19569531790030
TRNS CNTL CD: 19495 PYR OFC CD: N/A
SUBMITTED TO: IRS ELECTRONICALLY
NOT DIRECT SALES NO SECOND NOTICE

ACCOUNT NUMBER: S000103159
PAYER ENTITY DATA: EIN 13-3518571
LORILLARD TOBACCO COMPANY P 0 BOX 10529 GREENSBORO NC274040529

NONEMP COM.....\$4,479+

DOCUMENT TYPE: 1099-MISC ON FILE DATE: 03-24-2000 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN CHAWKI Y HAMMOUD PYR'S SUBMISSION DLN: 495694 PYR'S SUBMISSION DLN: 49569458120010 TRNS CNTL CD: 49692 PYR O SUBMITTED TO: IRS ON: TAPE NOT DIRECT SALES QUEEN TOBACCO PYR OFC CD: N/A 6404 ALBEMARLE RD

CHARLOTTE STATE: NC ZIP: 28212-3801 ACCOUNT NUMBER: 0470651049000 NO SECOND NOTICE 0

PAYER ENTITY DATA: EIN 56-0375955 R J REYNOLDS TOBACCO COMPANY R J REYNOLDS P O BOX 2955

WINSTON SALEM NC 27102

NONEMP COM.....\$608+

11-17-2001

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 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

GROUP AMOUNT NONEMP COM.....\$5,087+

\*\*\*SUMMARY\*\*\*
GROUP

**AMOUNT** 

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 242498959 TIN TYPE AND VALIDITY O DOCUMENT CODE 00

DOCUMENT TYPE: 1098-T ON FILE DATE: 02-27-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN
HAMMOND CHAWKI Y
4912 V STONEY TR DR

STATE: NC ZIP: 28227-0000 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

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

NON MONEY DOCUMENT TYPE

医神经生物

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 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: CTR ON FILE DATE: 07-20-1998 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN

HAMMOUD CHAWKI

6616 H YATESWOOD CHARLOTTE STATE: NC ZIP: 28212-0000 PYR'S SUBMISSION DLN: 29589999000008
TRNS CNTL CD: 17F93 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE TRANSACTION DATE: 09-05-1997 PART 2 INFORMATION USED (OWNER"

DOCUMENT NUMBER: 9726522600 PAYER ENTITY DATA: EIN 56-1293030 UNITED CAROLINA BK 0001 OF 0001 4500 S TRYON ST CHARLOTTE NC28216

TOTAL CTR.....\$15,000+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-16-1998 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN PYR'S SUBMISSION DLN: 49569563300018
TRNS CNTL CD: 49130 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE CHAWKI Y HAMMOUD JESSICA FORTUNE 6616-H\_YATESWOOD DR CHARLOTTE NO SECOND NOTICE STATE: NC ZIP: 28212-0000 ACCOUNT NUMBER: 1GB61000018633767040 PAYER ENTITY DATA: EIN 56-0927594 WACHOVIA BANK N.A. P O BOX 3099 MC NC38107 WINSTON SALEM NC27150

INTEREST.....\$11+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 5 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

GROUP AMOUNT INTEREST.....\$11+

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

GROUP AMOUNT TOTAL CTR.....\$15,000+

医外围工员

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-DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-10-1997 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 242-49-8959 -- VALID SSN CHAWKI HAMMOND SSA MICROFILM NUMBER: 61648515778

8700 N. 50TH ST. #924

TAMPA

STATE: FL ZIP: 33617-0000

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 582158130
SELECTEK INC 017000310
1339 CANTON RD SUITE E MARIETTA GA 30066

TYPE OF EMPLOYMENT: ALL O WAGES....\$2,637+ TX WITHELD....\$359+ FICA TX WH....\$163+ T FICA WAG....\$2,637+ MEDCARE WH.....\$38+ MEDCARE WG.....\$2,637+ SUBMITTED TO: SSA ON: TAPE
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

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 7 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 242498959 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

	***SUMMARY***		
GROUP	AMOUNT	GROUP	AMOUNT
WAGES	\$2,637+	TX WITHELD	\$359+
FICA TX	***************************************	MEDCARE WH	
MEDCARE WG	·····\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		

# Certification of Lack of Record

Date: January 17, 2001

34577

### 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
Chawki Y. Hammoud

Address
4412 Brittmore Court
Charlotte, NC 28227

Kind of Tax Form
1040

Tax Period
1999

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