

Department of the Treasury—Internal Revenue Service  
**Form 1040EZ** **Income Tax Return for Single and Joint Filers With No Dependents (B) 1993**

OMB No. 1545-0675

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

**L  
A  
B  
E  
L  
  
H  
E  
R  
E**

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

Your social security number

**242 49 8959**

Spouse's social security number

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

See instructions on back and in Form 1040EZ booklet.

**Presidential Election Campaign**  
(See page 11.)

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

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

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

**Filing status**

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

**Report your income**

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

**6,438.11**

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

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

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

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

**6,438.11**

Note: You must check Yes or No.

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

**6,050.00**

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

**388.11**

**Figure your tax**

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

**667.12**

**8** Tax. Look at line 6 above. Use the amount on line 6 to find your tax in the tax table on pages 24-28 of the booklet. Then, enter the tax from the table on this line. **8**

**58.00**

**Refund or amount you owe**

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

**609.12**

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

**0.00**

**Sign your return**

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

Keep a copy of this form for your records.

Your signature *Chawki Hammoud* Spouse's signature if joint return  
Date **4-15-94** Your occupation **COOK** Date Spouse's occupation

1 Wages, tips, other compensation 6438.11		2 Federal income tax withheld 667.12	
3 Social Security wages 6438.11		4 Social Security tax withheld 399.17	
5 Medicare wages and tips 6438.11		6 Medicare tax withheld 93.35	
a Control Number 038695 DRH	Dept. 559320	Corp.	Employer use only T 274
c Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270			
b Employer's FED ID number 61-0992859		d Employee's SSA number 242-49-8959	
7 Social Security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in Box 1	
13 See Instrs. for Box 13		14 Other	
15 Stat Emp.	Deceased	Pension plan	Legal rep.
		942 emp.	Deferred comp.
e/f Employee's name, address and ZIP code CHAWKI T. HAMMOUD 3555-F SPANISH QTR CIRCLE CHARLOTTE NC 28205			
16 State Employer's State ID NC 60 32773		17 State wages, tips, etc. 6438.11	
18 State income tax 154.09		19 Name of locality	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy <b>W-2</b> Wage and Tax <b>1993</b> Statement <small>Copy B To be filed with employee's Federal Income Tax Return. OMB No 1545-0045. Fold and D</small>			

**CERTIFIED TRUE COPY**

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

By: *M. Tomerson*  
 Disclosure Officer  
 Internal Revenue Service  
 North-South Carolina District  
 Greensboro, North Carolina

4920910597101

Form

Department of the Treasury — Internal Revenue Service

1040A (99)

U.S. Individual Income Tax Return

1994

IRS Use Only — Do not write or staple in this space

OMB No. 1545-0085

Label

Your first name **Chawki T. Hammoud** MI Last name  
 Your Social Security Number **242-49-8959**

If a joint return, spouse's first name **Jessica Y Fortune** MI Last name  
 Spouse's Social Security Number **239-17-5143**

Home address (number and street). If you have a P.O. box, see instructions. **6138 Cork Tree Ct.** Apartment number  
 City, town or post office. If you have a foreign address, see instructions. **Charlotte, NC 28212** State ZIP Code

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**  
**Note: Checking 'Yes' will not change your tax or reduce your refund.**

**Presidential Election Campaign Fund**

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

Check the box for your filing status

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

Check only one box.

Figure your exemptions

- 6 a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.
- 6 b  Spouse

No. of boxes checked on 6a and 6b **2**

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) Months lived in home in 1994

No. of your children on 6c who:

- lived with you
- didn't live with you due to divorce or separation

Dependents on 6c not entered above

If more than seven dependents, see instructions.

- d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here
- e Total number of exemptions claimed **2**

Add numbers entered on lines above

Figure your total income

7 Wages, salaries, tips, etc. This should be shown in box 1 of your W-2 form(s). Attach Form(s) W-2 **7 20,894.**

8 a Taxable interest income. If over \$400, attach Schedule 1, **8 a**

b Tax-exempt interest. Do not include on line 8a. **8 b**

9 Dividends. If over \$400, attach Schedule 1. **9**

10 a Total IRA distributions <b>10 a</b>	10 b Taxable amount. <b>10 b</b>	<b>0.</b>
11 a Total pensions and annuities <b>11 a</b>	11 b Taxable amount. <b>11 b</b>	<b>0.</b>
12 Unemployment compensation. <b>12</b>		
13 a Social security benefits. <b>13 a</b>	13 b Taxable amount. <b>13 b</b>	
14 Add lines 7 through 13b (far right column). This is your total income <b>14</b>		<b>20,894.</b>
15 a Your IRA deduction <b>15 a</b>		

Attach Copy B of your Forms W-2 and 1099-R here.

If you didn't get a W-2, see instructions.

Enclose, but do not attach, any payment with your return.

Figure your adjusted gross income

b Spouse's IRA deduction **15 b**

c Add lines 15a and 15b. These are your total adjustments **15 c**

16 Subtract line 15c from line 14. This is your adjusted gross income. If less than \$25,296 and a child lived with you (less than \$9,000 if a child didn't live with you), see 'Earned income credit' in the instructions **16 20,894.**

D181 For Paperwork Reduction Act Notice, see instructions.

Form 1040A (1994) Page 1

Name(s) shown on page 1

Your Social Security Number

C. Hammoud & J. Fortune

242-49-8959

17 Enter the amount from line 16. . . . . 17 20,894.

Figure your standard deduction, exemption amount, and taxable income

18 a Check if: [ ] You were 65 or older [ ] Blind [ ] Spouse was 65 or older [ ] Blind Enter no. of boxes chkd. . . . . 18 a [ ]

b If your parent (or someone else) can claim you as a dependent, check here . . . . . 18 b [ ]

c If you are married filing separately and your spouse files Form 1040 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-.

- Single - \$3,800 • Married filing jointly or Qualifying widow(er) - \$6,350
• Head of household - \$5,600 • Married filing separately - \$3,175 . . . . . 19 6,350.

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 . . . . . 21 4,900.

22 Subtract line 21 from line 20. If line 21 is more than line 20, enter -0-. This is your taxable income . . . . . 22 9,644.

Figure your tax, credits, and payments

23 Find the tax on the amount on line 22. Check if from: [X] Tax Table or [ ] Form 8615 . . . . . 23 1,444.

24 a Credit for child and dependent care expenses. Attach Schedule 2 . . . . . 24 a

b Credit for the elderly or the disabled. Attach Schedule 3 . . . . . 24 b

c Add lines 24a and 24b. These are your total credits . . . . . 24 c

25 Subtract line 24c from line 23. If line 24c is more than line 23, enter -0- . . . . . 25 1,444.

26 Advance earned income credit payments from Form W-2 . . . . . 26

27 Add lines 25 and 26. This is your total tax . . . . . 27 1,444.

If you want the IRS to figure your tax, see the instructions for line 22.

28 a Total federal income tax withheld. If any tax is from Form(s) 1099, check here . . . . . 28 a 1,597.

b 1994 estimated tax payments and amount applied from 1993 return . . . . . 28 b

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 total payments . . . . . 28 d 1,597.

Figure your refund or amount you owe

29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you overpaid . . . . . 29 153.

30 Amount of line 29 you want refunded to you . . . . . 30 153.

31 Amount of line 29 you want applied to your 1995 estimated tax . . . . . 31

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, see instructions . . . . . 32

33 Estimated tax penalty. Also include on In 32 . . . . . 33

Sign your return

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Keep a copy of this return for your records.

Your signature [Signature] Date 3-9-95 Your occupation

Spouse's signature. If joint return, BOTH must sign. [Signature] Date 3-9-95 Spouse's occupation

Preparer's signature [Signature] Date 03/07/95 Check if self-employed [X] Preparer's SSN 155-70-0527

Paid preparer's use only

Firm's name (or yours if self-employed) and address SATYAPAL (PAUL) PURI CPA 4917 ALBEMARLE RD. SUITE 205 CHARLOTTE, NC EIN ZIP Code 28208

a Control number 289		OMB No 1545-0008					
b Employer's identification number 56-1758774		1 Wages, tips, other compensation 382.50		2 Federal income tax withheld			
c Employer's name, address, and ZIP code A PLUS PROFESSIONAL PLACEMENT INC 2520 SARDIS RD NORTH STE 220 CHARLOTTE NC 28227		3 Social security wages 382.50		4 Social security tax withheld 23.72			
		5 Medicare wages and tips 382.50		6 Medicare tax withheld 5.53			
		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 FORTUNE  6138 CORK TREE CT CHARLOTTE NC 28212		11 Nonqualified plans		12 Benefits included in box 1			
		13 See Instrs. for box 13		14 Other			
		15 Statutory employee		Deceased	Pension plan	Legal rep.	942 emp.
16 State NC	Employer's state I.D. No. 60 60322	17 State wages, tips, etc. 382.50	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

**Form W-2 Wage and Tax Statement 1994**

This information is being furnished to the Internal Revenue Service.

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

a Control number		OMB No. 1545-0008					
b Employer's identification number 56-1817448		1 Wages, tips, other compensation 35.00		2 Federal income tax withheld .00			
c Employer's name, address, and ZIP code Morgan Resources, Inc. 7300 Carmel Exec. Park Suite 215 Charlotte NC 28226		3 Social security wages 35.00		4 Social security tax withheld 2.17			
		5 Medicare wages and tips 35.00		6 Medicare tax withheld .51			
		7 Social security tips .00		8 Allocated tips .00			
d Employee's social security number 239175143		9 Advance EIC payment .00		10 Dependent care benefits .00			
e Employee's name, address, and ZIP code Jessica Fortune 6138 Cork Tree Ct. Charlotte NC 28212-		11 Nonqualified plans .00		12 Benefits included in Box 1 .00			
		13 See Instrs. for Box 13		14 Other			
		15 Statutory employee		Deceased	Pension plan	Legal rep.	942 emp.
16 State NC	Employer's state I.D. No. 60-64283	17 State wages, tips, etc. 35.00	18 State income tax .00	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service

**Form W-2 Wage and Tax Statement 1994**

This information is being furnished to the Internal Revenue Service.

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

Copy B To Be Filed With Employee's FEDERAL Tax Return		1994		OMB No. 1545-0008	
a Control number <b>EE# 7</b>		1 Wages, tips, other comp. <b>6021.65</b>		2 Federal income tax withheld <b>265.33</b>	
b Employer's ID no. <b>56-1601168</b>		3 Social security wages <b>6021.65</b>		4 Social security tax withheld <b>373.34</b>	
c Employer's name, address, and ZIP code <b>SHOWMARS - UNIVERSITY</b>  <b>7605 UNIVERSITY BOULEVARD</b> <b>CHARLOTTE NC 28213</b>		5 Medicare wages and tips <b>6021.65</b>		6 Medicare tax withheld <b>87.31</b>	
d Employee's social security number <b>239-17-5143</b>					
e Employee's name, address, and ZIP code <b>JESSICA FORTUNE</b> <b>124 S. CECIL STREET</b> <b>LEXINGTON NC 27262</b>					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in Box 1	
13 See Instrs. for Box 13		14 Other			
15 Statutory employee Deceased Pension plan Legal rep. 942 emp. Subtotal Deferred compensation					
NC 60-50443		6021.65		107.06	
16 State Emplr.'s state I.D. #		17 State wages, tips, etc.		18 State income tax	
19 Locality name		20 Local wages, tips, etc.		21 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.

1 Wages, tips, other comp. <b>3229.80</b>		2 Federal income tax withheld <b>1227.19</b>	
3 Social security wages <b>13229.80</b>		4 Social security tax withheld <b>820.24</b>	
5 Medicare wages and tips <b>13229.80</b>		6 Medicare tax withheld <b>191.84</b>	
a Control number <b>038785 DRH</b>	Dept. <b>559320</b>	Corp. <b>A</b>	Employer use only <b>237</b>
c Employer's name, address, and ZIP code <b>PRAIRIE PIZZA, INC</b> <b>1421-D ORCHARD LAKE DR</b> <b>CHARLOTTE NC 28270</b>			
b Employer's FED ID number <b>61-0992859</b>		d Employee's SSA number <b>242-49-8959</b>	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See Instrs. for box 13		14 Other	
15 Stat emp.	Deceased	Pension plan	Legal rep. 942 emp. Deferred comp.
e.f Employee's name, address, and ZIP code <b>CHAWKI T. HAMMOUD</b> <b>3555-F SPANISH QTR</b> <b>CHARLOTTE NC 28205</b>			
16 State Employer's state ID <b>NC 60 32773</b>	17 State wages, tips, etc. <b>13229.80</b>		
18 State income tax <b>702.35</b>	19 Locality name		
20 Local wages, tips, etc.	21 Local income tax		
<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 1994</b> <small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008</small>			

c Employer's name, address and ZIP code

SKILL MARKETING CORP  
A FRANCHISE OF REMEDYTEMP, INC.  
P.O. BOX 580145  
CHARLOTTE, NC 28258

43

OMB No 1545-0008 Form **W-2 Wage and Tax Statement 1994**

7 Social security tips .00		8 Allocated tips .00		9 Advance EIC payment .00		1 Wages, tips, other compensation 147.00		2 Federal income tax withheld .00			
10 Dependent care benefits .00		11 Nonqualified plans .00		12 Benefits included in Box 1 .00		3 Social security wages 147.00		4 Social security tax withheld 9.11			
13 See Intrs. for Box 13		14 Other		a Employee's name, address, and ZIP code JESSICA FORTUNE 6138 CORK TREE COURT CHARLOTTE, NC 28212							
15 Statutory Employee Deceased Pension Plan Legal rep. 942 emp. Subtotal Deferred compensation Void				b Employee's identification number 56-1776594		d Employee's social security number 239-17-5143					
16 State NC		Employer's state I.D. No. 60-61297		17 State wages, tips, etc. 147.00		18 State income tax .00		19 Locality name		20 Local wages, tips, etc.	21 Local income tax

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 221800		1994		Void <input type="checkbox"/>		1 OF 1		Copy B to be filed with employee's FEDERAL tax return							
b Employer's identification number 94-2161806						Employee's and employer's copy compared <input type="checkbox"/>		1 Wages, tips, other compensation 1,076.65		2 Federal income tax withheld 104.75					
c Employer's name, address, and ZIP code TEMPHOLD 100 REDWOOD SHORES PARKWAY REDWOOD CITY, CA 94065 NI						3 Social security wages 1,076.65		4 Social security tax withheld 66.75		7 Social security tips					
						5 Medicare wages and tips 1,076.65		6 Medicare tax withheld 15.61		8 Allocated tips		10 Dependent care benefits			
						9 Advance EIC payment		11 Nonqualified plans		12 Benefits included in Box 1					
d Employee's social security number 239-17-5143						13		14 Other		15 Statutory employee Deceased Pension plan Legal rep. 942 emp. Subtotal Deferred compensation					
e Employee's name (first, middle initial, last) JESSICA Y FORTUNE 6138 CORK TREE COURT CHARLOTTE, NC 28212						16 State		17 State wages, tips, etc. 1,076.65		18 State income tax 39.46					
f Employee's address and ZIP code						19a		19b		19c					
16 State NC						Employer's state I.D. No. 60-14967		17 State wages, tips, etc. 1,076.65		18 State income tax 39.46		19 Locality		20 Local wages, tips, etc.	21 Local income tax

RCI = Resident City WCO = Work County  
WCI = Work City SD = School District  
RCO = 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

By: [Signature]

Disclosure Officer

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

49 2 07 083 863 17 6

Form 1040EZ

Department of the Treasury—Internal Revenue Service  
Income Tax Return for Single and Joint Filers With No Dependents (P) 1995

OMB No. 1545-0675

Use the IRS label here

Your first name and initial: Chawki Y. Last name: Hammad  
If a joint return, spouse's first name and initial: Last name:  
Home address (number and street). If you have a P.O. box, see page 11. Apt. no.:  
124 S. Cecil St  
City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.  
Lexington NC 27292-4008

Your social security number: 2 4 2 4 9 8 9 5 9  
Spouse's social security number:

See instructions on back and in Form 1040EZ booklet.

Presidential Election Campaign (See page 11.)

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

✓ T

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

169 180

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1  
2 Taxable interest income of \$400 or less. If the total is over \$400, you cannot use Form 1040EZ. 2  
3 Unemployment compensation (see page 14). 3  
4 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. 4  
5 Can your parents (or someone else) claim you on their return?  No. If single, enter 6,400.00. If married, enter 11,550.00. For an explanation of these amounts, see back of form. 5  
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your **taxable income**. 6

9 0 2 3 0 0  
0 0 0  
0 0 0  
9 0 2 3 0 0  
1 1 5 5 0 0 0  
0 0 0

Payments and tax

7 Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7  
8 **Earned income credit** (see page 15). Enter type and amount of nontaxable earned income below. 8  
9 Add lines 7 and 8 (don't include nontaxable earned income). These are your **total payments**. 9  
10 **Tax**. Use the amount on line 6 to find your tax in the tax table on pages 29-33 of the booklet. Then, enter the tax from the table on this line. 39 10

8 5 5 0 0  
0 0 0  
8 5 5 0 0  
1 2 9 0 0

Refund or amount you owe

11 If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**. 11  
12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe**. See page 22 for details on how to pay and what to write on your payment. 12

7 2 6 0 0

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

Sign your return  
Your signature: Chawki Y. Hammad Spouse's signature if joint return:  
Date: 4/24/90 Your occupation: Engineer Date: Spouse's occupation:

Keep a copy of this form for your records.

CERTIFIED TRUE COPY  
No. of pages: 1 Date: 6-9-98  
By: R. L. Hamner  
Disclosure Officer  
Internal Revenue Service  
North-South Carolina District  
Greensboro, North Carolina



For the year Jan. 1-Dec. 31, 1996, or other tax year beginning 1996, ending 19 OMB. No. 1545-0074

Label Use the IRS label. Other-wise, please print or type. L A B E L H E R E Your first name and initial Last name Your social security no. CHAWKI Y HAMMOUD 242-49-8959 If a joint return, spouse's first name and initial Last name Spouse's social security no. JESSICA Y FORTUNE 239-17-5143 Home address Apt. no. 6616-H YATESWOOD DRIVE For help in finding line instructions, see pages 2 and 3 in the booklet. City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. CHARLOTTE NC 28212

Presidential Election Campaign Do you want \$3 to go to this fund? Yes No X X Note: Checking "Yes" will not change your tax or reduce your refund. If a joint return, does your spouse want \$3 to go to this fund? X X

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

Exemptions 6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. 6b X Spouse. No. of boxes checked on 6a and 6b 2 No. of your children on 6c who: • lived with you • didn't live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers entered on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 29,400 8a Taxable interest. Attach Schedule B if over \$400. 8b Tax-exempt interest. DON'T include on line 8a. 9 Dividend income. Attach Schedule B if over \$400. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 12 2,097 13 Capital gain or (loss). If required, attach Schedule D. 14 Other gains or (losses). Attach Form 4797. 15a Total IRA distributions 15a b Taxable amount (see inst.) 15b 16a Total pensions & annuities 16a b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits 20a b Taxable amount (see inst.) 20b 21 Other income. 21 22 Add amounts in the far right column for lines 7 through 21. This is your total income 22 31,497

Adjusted Gross Income 23a Your IRA deduction (see instructions) 23a 23b Spouse's IRA deduction (see instructions) 23b 24 Moving expenses. Attach Form 3903 or 3903-F. 24 25 One-half of self-employment tax. Attach Schedule SE. 25 148 26 Self-employed health insurance deduction (see inst.). 26 27 Keogh & self employed SEP plans. If SEP, check 27 28 Penalty on early withdrawal of savings. 28 29 Alimony paid. Recipient's SSN 29 30 Add lines 23a through 29. 30 148 31 Subtract line 30 from line 22. This is your adjusted gross income. 31 31,349

CHAWKI Y HAMMOUD & JESSICA Y FORTUNE 242-49-8959

Tax Computation 32 Amount from line 31 (adjusted gross income) 32 31,349
33a 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 33a
b If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see instructions and check here 33b

34 Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b OR someone can claim you as a dependent, see the instructions to find your standard deduction.
Single-\$4,000 Married filing jointly or Qualifying widow(er)-\$6,700
Head of household-\$5,900 Married filing separately-\$3,350 34 6,700

35 Subtract line 34 from line 32 35 24,649
36 If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter 36 5,100
37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0- 37 19,549
38 Tax. See instructions. Check if total includes any tax from a Form(s) 8814 b Form 4972. 38 2,929

Credits 39 Credit for child & dependent care expenses. Attach Form 2441 39
40 Credit for the elderly or the disabled. Attach Schedule R 40
41 Foreign tax credit. Attach Form 1116 41
42 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 42
43 Add lines 39 through 42 43
44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- 44 2,929

Other Taxes 45 Self-employment tax. Attach Schedule SE 45 296
46 Alternative minimum tax. Attach Form 6251 46
47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 47
48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 48
49 Advance earned income credit payments from Form W-2 49
50 Household employment taxes. Attach Schedule H. 50
51 Add lines 44 through 50. This is your total tax 51 3,225

Payments 52 Federal income tax withheld from Forms W-2 and 1099 52 2,012
53 1996 est. tax payments and amount applied from 1995 return 53
54 Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type 54 NO
55 Amount paid with Form 4868 (extension request) 55
56 Excess social security, and RRTA tax withheld (see inst.) 56
57 Other payments. Check if from a Form 2439 b Form 4136 57
58 Add lines 52 through 57. These are your total payments 58 2,012

Refund 59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID 59
60a Amount of line 59 you want REFUNDED TO YOU 60a
b Routing number c Type: Checking Savings
d Account number
61 Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX 61

Amount You Owe 62 If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions 62 1,266
63 Estimated tax penalty. Also include on line 62 63 53

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature [Signature] Date 4-16-97 Your occupation PROPRIETOR
Spouse's signature. If joint return, BOTH must sign. [Signature] Date 4-15-97 Spouse's occupation SECRETARY

Paid Preparer's Use Only Preparer's signature [Signature] Date 04-15-97 Check if self-employed [X] Preparer's social security no. 311-56-3260
Firm's name (or yours if self-employed) and address J. ANDREW BOSTICK, CPA EIN 56-1919617
2853 EASTWAY DRIVE ZIP code 28205-3922
CHARLOTTE NC

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**1996**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of proprietor  
**CHAWKI Y HAMMOUD**

**A** Principal business or profession, including product or service (see page C-1)  
**RETAIL SALES**

**C** Business name. If no separate business name, leave blank.  
**EASTWAY TOBACCO**

**E** Business address (including suite or room no.) ▶ **2849 EASTWAY DRIVE**  
City, town or post office, state and ZIP code **CHARLOTTE, NC 28205**

**F** Accounting method: (1)  Cash (2)  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 . . .  Yes  No

**H** If you started or acquired this business during 1996, check here . . .

Social security number (SSN)  
**242-49-8959**

**B** Enter principal business code (see page C-6) ▶ **3731**

**D** Employer ID number (EIN), if any

**Part III Income**

<b>1</b> Gross receipts or sales. <b>Caution:</b> 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 . . . . .	<input type="checkbox"/>	<b>1</b>	<b>67,398</b>
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	
<b>4</b> Cost of goods sold (from line 42 on page 2) . . . . .		<b>4</b>	<b>67,398</b>
<b>5</b> Gross profit. Subtract line 4 from line 3 . . . . .		<b>5</b>	<b>60,834</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) . . . . .		<b>6</b>	<b>6,564</b>
<b>7</b> Gross income. Add lines 5 and 6 . . . . .		<b>7</b>	<b>6,564</b>

**Part III Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>9</b> Bad debts from sales or services (see page C-3) . . . . .	<b>9</b>		<b>20</b> Rent or lease (see page C-4):		
<b>10</b> Car and truck expenses (see page C-3) . . . . .	<b>10</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b> Commissions and fees . . . . .	<b>11</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	<b>2,800</b>
<b>12</b> Depletion . . . . .	<b>12</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-3) . . . . .	<b>13</b>	<b>36</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	<b>289</b>
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>24</b> Travel, meals, and entertainment:		
<b>16</b> Interest:			<b>a</b> Travel . . . . .	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		<b>b</b> Meals and entertainment		
<b>b</b> Other . . . . .	<b>16b</b>		<b>c</b> Enter 50% of line 24b subject to limitations (see page C-4)		
<b>17</b> Legal and professional services . . . . .	<b>17</b>		<b>d</b> Subtract line 24c from line 24b . . . . .	<b>24d</b>	
<b>18</b> Office expense . . . . .	<b>18</b>		<b>25</b> Utilities . . . . .	<b>25</b>	<b>750</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27</b> Other expenses (from line 48 on page 2) . . . . .	<b>27</b>	<b>592</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829 . . . . .	<b>30</b>				<b>4,467</b>
<b>31</b> Net profit or (loss). Subtract line 30 from line 29.					<b>2,097</b>
• 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.					
• If a loss, you MUST go on to line 32.					
<b>32</b> 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 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you MUST attach Form 6198.					

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

Name(s)

CHAWKI Y HAMMOUD

SSN

242-49-8959

24992

**Part III Cost of Goods Sold** (see page C-5)

33	Method(s) used to value closing inventory: (a) <input checked="" type="checkbox"/> Cost (b) <input type="checkbox"/> Lower of cost or market (c) <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	35	30,000
36	Purchases less cost of items withdrawn for personal use . . . . .	36	60,834
37	Cost of labor. Do not include salary paid to yourself . . . . .	37	
38	Materials and supplies . . . . .	38	
39	Other costs . . . . .	39	
40	Add lines 35 through 39 . . . . .	40	90,834
41	Inventory at end of year . . . . .	41	30,000
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	42	60,834

**Part IV 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-3 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ► \_\_\_\_\_
- 44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:
- a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_
- 45 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes  No
- 46 Was your vehicle available for use during off-duty hours? . . . . .  Yes  No
- 47 a Do you have evidence to support your deduction? . . . . .  Yes  No
- b If "Yes," is the evidence written? . . . . .  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

TELEPHONE	592
48 Total other expenses. Enter here and on page 1, line 27	592

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**1996**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ See Instructions for Schedule SE (Form 1040).

▶ 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**

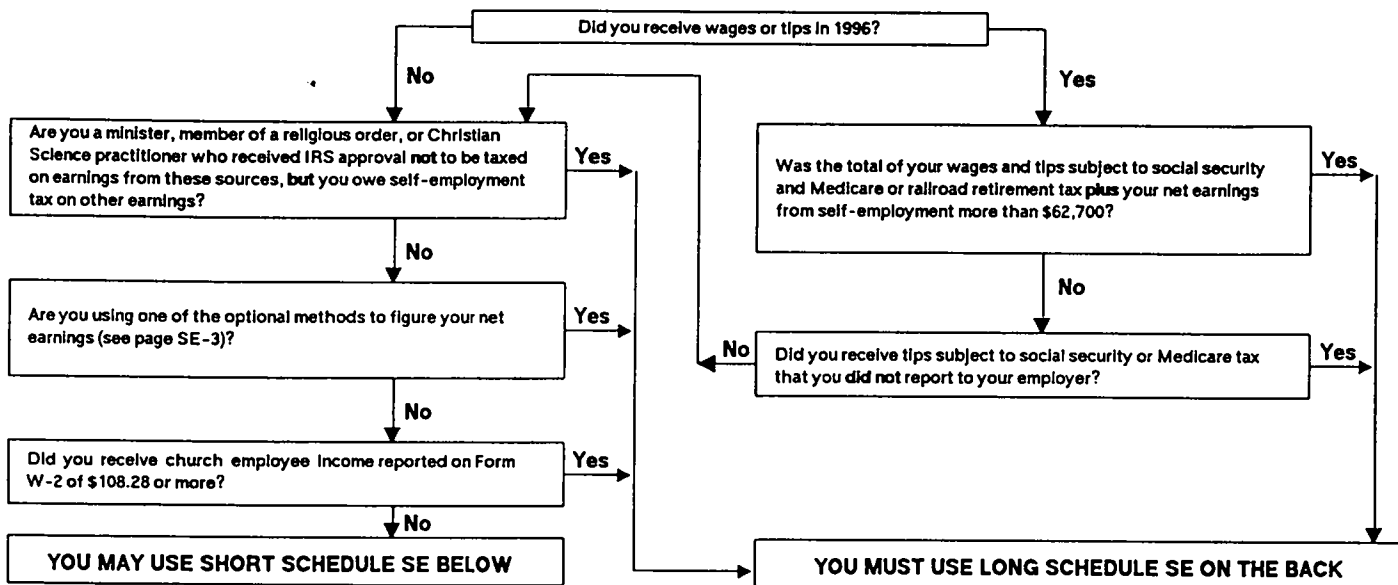
You must file Schedule SE if:

- 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.

<b>1</b>	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a . . . . .	<b>1</b>	
<b>2</b>	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). 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. . . . .	<b>2</b>	2,097
<b>3</b>	Combine lines 1 and 2 . . . . .	<b>3</b>	2,097
<b>4</b>	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax . . . . . ▶	<b>4</b>	1,937
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the result. Enter the total here and on Form 1040, line 45. . . . .	<b>5</b>	296
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25 . . . . .	<b>6</b>	148

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach this form to your return.

Name(s) shown on return

CHAWKI Y HAMMOUD & JESSICA Y FOR

Business or activity to which this form relates

SCHEDULE C - 1

Identifying number

242-49-8959

Part II Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

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 III MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 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.

Section B -- General Depreciation System (GDS) (See page 3 of the instructions):

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C -- Alternative Depreciation System (ADS) (See page 4 of the instructions.):

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IIII Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

Table with 2 columns: Line number and Amount. Includes lines 17-19 for other depreciation.

Part IV Summary (See page 4 of the instructions.)

Table with 2 columns: Line number and Amount. Includes lines 20-22 for summary of depreciation.

Employer's identification number **36-0719665**  
 Employer's name, address, and ZIP code:  
**ALLSTATE INSURANCE COMPANY  
 HUMAN RESOURCES SERVICE CENTER  
 14 SOUTH BARRINGTON PLAZA  
 51 WEST HIGGINS ROAD  
 SOUTH BARRINGTON IL 60010**

Employee's name, address, and ZIP code:  
**JESSICA Y FORTUNE 136  
 124 S CECIL ST  
 LEXINGTON NC 27292-4008**

1. Wages, tips, other compensation: **6328.10**  
 2. Federal income tax withheld: **4.29**  
 3. Social security wages: **6328.10**  
 4. Social security tax withheld: **392.34**  
 5. Medicare wages and tips: **6328.10**  
 6. Medicare tax withheld: **91.76**  
 7. Social security tips  
 8. Allocated tips  
 9. Advance EIC payment  
 10. Dependent care benefits  
 11. Nonqualified plans  
 12. Benefits included in Box 1  
 14. Other  
 This information is being furnished to the Internal Revenue Service.  
 Copy B for Employee's Federal Tax Return  
 Employee's social security number: **239-17-5143**

15. Statutory employee:  Pension plan:  Legal rep.:  Hold emp.:  Deferred compensation:   
 16. State Employer's State ID No.: **NC 060603094**  
 17. State wages, tips, etc.: **6328.10**  
 18. State income tax: **110.00**  
 19. Local wages, tips, etc.  
 20. Local wages, tips, etc.  
 21. Local income tax

Form **W2 Wage and Tax Statement 1996** Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

**W-2 Federal Filing Copy**

1 Wages, tips, other compensation <b>2637.50</b>	2 Federal income tax withheld <b>359.40</b>
3 Social security wages <b>2637.50</b>	4 Social security tax withheld <b>163.53</b>
5 Medicare wages and tips <b>2637.50</b>	6 Medicare tax withheld <b>38.24</b>
a Control number <b>0150010</b>	b Employer's identification number <b>58-2158130</b>
c Employer's name, address, and ZIP code <b>SELECTEK, INC 1339 CANTON RD., SUITE E MARIETTA GA 30066</b>	
7 Social security tips <b>.00</b>	8 Allocated tips <b>.00</b>
9 Advance EIC payment <b>.00</b>	10 Dependent care benefits <b>.00</b>
11 Nonqualified plans <b>.00</b>	12 Benefits included in Box 1 <b>.00</b>
13 See Instrs for Box 13 <b>.00</b>	14 Other <b>.00</b>
15 Statutory Employee: <input type="checkbox"/> Pension Plan: <input type="checkbox"/> Deferred comp.: <input type="checkbox"/> Employer use: <b>0170003-1008-000001229</b>	
e Employee's name (first, middle initial, last) <b>CHAWKI HAMMOUD 8700 N. 50TH ST. #924 TAMPA FL 33617</b>	
d Employee's social security number <b>242-49-8959</b>	16 State/Employer state ID no. <b>FL</b>
17 State wages, tips, etc. <b>2637.50</b>	18 State income tax <b>.00</b>

Form **W-2 Wage and Tax Statement 1996**  
 Copy B to be filed with employee's FEDERAL tax return  
 Department of the Treasury-Internal Revenue Service OMB No 1545-0008  
 This information is being furnished to the IRS and appropriate State officials

DETACH HERE FOLD AND

24595

**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		1 Wages, tips, other compensation 6927.77			2 Federal income tax withheld 493.35				
b Employer's identification number 56-0791223				3 Social security wages 7106.14			4 Social security tax withheld 440.58				
c Employer's name, address, and ZIP code THE UNIVERSITY OF NO. CAROLINA AT CHARLOTTE - PAYROLL OFFICE CHARLOTTE, NC 28223				5 Medicare wages and tips 7106.14			6 Medicare tax withheld 103.04				
				7 Social security tips			8 Allocated tips				
				9 Advance EIC payment			10 Dependent care benefits				
d Employee's social security number 239-17-5143				11 Nonqualified plans			12 Benefits included in Box 15				
e Employee's name, address, and ZIP code JESSICA YULANDA FORTUNE 174 S. GEELE ST. LEXINGTON, NC 27292				13 See Instrs. for Box 15			14 Other				
16 State Employer's state I.D. No. NC 600003652-26				17 State wages, tips, etc. 6927.77		18 State income tax 187.59		19 Locality name		20 Local wages, tips, etc.	21 Local income tax



BEST COPY POSSIBLE

A CONTROL NUMBER 2202485307		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 4983.00		2 FEDERAL INCOME TAX WITHHELD 584.49	
B EMPLOYER'S IDENTIFICATION NUMBER 52-1304931				3 SOCIAL SECURITY WAGES 4983.00		4 SOCIAL SECURITY TAX WITHHELD 308.95	
C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE AEROTEK, INC 6835 DEERPATH ROAD BALTIMORE, MD 21227				5 MEDICARE WAGES AND TIPS 4983.00		6 MEDICARE TAX WITHHELD 72.25	
				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 4210 7126 APOLINE STREET DEARBORN, MI 48126				11 NONQUALIFIED PLANS		12 BENEFITS INCLUDED IN BOX 1	
				13		14 OTHER	
15 <input type="checkbox"/> STATUTORY EMPLOYEE <input type="checkbox"/> DECEASED <input type="checkbox"/> PENSION PLAN <input type="checkbox"/> DEFERRED COMPENSATION				16 STATE EMPLOYER'S STATE ID NO		17 STATE WAGES, TIPS, ETC	
18 STATE INCOME TAX		19 LOCALITY NAME		20 LOCAL WAGES, TIPS, ETC		21 LOCAL INCOME TAX	

**Copy B To be filed with employee's FEDERAL tax return**

This information is being furnished to the Internal Revenue Service.

a Control number 61		OMB No. 1545-0008	
b Employer's identification number 56-1709133			
c Employer's name, address, and ZIP code TRAINING VISIONS INC 517-102 EAST BOULEVARD CHARLOTTE NC 28203			
d Employee's social security number 249-17-5143			
e Employee's name, address, and ZIP code JESSICA FORTLINE 124 S DEBIL STREET LEXINGTON NC 27202-4088			
16 State Employer's State ID No NC 60-57063		17 State wages, tips, etc 8522.90	
18 State income tax 329.07		19 Locality name	
20 Local wages, tips, etc		21 Local income tax	

1 Wages, tips, other compensation 2 Federal income tax withheld  
8522.90 329.07

3 Social security wages 4 Social security tax withheld  
8522.90 528.48

5 Medicare wages and tips 6 Medicare tax withheld  
8522.90 123.89

7 Social security tips 8 Allocated tips

9 Advance EIC payment 10 Dependent care benefits

11 Nonqualified plans 12 Benefits included in Box 1

13 See Instrs for Box 13 14 Other  
175 H 377.1

Statutory employee  Deceased  Pension plan  Deferred compensation

**CERTIFIED TRUE COPY**

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

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

Form 1040 U.S. Individual Income Tax Return 1997

IRS Use Only--Do not write or staple in this space

Label: For the year Jan. 1-Dec. 31, 1997, or other tax year beginning 1997, ending 19 OMB No. 1545-0074
Your first name and initial CHAWKI Y Last name HAMMOUD Your social security no. 242-49-8959
If a joint return, spouse's first name and initial JESSICA Y Last name FORTUNE Spouse's social security no. 239-17-5143
Home address 4402 STONEY BROOK DRIVE 7209 E. Harris Blvd Apt. no 291
City, town or post office, state, and ZIP code. If you have a foreign address, see page 10. CHARLOTTE NC 28227
Presidential Election Campaign Do you want \$3 to go to this fund? Yes No
If a joint return, does your spouse want \$3 to go to this fund? Yes No

Filing Status
1 Single
2 X Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above, full name here.
4 Head of household (with qualifying person). (See page 10.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (year spouse died 19 ). (See page 10.)

Exemptions
6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b X Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) No. of mo. lived in your home in 1997
No. of boxes checked on 6a and 6b 2
No. of your children on 6c who:
lived with you
did not live with you due to divorce or separation (see page 11)
Dependents on 6c not entered above
Add numbers entered on lines above 2

CERTIFIED TRUE COPY
No. of pages: 7 Date: JUL 27 1997

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 By: [Signature] Disclosure Officer Internal Revenue Service North-South Carolina District Greensboro, North Carolina 7 21,854
8a Taxable interest. Attach Schedule B if required 8a 12
9 Dividend income. Attach Schedule B if required 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 12) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 8,734
13 Capital gain or (loss). Attach Schedule D 13
14 Other gains or (losses). Attach Form 4797 14
15a Total IRA distributions 15a b Taxable amount (see page 13) 15b
16a Total pensions & annuities 16a b Taxable amount (see page 13) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see page 16) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 30,600

Adjusted Gross Income
23 IRA deduction (see page 16) 23
24 Medical savings account deduction. Attach Form 8853 24
25 Moving expenses. Attach Form 3903 or 3903-F 25
26 One-half of self-employment tax. Attach Schedule SE 26 617
27 Self-employed health insurance deduction (see page 17) 27
28 Keogh or self-employed SEP and SIMPLE plans 28
29 Penalty on early withdrawal of savings 29
30a Alimony paid. b Recipient's SSN 30a
31 Add lines 23 through 30a 31 617
32 Subtract line 31 from line 22. This is your adjusted gross income 32 29,983

CHAWKI Y HAMMOUD & JESSICA Y FORTUNE

242-49-8959

Tax Computation

Table with columns for line number, description, and amount. Includes lines 33-39 for tax computation.

Credits

Table with columns for line number, description, and amount. Includes lines 40-46 for various tax credits.

Other Taxes

Table with columns for line number, description, and amount. Includes lines 47-53 for other taxes.

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

Table with columns for line number, description, and amount. Includes lines 54-60 for tax payments.

Refund

Have it directly deposited! See page 28 and fill in 62b, c, and d.

Table with columns for line number, description, and amount. Includes lines 61-63 for refund information.

Amount You Owe

Table with columns for line number, description, and amount. Includes lines 64-65 for amount owed.

Sign Here

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

Keep a copy of this return for your records.

Signature section table with columns for signature, date, and occupation. Includes signatures for the taxpayer and spouse.

Paid Preparer's Use Only

Table for paid preparer information including signature, date, firm name, address, EIN, and ZIP code.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**1997**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **09**

Name of proprietor  
**CHAWKI Y HAMMOUD**

Social security number (SSN)  
**242-49-8959**

A Principal business or profession, including product or service (see page C-1)  
**RETAIL SALES**

B Enter principal business code (see page C-6) **3731**

C Business name. If no separate business name, leave blank.  
**EASTWAY TOBACCO**

D Employer ID number (EIN), if any

E Business address (including suite or room no.) **2849 EASTWAY DRIVE**  
City, town or post office, state and ZIP code **CHARLOTTE, NC 28205**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses  Yes  No

H If you started or acquired this business during 1997, check here

**Part I Income**

1	Gross receipts or sales. <b>Caution:</b> 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 <input type="checkbox"/>	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 from line 3	5	39,168
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	7	39,168

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	1,021	19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-4):		
10	Car and truck expenses (see page C-3)	10	2,810	20a	a Vehicles, machinery, and equipment		
11	Commissions and fees.	11		20b	b Other business property		14,000
12	Depletion	12		21	Repairs and maintenance	21	740
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	276	22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses.	23	289
15	Insurance (other than health)	15	1,152	24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel	24a	
16a	a Mortgage (paid to banks, etc.)	16a			b Meals and entertainment		
16b	b Other	16b	835		c Enter 50% of line 24b subject to limitations (see page C-4)		
17	Legal and professional services	17	175	24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18	684	25	Utilities	25	7,160
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26	Wages (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29		27	Other expenses (from line 48 on page 2)	27	1,292
30	Expenses for business use of your home. Attach Form 8829	30		28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	30,434
31	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. • If a loss, you MUST go on to line 32.	31		29	Tentative profit (loss). Subtract line 28 from line 7	29	8,734
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 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you MUST attach Form 6198.	32a		30	Expenses for business use of your home. Attach Form 8829	30	
		32b		31	Net profit or (loss). Subtract line 30 from line 29.	31	8,734

32a  All investment is at risk.  
32b  Some investment is not at risk.

3

Name(s) **CHAWKI Y HAMMOUD** SSN **242-49-8959** 34501

**Part III Cost of Goods Sold** (see page C-5)

33 Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost      b <input type="checkbox"/> Lower of cost or market      c <input type="checkbox"/> Other (attach explanation)		
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	30,000
36 Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	411,631
37 Cost of labor. Do not include salary paid to yourself . . . . .	<b>37</b>	
38 Materials and supplies . . . . .	<b>38</b>	3,643
39 Other costs . . . . .	<b>39</b>	
40 Add lines 35 through 39 . . . . .	<b>40</b>	445,274
41 Inventory at end of year . . . . .	<b>41</b>	30,000
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	<b>42</b>	415,274

**Part IV 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-3 to find out if you must file.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_
- 44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:
- a Business \_\_\_\_\_      b Commuting \_\_\_\_\_      c Other \_\_\_\_\_
- 45 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes       No
- 46 Was your vehicle available for use during off-duty hours? . . . . .  Yes       No
- 47 a Do you have evidence to support your deduction? . . . . .  Yes       No
- b If "Yes," is the evidence written? . . . . .  Yes       No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>TELEPHONE</b>		1,292
<b>48 Total other expenses.</b> Enter here and on page 1, line 27	<b>48</b>	1,292

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

**1997**

Attachment  
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**

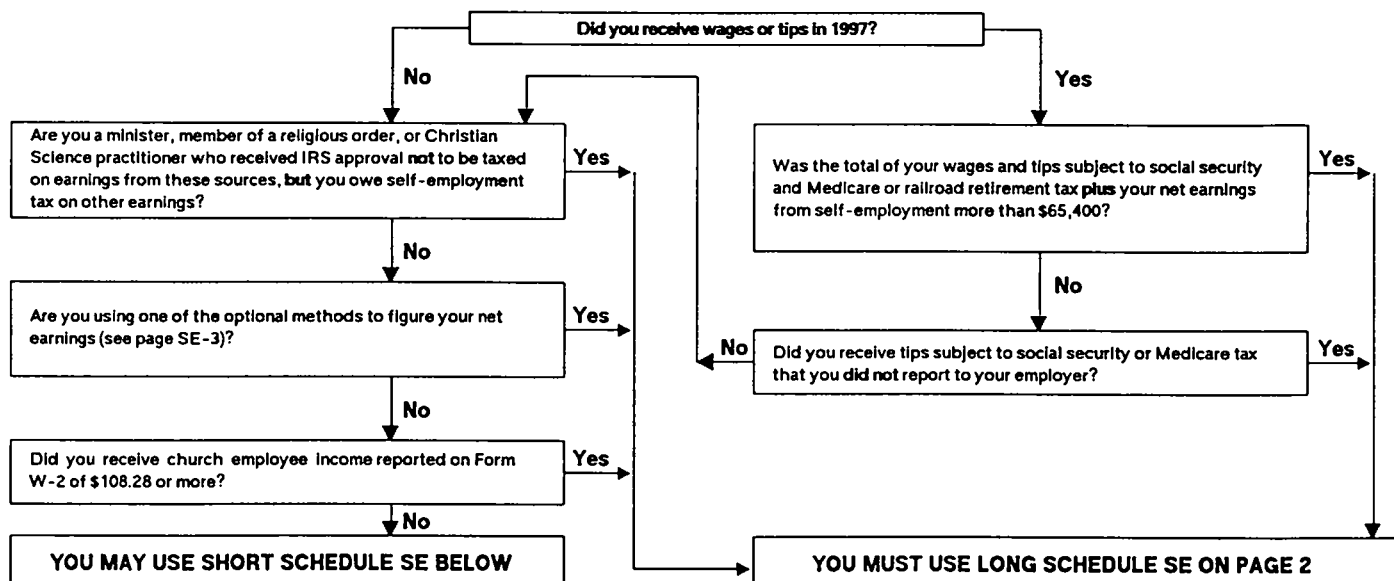
You must file Schedule SE if:

- 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 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.**

<b>1</b>	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a . . . . .	<b>1</b>	
<b>2</b>	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). 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. . . . .	<b>2</b>	8,734
<b>3</b>	Combine lines 1 and 2 . . . . .	<b>3</b>	8,734
<b>4</b>	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax . . . . . ▶	<b>4</b>	8,066
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$65,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$65,400, multiply line 4 by 2.9% (.029). Then, add \$8,109.60 to the result. Enter the total here and on Form 1040, line 47.	<b>5</b>	1,234
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 26 . . . . .	<b>6</b>	617

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach this form to your return.

1997 Attachment Sequence No. 67

Name(s) shown on return: CHAWKI Y HAMMOUD & JESSICA Y FOR Business or activity to which this form relates: SCHEDULE C - 1 Identifying number: 242-49-8959

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 5 main rows for Section 179 election. Line 1: \$18,000; Line 3: \$200,000; Line 13: Carryover of disallowed deduction to 1998.

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 1997 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 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.

Section B -- General Depreciation System (GDS) (See page 3 of the instructions):

Table for Section B: General Depreciation System (GDS). Columns include Classification, Month/year placed in service, Basis, Recovery period, Convention, Method, and Depreciation deduction.

Section C -- Alternative Depreciation System (ADS) (See page 6 of the instructions.)

Table for Section C: Alternative Depreciation System (ADS). Columns include Class life, Month/year placed in service, Basis, Recovery period, Convention, Method, and Depreciation deduction.

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

Table for Part III: Other Depreciation. Lines 17, 18, and 19 for GDS and ADS deductions, section 168(f)(1) election, and ACRS/other depreciation.

Part IV Summary (See page 7 of the instructions.)

Table for Part IV: Summary. Lines 20, 21, and 22 for listed property, total deductions, and section 263A costs.

b Employer's identification number <b>36-0719665</b>		13 See instructions for Box 13		1 Wages, tips, other compensation <b>4705.99</b>		2 Federal income tax withheld <b>15.18</b>	
c Employer's name, address, and ZIP code <b>ALLSTATE INSURANCE COMPANY HUMAN RESOURCES SERVICE CENTER 14 SOUTH BARRINGTON PLAZA 51 WEST HIGGINS ROAD SOUTH BARRINGTON IL 60010</b>		This information is being furnished to the Internal Revenue Service		3 Social security wages <b>4705.99</b>		4 Social security tax withheld <b>291.77</b>	
e Employee's name, address, and ZIP code <b>JESSICA Y FORTUNE 124 S CECIL ST LEXINGTON NC 27292-4008</b>				5 Medicare wages and tips <b>4705.99</b>		6 Medicare tax withheld <b>68.24</b>	
15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Person plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Hshld emp. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>		d Employee's social security number <b>239-17-5143</b>		7 Social security tips		8 Allocated tips	
16 State <b>NC</b> Employer's state I.D. No. <b>060603094</b>		17 State wages, tips, etc. <b>4705.99</b>		18 State income tax <b>52.64</b>		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax		9 Advance EIC payment		10 Dependent care benefits	
				11 Nonqualified plans		12 Benefits included in Box 1	
				14 Other			

Form **W-2** Wage and Tax Statement 1997 Department of the Treasury—Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Re

Copy B To Be Filed With Employee's FEDERAL Tax Return	
This information is being furnished to the Internal Revenue Service.	
1 Wages, tips, other compensation <b>17148.11</b>	2 Federal income tax withheld <b>1772.37</b>
3 Social security wages <b>14615.10</b>	4 Social security tax withheld <b>1154.14</b>
5 Medicare wages and tips <b>14615.10</b>	6 Medicare tax withheld <b>209.92</b>
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in Box 1
13 See Instrs. for Box 13 <b>350.00</b>	14 Other
15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Hshld emp. <input checked="" type="checkbox"/> Deferred compensation <input checked="" type="checkbox"/>	
16 State <b>NC</b> Employer's state I.D. No. <b>600003552-26</b>	17 State wages, tips, etc. <b>17148.11</b>
18 State income tax <b>699.98</b>	19 Locality name
20 Local wages, tips, etc.	21 Local income tax

Form **W-2** Wage and Tax Statement **1997**

Department of the Treasury—Internal Revenue Service



Label

For the year Jan. 1-Dec. 31, 1998, or other tax year beginning

, 1998, ending

, 19

OMB No. 1545-0074

(See instructions on page 18.) Use the IRS label. Otherwise, please print or type.

Personal information section including names (CHAWKI Y, JESSICA Y), addresses (4412 BRITTMORE COURT, CHARLOTTE NC 28227), and social security numbers (242-49-8959, 239-17-5143).

Presidential Election Campaign

(See page 18.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? (Marked 'X')

Yes/No table for Presidential Election Campaign with 'X' marks.

Filing Status

Check only one box.

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

Exemptions

If more than six dependents, see page 19.

Exemption section including 'a' Yourself, 'b' Spouse, and 'c' Dependents table with handwritten entries and signatures.

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

Income section with lines 7 through 22, including wages (15,683), tax-exempt interest (marked 'TAX-EXEMPT'), and other income, totaling 24,247.

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC inst. on page 30.

Adjusted Gross Income section with lines 23 through 33, including deductions for IRA, student loan, medical savings, and other items, resulting in an adjusted gross income of 23,595.

CHAWKI Y HAMMOUD & JESSICA Y FORTUNE

242-49-8959

Tax and Credits

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

Standard Deduction for Most People

Single: \$4,250
Head of household: \$6,250
Married filing jointly or Qualifying widow(er): \$7,100
Married filing separately: \$3,550

Other Taxes

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

Payments

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

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

Refund

Have it directly deposited! See page 37 and fill in 66b, 66c, and 66d.

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

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for amount you owe.

Sign Here

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

Signature section with fields for signature, date, occupation, and telephone number.

Paid Preparer's Use Only

Table for paid preparer information including signature, date, firm name, EIN, and ZIP code.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**1998**

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).

Attachment  
Sequence No. **09**

Name of proprietor  
**CHAWKI Y HAMMOUD**

**A** Principal business or profession, including product or service (see page C-1)  
**RETAIL SALES**

**C** Business name. If no separate business name, leave blank.  
**EASTWAY TOBACCO**

**E** Business address (including suite or room no.) **2849 EASTWAY DRIVE**  
City, town or post office, state and ZIP code **CHARLOTTE, NC 28205**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 1998? If "No," see page C-2 for limit on losses . . .  Yes  No

**H** If you started or acquired this business during 1998, check here . . .  Yes  No

**Part I Income**

1	Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here . . . . .	<input type="checkbox"/>	1	424,547
2	Returns and allowances . . . . .		2	
3	Subtract line 2 from line 1 . . . . .		3	424,547
4	Cost of goods sold (from line 42 on page 2) . . . . .		4	401,637
5	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	22,910
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) . . . . .		6	
7	<b>Gross income.</b> Add lines 5 and 6 . . . . .		7	22,910

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising . . . . .	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3) . . . . .	9		20	Rent or lease (see page C-5):		
10	Car and truck expenses (see page C-3) . . . . .	10	2,951	20a	a Vehicles, machinery, and equipment		
11	Commissions and fees . . . . .	11		20b	b Other business property . . . . .		3,500
12	Depletion . . . . .	12		21	Repairs and maintenance . . . . .	21	777
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) . . . . .	13	25	22	Supplies (not included in Part III) . . . . .	22	
14	Employee benefit programs (other than on line 19) . . . . .	14		23	Taxes and licenses . . . . .	23	303
15	Insurance (other than health) . . . . .	15	1,210	24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel . . . . .	24a	
16a	a Mortgage (paid to banks, etc.) . . . . .	16a			b Meals and entertainment . . . . .		
16b	b Other . . . . .	16b	877		c Enter 50% of line 24b subject to limitations (see page C-6) . . . . .		
17	Legal and professional services . . . . .	17	175	24d	d Subtract line 24c from line 24b . . . . .	24d	
18	Office expense . . . . .	18	718	25	Utilities . . . . .	25	1,790
25				26	Wages (less employment credits) . . . . .	26	
26				27	Other expenses (from line 48 on page 2) . . . . .	27	1,357
27				28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns . . . . .	28	13,683
28				29	Tentative profit (loss). Subtract line 28 from line 7 . . . . .	29	9,227
29				30	Expenses for business use of your home. Attach Form 8829 . . . . .	30	
30				31	<b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	9,227

If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

If a loss, you MUST go on to line 32.

If you have a loss, check the box that describes your investment in this activity (see page C-6).

If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

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

32a  All investment is at risk.  
32b  Some investment is not at risk.

Name(s)

**CHAWKI Y HAMMOUD**

SSN

**242-49-8959**

34558

**Part III Cost of Goods Sold** (see page C-7)

<b>33</b>	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost      b <input type="checkbox"/> Lower of cost or market      c <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b> 30,000
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b> 383,812
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b> 3,825
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b> 417,637
<b>41</b>	Inventory at end of year . . . . .	<b>41</b> 16,000
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4. . . . .	<b>42</b> 401,637

**Part IV 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.

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_      b Commuting \_\_\_\_\_      c Other \_\_\_\_\_

**45** Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes       No

**46** Was your vehicle available for use during off-duty hours? . . . . .  Yes       No

**47 a** Do you have evidence to support your deduction? . . . . .  Yes       No

**b** If "Yes," is the evidence written? . . . . .  Yes       No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

TELEPHONE		1,357
<b>48 Total other expenses.</b> Enter here and on page 1, line 27. . . . .	<b>48</b>	1,357

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

**1998**

Attachment  
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**

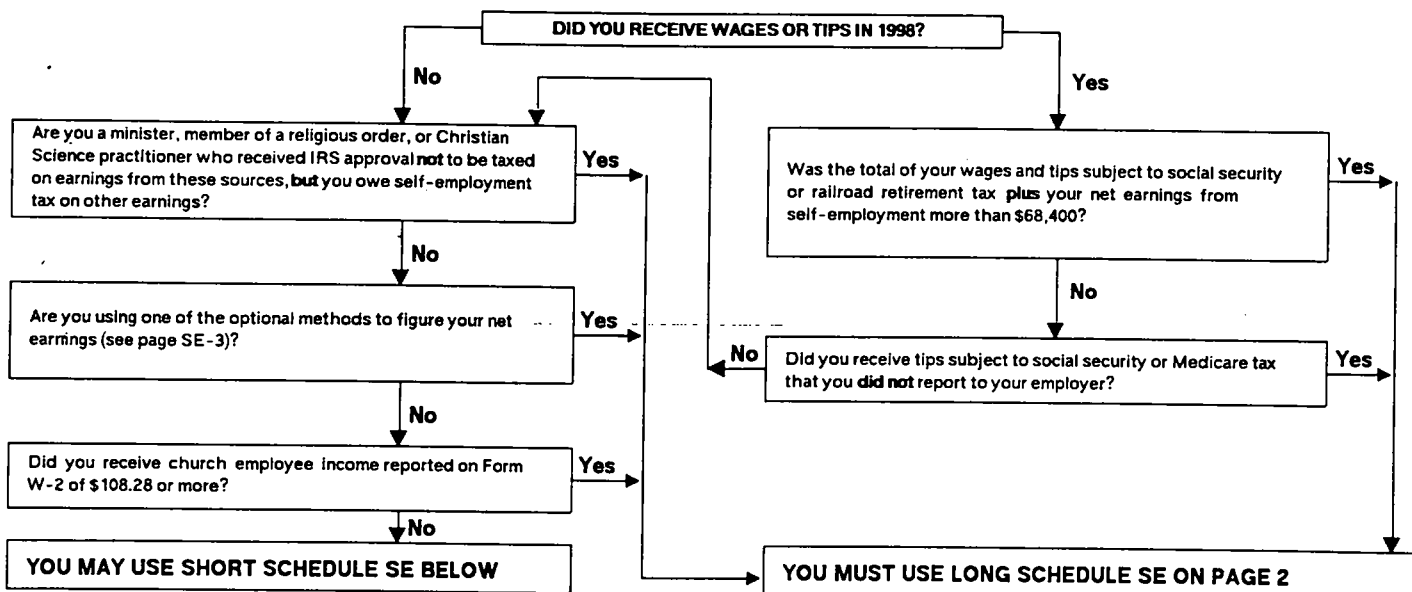
You must file Schedule SE if:

- 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.

<b>1</b>	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	<b>1</b>	
<b>2</b>	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	<b>2</b>	9,227
<b>3</b>	Combine lines 1 and 2	<b>3</b>	9,227
<b>4</b>	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	<b>4</b>	8,521
<b>5</b>	<b>Self-employment tax.</b> 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. • More than \$68,400, multiply line 4 by 2.9% (.029). Then, add \$8,481.60 to the result. Enter the total here and on Form 1040, line 50.	<b>5</b>	1,304
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	<b>6</b>	652

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

Department of the Treasury
Internal Revenue Service (99)

Attach to your tax return. See separate instructions.

Name(s) shown on return

Identifying number

242-49-8959

1 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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) GAIN or (LOSS), (h) 28% RATE GAIN or (LOSS). Row 1: 2 FIXTURES & E, 12011996, 03311998, 337, 1,000, (663).

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6 in columns (g) and (h). Enter gain or (loss) here, and on the appropriate line as follows:

Summary table for lines 3-7. Line 7: (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 1231 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.
8 Nonrecaptured net section 1231 losses from prior years (see instructions)
9 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 1120S), 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). All others 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

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less):

Table for line 10 with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) GAIN or (LOSS), (h) 28% RATE GAIN or (LOSS).

- 11 Loss, if any, from line 7, column (g)
12 Gain, if any, from line 7, column (g) or amount from line 8, column (g) if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions)
18 Combine lines 10 through 17 in column (g). Enter gain or (loss) here, and on the appropriate line as follows:

Summary table for lines 11-18. Line 11: 663. Line 18: (663). Line 18b(2): (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
(2) Redetermine the gain or (loss) on line 18, excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach this form to your return.

1998

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 - 1

242-49-8959

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 13 rows for Section 179 election. Includes fields for maximum dollar limitation, total cost, threshold cost, reduction in limitation, and dollar limitation for tax year.

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 A -- General Asset Account Election

14 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 3 of the instructions

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

Table for Section B: General Depreciation System (GDS). Columns include classification of property, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C -- Alternative Depreciation System (ADS) (See page 5 of the instructions.)

Table for Section C: Alternative Depreciation System (ADS). Columns include class life, month placed in service, recovery period, convention, and method.

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

Table for Part III: Other Depreciation. Rows include GDS and ADS deductions for assets placed in service before 1998, property subject to section 168(f)(1) election, and ACRS and other depreciation.

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

Table for Part IV: Summary. Rows include listed property amount, total deductions, and portion of basis attributable to section 263A costs.

b Employer's identification number 36-0719665		13 See instructions for Box 13		Wages, tips, other compensation 7658.12		2 Federal income tax withheld 25.13	
c Employer's name, address, and ZIP code ALLSTATE INSURANCE COMPANY HUMAN RESOURCES SERVICE CENTER 14 SOUTH BARRINGTON PLAZA 51 WEST HIGGINS ROAD SOUTH BARRINGTON IL 60010				3 Social security wages 7658.12		4 Social security tax withheld 474.80	
e Employee's name, address, and ZIP code JESSICA Y FORTUNE 124 S CECIL ST LEXINGTON NC 27292-4008				5 Medicare wages and tips 7658.12		6 Medicare tax withheld 111.04	
15 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>				7 Social security tips		8 Allocated tips	
16 State Employer's state I.D. No. NC 060603094				17 State wages, tips, etc. 7658.12		18 State income tax 166.37	
19 Locality name CHARITY				20 Local wages, tips, etc.		21 Local income tax 75.00	
This information is being furnished to the Internal Revenue Service.				9 Advance EIC payment		10 Dependent care benefits	
Copy B for Employee's Federal Tax Return				11 Nonqualified plans		12 Benefits included in Box 1	
d Employee's social security number 239-17-5143				14 Other			

Form W2 Wage and Tax Statement 1998 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

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

c Employer's name, address, and ZIP code APAC TeleServices, Inc. PO BOX 3300 425 2ND ST SE CEDAR RAPIDS IA 52406-3300		7 Social security tips		1 Wages, tips, other compensation 433.13		2 Federal income tax withheld 5.56	
e Employee's name, address, and ZIP code JESSICA Y. FORTUNE 124 SOUTH CECIL STREET LEXINGTON NC 27262		8 Allocated tips		3 Social security wages 433.13		4 Social security tax withheld 26.85	
b Employer identification number 36-2777140		9 Advance EIC payment		5 Medicare wages and tips 433.13		6 Medicare tax withheld 6.28	
d Employee's social security number 239-17-5143		10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in box 1	
15 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred comp <input type="checkbox"/>		13 See Instrs. for box 13		14 Other			
16 State Employer's state I.D. no. NC 00600005117		17 State wages, tips, etc. 433.13		18 State income tax 3.03		19 Name of locality	
19 Name of locality		20 Local wages, tips, etc.		21 Local income tax			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS



BEST COPY POSSIBLE

EMPL DFC: NC

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

a Control number <b>3114</b>		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service		
b Employer's identification number <b>561348344</b>		1 Wages, tips, other compensation <b>870.00</b>		2 Federal income tax withheld <b>44.38</b>		
c Employer's name, address, and ZIP code <b>GRIFFIN SERVICES INC 9011 NORTH POINT BLVD WINSTON SALEM NC 27106</b>		3 Social security wages <b>870.00</b>		4 Social security tax withheld <b>52.74</b>		
		5 Medicare wages and tips <b>870.00</b>		6 Medicare tax withheld <b>4.82</b>		
		7 Social security tips		8 Allocated tips (EIC)		
d Employee's social security number <b>239-17-5143</b>		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code <b>JESSICA FORTUNE 124 8 CECIL ST LEXINGTON NC 27292</b>		11 Nonqualified plans		12 Benefits included in Box 1		
		13 See Instrs. for Box 13		14 Other		
		15 Statutory employee		Deceased Pension plan		Legal rep. Deferred comp.
16 State Employer's state I.D. No. <b>NC 3416970</b>	17 State wages, tips, etc. <b>870.00</b>	18 State income tax <b>35.04</b>	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

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

Department of the Treasury—Internal Revenue Service

ITEM # LW24UPALT

Copy B To Be Filed With Employee's FEDERAL Tax Return			<b>1998</b>	OMB No. 1545-0008
a Control number <b>3423056-0122</b>		1 Wages, tips, other comp. <b>34.00</b>		2 Federal income tax withheld <b>0.00</b>
b Employer ID number <b>23-1929707</b>		3 Social security wages <b>34.00</b>		4 Social security tax withheld <b>2.11</b>
		5 Medicare wages and tips <b>34.00</b>		6 Medicare tax withheld <b>0.49</b>
c Employer's name, address, and ZIP code <b>TODAYS TEMPORARY INC 18111 PRESTON RD SUITE 700 DALLAS, TX 75252</b>				
d Employee's social security number <b>239-17-5143</b>				
e Employee's name, address, and ZIP code <b>JESSICA Y FORTUNE 124 SOUTH CECIL STREET LEXINGTON, NC 27292-4008</b>				
7 Social security tips		8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in box 1
13 See instrs. for box 13			14 Other	
15 Statutory employee		Deceased Pension plan		Legal rep. Deferred comp.
<b>NC</b>	<b>6041288</b>	<b>34.00</b>		<b>0.89</b>
16 State Employer's state I.D. no.		17 State wages, tips, etc.		18 State income tax
19 Locality name		20 Local wages, tips, etc.		21 Local income tax

Form **W-2** Wage and Tax Statement  
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury -- IRS

a Control number		OMB No. 1545-0008				
b Employer's identification number 56-1348535		1 Wages, tips, other compensation 5931.78		2 Federal income tax withheld 763.00		
c Employer's name, address, and ZIP code Impact Technologies Group, Inc. 8931 J.M. Keynes Drive, Suite 4 Charlotte, NC 28262-8435		3 Social security wages 6100.72		4 Social security tax withheld 378.24		
		5 Medicare wages and tips 6100.72		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  124 S. Cecil Street Lexington, NC 27292		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13 D 168.94		14 Other 0.00		
		15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input checked="" type="checkbox"/>
16 State NC Employer's state I.D. No. 60 69103		17 State wages, tips, etc. 5931.78		18 State income tax 299.35		
				19 Locality name		
				20 Local wages, tips, etc.		
				21 Local income tax		

Form **W-2** Wage and Tax Statement **1998**  
Copy B To Be Filed With Employee's FEDERAL Tax Return

16-0331690 Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008					This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b Employer identification number 56-2090219		1 Wages, tips, other compensation 755.93		2 Federal income tax withheld 82.00							
c Employer's name, address, and ZIP code QUEEN TOBACCO, INC. 6404 -D ALBEMARLE RD  CHARLOTTE, NC 28212		3 Social security wages 755.93		4 Social security tax withheld 46.87							
		5 Medicare wages and tips 755.93		6 Medicare tax withheld 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							
e Employee's name, address, and ZIP code JESICA FORTUNE  124 -S. CECILE ST  LEXINGTON, NC 27292-4008		11 Nonqualified plans		12 Benefits included in box 1							
		13 See Instrs. for box 13		14 Other							
		15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>					
16 State NC Employer's state I.D. no. 600168185		17 State wages, tips, etc. 755.93		18 State income tax 32.79							
				19 Locality name							
				20 Local wages, tips, etc.							
				21 Local income tax							

Form **W-2** Wage and Tax Statement **1998**  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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 1  
IRMF PAYEE REQUEST 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 PYR'S SUBMISSION DLN: 19569531790030  
4412 BRITTMORE ST TRNS CNTL CD: 19495 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ELECTRONICALLY  
STATE: NC ZIP: 28212-0000 NOT DIRECT SALES  
NO SECOND NOTICE

ACCOUNT NUMBER: S000103159  
PAYER ENTITY DATA: EIN 13-3518571  
LORILLARD TOBACCO COMPANY  
P O 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: 49569458120010  
QUEEN TOBACCO TRNS CNTL CD: 49692 PYR OFC CD: N/A  
6404 ALBEMARLE RD SUBMITTED TO: IRS ON: TAPE  
CHARLOTTE NOT DIRECT SALES  
STATE: NC ZIP: 28212-3801 NO SECOND NOTICE

ACCOUNT NUMBER: 0470651049000 0  
PAYER ENTITY DATA: EIN 56-0375955  
R J REYNOLDS TOBACCO COMPANY  
P O BOX 2955  
WINSTON SALEM NC 27102

NONEMP COM.....\$608+

-----  
01-17-2001  
*[Handwritten signature]*

3415

P/R/F: 417-04-40 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	***SUMMARY***	GROUP	AMOUNT
NONEMP COM.....	\$5,087+			

34517

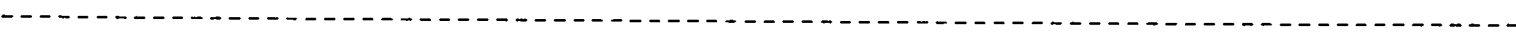
P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE 3  
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 242498959 TIN TYPE AND VALIDITY 0  
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 PYR'S SUBMISSION DLN: 49569437460009  
4912 V STONEY TR DR TRNS CNTL CD: 38747 PYR OFC CD: N/A  
STATE: NC ZIP: 28227-0000 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 O BOX 35009  
CHARLOTTE NC282355009

NON MONEY DOCUMENT TYPE



P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 4  
IRMF PAYEE REQUEST 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 Y PYR'S SUBMISSION DLN: 29589999000008  
6616 H YATESWOOD TRNS CNTL CD: 17F93 PYR OFC CD: N/A  
CHARLOTTE SUBMITTED TO: IRS ON: TAPE  
STATE: NC ZIP: 28212-0000 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  
CHAWKI Y HAMMOUD PYR'S SUBMISSION DLN: 49569563300018  
JESSICA FORTUNE TRNS CNTL CD: 49130 PYR OFC CD: N/A  
6616-H YATESWOOD DR SUBMITTED TO: IRS ON: TAPE  
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+

-----

34515

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

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

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

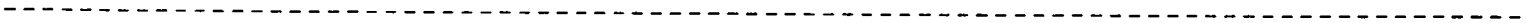
GROUP AMOUNT  
TOTAL CTR.....\$15,000+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214  
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 6  
IRMF PAYEE REQUEST 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 SUBMITTED TO: SSA ON: TAPE  
STATE: FL ZIP: 33617-0000 PAYROLL REPORTING UNIT: N/A  
FOREIGN PYR IND: ASSUMED NOT FOREIGN  
ACCOUNT NUMBER: N/A DEATH INDICATOR: ASSUMED ALIVE  
PAYER ENTITY DATA: TIN 582158130 PENSION INDICATOR: UNANSWERED  
SELECTEK INC 017000310 DEFERRED COMP IND: NOT CHECKED  
1339 CANTON RD SUITE E \$ CHNG: NOT SET  
MARIETTA GA 30066 CREDIBILITY: NOT SET  
STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS  
WAGES.....\$2,637+  
TX WITHELD.....\$359+  
FICA TX WH.....\$163+  
T FICA WAG.....\$2,637+  
MEDCARE WH.....\$38+  
MEDCARE WG.....\$2,637+





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

GROUP	AMOUNT
WAGES.....	\$2,637+
FICA TX.....	\$163+
MEDCARE WG.....	\$2,637+

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

GROUP	AMOUNT
TX WITHELD.....	\$359+
MEDCARE WH.....	\$38+

# Certification of Lack of Record

Date:  
January 17, 2001

TO WHOM IT MAY CONCERN:

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

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

Name of Person  
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

