

Form 1040EZ Department of the Treasury—Internal Revenue Service 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.

LABEL HERE Print your name (first, initial, last) Bassam Hamood If a joint return, print spouse's name (first, initial, last)

Home address (number and street). If you have a P.O. box, see page 11. Apt. no. 3555 Spanish Quarter Circle F Charlotte NC 28285 City, town or post office, state and ZIP code. If you have a foreign address, see page 11.

Your social security number

243 59 3189

Spouse's social security number

See instructions on back and in Form 1040EZ booklet.

Presidential Election Campaign (See page 11.) Note: Checking "Yes" will not change your tax or reduce your refund. Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

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

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

7,560.62

Attach Copy B of Form(s) W-2 here. Attach any tax payment on top of Form(s) W-2. 3 Taxable interest income of \$400 or less. If the total is over \$400, you cannot use Form 1040EZ.

100.00

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

7,660.62

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

6,050.00

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

1,610.62

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

630.75

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.

242.00

Refund or amount you owe 9 If line 7 is larger than line 8, subtract line 8 from line 7. This is your refund.

388.75

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.

0.00

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

Your signature Date 4-10-93 Your occupation Driver Spouse's signature if joint return Date Spouse's occupation



b Employer's identification number

OMB No 1545-0008

34415

13-0871985

c Employer's name, address and ZIP code

INTERNATIONAL BUSINESS MACHINES CORPORATION
1701 NORTH STREET
ENDICOTT, NY 13760

10/36C

d Employee's social security number

243-59-3189

e Employee's name, address and ZIP code

BY HAMOOD
3555-F SPANISH QUARTER CR
CHARLOTTE
NC 28205

21/3TM/8HY-34A

1 Wages, tips, other compensation	2 Federal income tax withheld
520.84	49.87
3 Social security wages	4 Social security tax withheld
520.84	32.29
5 Medicare wages and tips	6 Medicare tax withheld
520.84	7.55
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in Box 1
13 (D) Sec. 401(k) Contributions	14 Other
15 Deceased <input type="checkbox"/>	STAT Employee <input type="checkbox"/>
	Pension Plan <input type="checkbox"/>
	Deferred Compensation <input type="checkbox"/>

Form W-2 Wage and Tax Statement 1993
This information is being furnished to the Internal Revenue Service

Copy B to be filed with employee's FEDERAL tax return

Department of the Treasury
Internal Revenue Service



CERTIFIED TRUE COPY
 No. of pages: 5 Date: 6-15-98
 By: [Signature]
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

a Control number, 01-0001032		Void <input type="checkbox"/>
b Employer's identification number 56-1797447		1 Wages, tips, other compensation 967.94
c Employer's name, address, and ZIP code CROWNE STEAKS, INC. d/b/a STEAK-OUT DELIVERY 3117-A NORTH SHARON AMITY CHARLOTTE, NC 28205		2 Federal income tax withheld 86.93
		3 Social security wages 967.94
		4 Social security tax withheld 60.02
		5 Medicare wages and tips 967.94
d Employee's social security number 243-59-3189		6 Medicare tax withheld 14.03
		7 Social security tips
e Employee's name, address, and ZIP code BASSAM HAMMOOD		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
16 State Employer's state I.D. No.		Deceased Pension Legal 942 Subtotal Deferred
NC 60 62471		emp plan rep emp emp compensation
17 State wages, tips etc	18 State income tax	19 Locality name
967.94	30.38	
20 Local wages tips etc	21 Local income tax	

Department of the Treasury—Internal Revenue Service

W-2 Wage and Tax Statement 1993

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

This information is being furnished to the Internal Revenue Service.

OMB No 1545-0008

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Form W-2 Wage and Tax Statement 1993

Copy B, to be filed with employee's FEDERAL tax return

a Control number 0033-4990 0011-000300		Void	Department of the Treasury - Internal Revenue Service DMB No. 1545-0008				
15 Statutory employee	Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation	
c Employer's name, address, and ZIP code 4 STAR CHICKEN, INC. DBA CHICKEN EXPRESS 107 EAST WT HARRIS BLVD CHARLOTTE NC 28227							
b Employer's identification number 56-1844369		d Employee's social security number 243-59-3189					
13 See Instrs for Box 13		14 Other					
e Employee's name, address, and ZIP code BASSAM HAMOOD 3555 NO F SPANISH QUARTER CIR CHARLOTTE NC 28205							
16 State NC	Employer's state I.D. No. 060 064677		17 State wages, tips, etc. 499.06	18 State income tax 3.63	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
1 Wages, tips, other compensation 499.06		2 Federal income tax withheld 17.32		3 Social security wages 499.06		4 Social security tax withheld 30.95	
5 Medicare wages and tips 499.06		6 Medicare tax withheld 7.24		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans		12 Benefits included in Box 1	

This information is being furnished to the Internal Revenue Service

a Control number 6	Void	Copy B To Be Filed With Employee's FEDERAL Tax Return					
b Employer's identification number 56-1712672		1 Wages, tips, other comp. 150.88		2 Fed. income tax withheld 4.00			
c Employer's name, address, and ZIP code CHICKEN EXPRESS, INC. 8829 W.T. Harris Blvd. Suite 10 Charlotte, NC 28212		3 Social security wages 150.88		4 Social security tax withheld 9.35			
d Employee's social security number 243-59-3189		5 Medicare wages and tips 150.88		6 Medicare tax withheld 2.18			
e Employee's name, address, and ZIP code Bassam Hamood 2317 Ginger Lane #L Charlotte NC 28213		7 Social security tips		8 Allocated tips			
11 Nonqualified plans		9 Advance EIC payment		10 Dependent care benefits			
13 See Instrs. for Box 13		12 Benefits included in Box 1		14 Other			
15 Stat. emp.		Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation
16 State NC	Employer's state I.D. No. 60 57835		17 State wages, tips, etc. 150.88	18 State income tax 4.29	19 Locality name	20 Local wages, tips, etc.	21 Local income tax

Department of the Treasury -- Internal Revenue Service
39-1754529

Form W-2 Wage and Tax Statement 1993

This information is being furnished to the Internal Revenue Service.

OMB No 1545-0008

a Control number 038900 DRH	<input type="checkbox"/> Void	Co. code DRH	Corp. code	Department 555220	File number 038900	
b Employer's identification number 61-0992859	1 Wages, tips, other compensation 5421.90		2 Federal income tax withheld 472.63			
c Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270	3 Social security wages 5421.90		4 Social security tax withheld 336.16			
	5 Medicare wages and tips 5421.90		6 Medicare tax withheld 78.62			
	7 Social security tips		8 Allocated tips			
d Employee's social security number 243-59-3189	9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code BASSAM HAMOOD 2317 GINGER LN. #L CHARLOTTE NC 28213	11 Nonqualified plans		12 Benefits included in Box 1			
	13 See instrs. for Form W-2		14 Other			
	15 Statutory Employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension Plan <input type="checkbox"/>	Legal Rep. <input type="checkbox"/>	942 Emp. <input type="checkbox"/>	Sub-Total <input type="checkbox"/>
18 State Employer's state I.D. No. NC 60 32773	17 State Wages, tips etc 5421.90	18 State income tax 185.75	19 Locality Name	20 Local wages, tips, etc	21 Local income tax	

Form **W-2** Wage and Tax Statement **1993**
Copy D For Employer

Dept. of the Treasury-Internal Revenue Service
For Paperwork Reduction Act Notice,
see separate instructions.

OMB No. 1545-0008

For the year Jan. 1—Dec. 31, 1994, or other tax year beginning 1994, ending 19 OMB No. 1545-0074

Label
 (See instructions on page 12.)
Use the IRS label.
 Otherwise, please print or type.

L A B E L H E R E

Your first name and initial BASSAM Y. Last name HAMMOOD
 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 12. Apt. no. F
3555 SPANISH QUARTER CIRCLE
 City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.
CHARLOTTE, N.C. 28205

Your social security number 243:59:3189
 Spouse's social security number _____

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

Presidential Election Campaign
 (See page 12.)

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

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

Filing Status
 (See page 12.)

- 1 **Single**
- 2 **Married filing joint return (even if only one had income)**
- 3 **Married filing separate return. Enter spouse's social security no. above and full name here. ▶**
- 4 **Head of household (with qualifying person). (See page 13.) 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 13.)**

Exemptions
 (See page 13.)

6a **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.

b **Spouse**

c Dependents:

(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) Department of the Treasury (5) No. of months lived with you	(6) No. of months didn't live with you due to divorce or separation (see page 14)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:

d If your child didn't live with you but is claimed as your dependent under part 1 of section 152, check this box. Add numbers entered on lines above ▶ **1**

e Total number of exemptions claimed **1**

CERTIFIED TRUE COPY
 No. of pages: 4 Date: 6/5/95
 By: [Signature]
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

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 15.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2			
8a Taxable interest income (see page 15). Attach Schedule B if over \$400	8a	8b	<u>143</u>
9 Dividend income. Attach Schedule B if over \$400	9		
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 16)	10		
11 Alimony received	11		
12 Business income or (loss). Attach Schedule C or C-EZ	12		<u>3,949</u>
13 Capital gain or (loss). If required, attach Schedule D (see page 16)	13		
14 Other gains or (losses). Attach Form 4797	14		
15a Total IRA distributions	15a	b Taxable amount (see page 17)	15b
16a Total pensions and annuities	16a	b Taxable amount (see page 17)	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 (see page 18)	19		
20a Social security benefits	20a	b Taxable amount (see page 18)	20b
21 Other income. List type and amount—see page 18	21		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		<u>4,072</u>

Adjustments to Income

Caution: See instructions ▶

23a Your IRA deduction (see page 19)	23a		
23b Spouse's IRA deduction (see page 19)	23b		
24 Moving expenses. Attach Form 3903 or 3903-F	24		
25 One-half of self-employment tax	25	<u>379</u>	
26 Self-employed health insurance deduction (see page 21)	26		
27 Keogh retirement plan and self-employed SEP deduction	27		
28 Penalty on early withdrawal of savings	28		
29 Alimony paid. Recipient's SSN ▶	29		
30 Add lines 23a through 29. These are your total adjustments ▶	30		<u>279</u>

Adjusted Gross Income

31 Subtract line 30 from line 22. 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" on page 27 ▶	31		<u>3,793</u>
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Tax Computation

(See page 23.)

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	3,793
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here . . . ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here . . . ▶ 33b		
c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here . . . ▶ 33c		
34	Enter the larger of your: { Itemized deductions from Schedule A, line 29, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single—\$3,800 • Head of household—\$5,600 • Married filing jointly or Qualifying widow(er)—\$6,350 • Married filing separately—\$3,175	34	3,800
35	Subtract line 34 from line 32	35	- 0 -
36	If line 32 is \$83,850 or less, multiply \$2,450 by the total number of exemptions claimed on line 6e. If line 32 is over \$83,850, see the worksheet on page 24 for the amount to enter . . .	36	6,450
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	- 0 -
38	Tax. Check if from a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Capital Gain Tax Worksheet, or d <input type="checkbox"/> Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e	38	
39	Additional taxes. Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39 . . . ▶	40	- 0 -

Credits

(See page 24.)

41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R . . .	42	
43	Foreign tax credit. Attach Form 1116 . . .	43	
44	Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- . . . ▶	46	- 0 -

Other Taxes

(See page 25.)

47	Self-employment tax. Attach Schedule SE . . .	47	559
48	Alternative minimum tax. Attach Form 6251 . . .	48	
49	Recapture taxes. Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 . . .	51	
52	Advance earned income credit payments from Form W-2 . . .	52	
53	Add lines 46 through 52. This is your total tax . . . ▶	53	559

Payments

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

54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	54	
55	1994 estimated tax payments and amount applied from 1993 return . . .	55	
56	Earned income credit. If required, attach Schedule EIC (see page 27). Nontaxable earned income: amount ▶ _____ and type ▶ _____	56	281
57	Amount paid with Form 4868 (extension request) . . .	57	
58	Excess social security and RRTA tax withheld (see page 32)	58	
59	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
60	Add lines 54 through 59. These are your total payments . . . ▶	60	281

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID . . . ▶	61	
62	Amount of line 61 you want REFUNDED TO YOU . . . ▶	62	
63	Amount of line 61 you want APPLIED TO YOUR 1995 ESTIMATED TAX ▶	63	
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, including what to write on your payment, see page 32 . . .	64	277
65	Estimated tax penalty (see page 33). Also include on line 64	65	

Sign Here

Keep a copy of this return for your records.

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	Date	Your occupation
<i>[Signature]</i>	2-26-95	TAXICAB DRIVER
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.
<i>[Signature]</i>	2-4-95		141 36 9581 ✓
Firm's name (if self-employed) and address	E.I. No.:		ZIP code
R. HUGHES TRUCKING			28205
1557 N. SHAWANAWAY RD., CHARLOTTE, NC			

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No 1545-0074

1994

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (10)

▶ 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: BASSAM Y. HAMOOD Social security number (SSN): 243 59 3789

A Principal business or profession, including product or service (see page C-1): TAXICAB B Enter principal business code (see page C-6) ▶ 6114

C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ S.A.H.A City, town or post office, state, and ZIP code

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

G Method(s) used to value closing inventory: (1) Cost (2) Lower of cost or market (3) Other (attach explanation) (4) Does not apply (if checked, skip line H)

H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

I Did you "materially participate" in the operation of this business during 1994? If "No," see page C-2 for limit on losses.

J If you started or acquired this business during 1994, check here

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	1	19,976
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	19,976
4	Cost of goods sold (from line 40 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	19,976
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	19,976

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-4):	20	
10	Car and truck expenses (see page C-3)	10	1,547	20a	a Vehicles, machinery, and equipment	20a	
11	Commissions and fees	11		20b	b Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	2,230
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	2,185	22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15	3,565	24	Travel, meals, and entertainment:	24	
16	Interest:			24a	a Travel	24a	
16a	a Mortgage (paid to banks, etc.)	16a		24b	b Meals and entertainment	24b	
16b	b Other	16b		24c	c Enter 50% of line 24b subject to limitations (see page C-4)	24c	
17	Legal and professional services	17		24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18		25	Utilities	25	
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 46 on page 2)	27	6,500
30	Expenses for business use of your home. Attach Form 8829	30		28		28	16,027
31	Net profit or (loss). Subtract line 30 from line 29.	31		29		29	3,949
	• 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.			30		30	
	• If a loss, you MUST go on to line 32.			31		31	3,949
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 All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

1994

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (10)

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

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

BASSAM Y. HAMOUS

Social security number of person with self-employment income ▶

043:59:7189

Who Must File Schedule SE

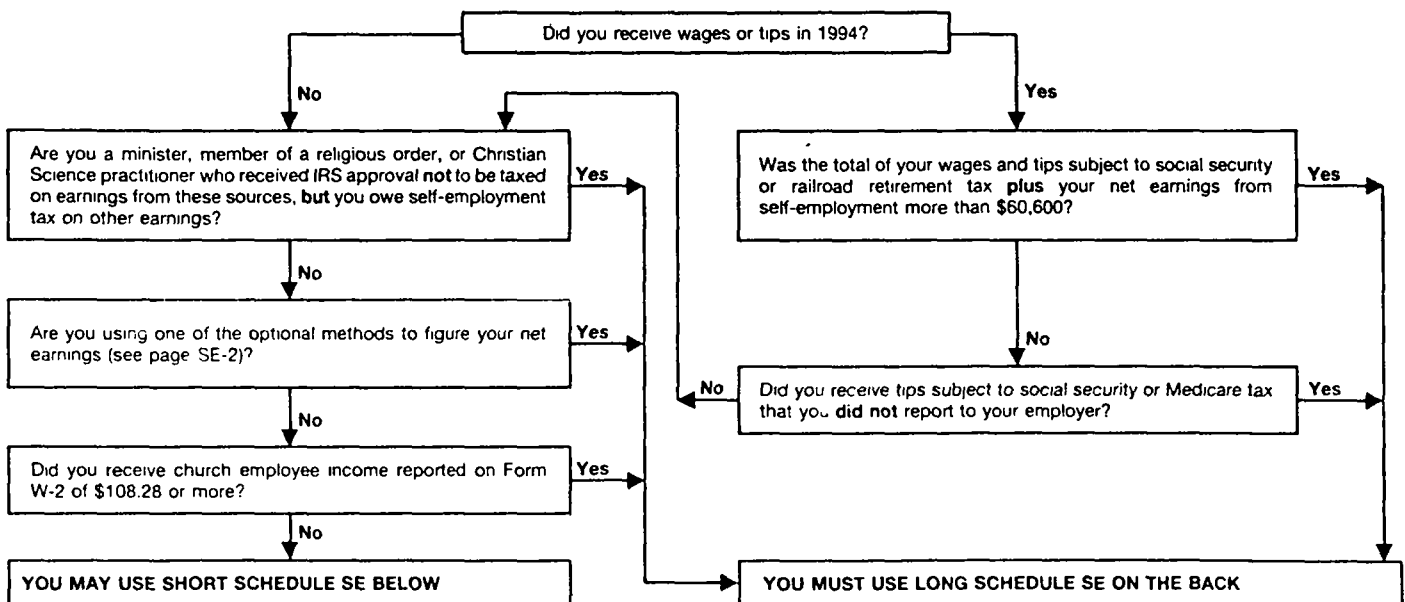
You must file Schedule SE if:

- 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-2.

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report.	2	3,949	
3	Combine lines 1 and 2	3	3,949	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	3,647	
5	Self-employment tax. If the amount on line 4 is: • \$60,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$60,600, multiply line 4 by 2.9% (.029). Then, add \$7,514.40 to the result. Enter the total here and on Form 1040, line 47.	5	558	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25	6	279	

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

1994

Department of the Treasury
Internal Revenue Service (10)

▶ See separate instructions. ▶ Attach this form to your return.

Attachment
Sequence No. **67**

Name(s) shown on return

BASSAM Y. HAMOOD

Identifying number
243-59-3189

Business or activity to which this form relates

TAXICAB - SCHEDULE E

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.)

1	Maximum dollar limitation (If an enterprise zone business, see instructions.)	1	\$17,500
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	2,185
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	- 0 -
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. (If married filing separately, see instructions.)	5	17,500
6	(a) Description of property	(b) Cost	(c) Elected cost
7	Listed property. Enter amount from line 26.	7	2,185
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,185
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1993 (see instructions)	10	
11	Taxable income limitation. Enter the smaller of taxable income (not less than zero) or line 5 (see instructions)	11	6,134
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	2,185
13	Carryover of disallowed deduction to 1995. Add lines 9 and 10, less line 12 ▶	13	

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

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1994 Tax Year (Do Not Include Listed Property)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
Section A—General Depreciation System (GDS) (see instructions)						
14a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	Residential rental property		27.5 yrs.	MM	S/L	
h	Nonresidential real property		39 yrs.	MM	S/L	
Section B—Alternative Depreciation System (ADS) (see instructions)						
15a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1994 (see instructions)	16	
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV Summary

19	Listed property. Enter amount from line 25.	19	
20	Total. Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations—see instructions)	20	2,185
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

Part V Listed Property—Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 22a, 22b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See instructions for limitations for automobiles.)

22a Do you have evidence to support the business/investment use claimed? Yes No 22b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
1985 CHEV	1-1-94	95 %	2,300	2,185	3 yr	MACRS		2,185
		%						
		%						

23 Property used more than 50% in a qualified business use (see instructions):

24 Property used 50% or less in a qualified business use (see instructions):

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

25 Add amounts in column (h). Enter the total here and on line 19, page 1. **25**

26 Add amounts in column (i). Enter the total here and on line 7, page 1. **26 2,185**

Section B—Information on Use of Vehicles—If you deduct expenses for vehicles:

- Always complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
- If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
27 Total business/investment miles driven during the year (DO NOT include commuting miles)	25,636											
28 Total commuting miles driven during the year												
29 Total other personal (noncommuting) miles driven	1,349											
30 Total miles driven during the year. Add lines 27 through 29:	26,985											
31 Was the vehicle available for personal use during off-duty hours?	X											
32 Was the vehicle used primarily by a more than 5% owner or related person?	X											
33 Is another vehicle available for personal use?		X										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B. Note: Section B must always be completed for vehicles used by sole proprietors, partners, or other more than 5% owners or related persons.

	Yes	No
34 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
35 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See instructions for vehicles used by corporate officers, directors, or 1% or more owners.)		
36 Do you treat all use of vehicles by employees as personal use?		
37 Do you provide more than five vehicles to your employees and retain the information received from your employees concerning the use of the vehicles?		
38 Do you meet the requirements concerning qualified automobile demonstration use (see instructions)?		

Note: If your answer to 34, 35, 36, 37, or 38 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
39 Amortization of costs that begins during your 1994 tax year:					
40 Amortization of costs that began before 1994				40	
41 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				41	

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return (L) 1995

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

For the year Jan. 1—Dec. 31, 1995, or other tax year beginning 1995, ending 19 OMB No. 1545-0074

Label

(See instructions on page 11.)

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

Presidential Election Campaign (See page 11.)

Label area containing personal information: Your first name and initial (BASSAM Y.), Last name (HAMOOD), Home address (3549 SPANISH QUARTER CIRCLE), City (CHARLOTTE, N.C. 28205), etc.

Your social security number 243 59 3189 Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Table with Yes/No columns for Presidential Election Campaign questions.

Filing Status

(See page 11.)

Check only one box.

- 1 [X] Single
2 [] Married filing joint return (even if only one had income)
3 [] Married filing separate return. Enter spouse's social security no. above and full name here.
4 [] Head of household (with qualifying person). (See page 12.) 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 12.)

Exemptions

(See page 12.)

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. But be sure to check the box on line 33b on page 2

b [] Spouse

c Dependents:

Table for dependents with columns for First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) No. of months lived in your home in 1995. Includes a 'CERTIFIED TRUE COPY' stamp and signature of a Disclosure Officer.

No. of boxes checked on 6a and 6b 1
No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 14)
Dependents on 6c not entered above
Add numbers entered on lines above 1

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 14.

Enclose, but do not attach, your payment and payment voucher. See page 33.

Main income table with rows 7-22. Includes taxable interest income (125), dividend income, and total income (4,975).

Adjustments to Income

Table for adjustments to income with rows 23a-30. Includes IRA deduction, moving expenses, and total adjustments (343).

Adjusted Gross Income

Row 31: Subtract line 30 from line 22. This is your adjusted gross income. 4,632

Tax Computation

(See page 23.)

If you want the IRS to figure your tax, see page 35.

32	Amount from line 31 (adjusted gross income)	32	4,632
33a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 33a <input type="checkbox"/>		
	b If your parent (or someone else) can claim you as a dependent, check here ▶ 33b <input type="checkbox"/>		
	c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here. ▶ 33c <input type="checkbox"/>		
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, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single—\$3,900 • Married filing jointly or Qualifying widow(er)—\$6,550 • Head of household—\$5,750 • Married filing separately—\$3,275	34	3,900
35	Subtract line 34 from line 32	35	732
36	If line 32 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 6e. If line 32 is over \$86,025, see the worksheet on page 23 for the amount to enter	36	2,500
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	
38	Tax. Check if from a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Capital Gain Tax Worksheet, or d <input type="checkbox"/> Form 8615 (see page 24). Amount from Form(s) 8814 ▶ e _____	38	-0-
39	Additional taxes. Check if from a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39.	40	-0-

Credits

(See page 24.)

41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R.	42	
43	Foreign tax credit. Attach Form 1116	43	
44	Other credits (see page 25). Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0-	46	-0-

Other Taxes

(See page 25.)

47	Self-employment tax. Attach Schedule SE	47	685
48	Alternative minimum tax. Attach Form 6251	48	
49	Recapture taxes. Check if from a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 c <input type="checkbox"/> Form 8828	49	
50	Social security and Medicare tax on income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
52	Advance earned income credit payments from Form W-2	52	
53	Household employment taxes. Attach Schedule H.	53	
54	Add lines 46 through 53. This is your total tax.	54	685

Payments

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

55	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	55	
56	1995 estimated tax payments and amount applied from 1994 return	56	
57	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount <input type="text"/> and type <input type="text"/>	57	314
58	Amount paid with Form 4868 (extension request)	58	
59	Excess social security and RRTA tax withheld (see page 32)	59	
60	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	60	
61	Add lines 55 through 60. These are your total payments	61	314

Refund or Amount You Owe

62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you OVERPAID.	62	
63	Amount of line 62 you want REFUNDED TO YOU.	63	
64	Amount of line 62 you want APPLIED TO YOUR 1995 ESTIMATED TAX ▶ <input type="text"/>	64	
65	If line 54 is more than line 61, subtract line 61 from line 54. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, Payment Voucher, see page 33 ▶	65	371
66	Estimated tax penalty (see page 33). Also include on line 65 <input type="checkbox"/>	66	

Sign Here

Keep a copy of this return for your records.

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	Date	Your occupation
<i>Robt H A</i>	4-9-96	TAXICAB DRIVER
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's social security no.
<i>C. Hughes Truckner</i>	4-4-96		241-369581
Firm's name (or yours if self-employed) and address	EIN	ZIP code	
<i>C. HUGHES TRUCKNER 2578 N. SHAWN AVENUE RD, CHARLOTTE, NC</i>		29205	



**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1995

Attachment
Sequence No: 09

Department of the Treasury
Internal Revenue Service (O)

▶ 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: BASSAM Y. HAMOOD Social security number (SSN): 243 59 3189

A Principal business or profession, including product or service (see page C-1): TAXICAB B Enter principal business code (see page C-6): 61114

C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ SAME
City, town or post office, state, and ZIP code

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

G Method(s) used to value closing inventory: (1) Cost (2) Lower of cost or market (3) Other (attach explanation) (4) Does not apply (if checked, skip line H)

H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

I Did you "materially participate" in the operation of this business during 1995? If "No," see page C-2 for limit on losses.

J If you started or acquired this business during 1995, check here

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	1	20,426
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	20,426
4	Cost of goods sold (from line 40 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	20,426
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	20,426

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		20a	Rent or lease (see page C-4): a Vehicles, machinery, and equipment	20a	
10	Car and truck expenses (see page C-3)	10	5,643	20b	b Other business property	20b	
11	Commissions and fees	11		21	21 Repairs and maintenance	21	1,585
12	Depletion	12		22	22 Supplies (not included in Part III)	22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		23	23 Taxes and licenses	23	36
14	Employee benefit programs (other than on line 19)	14		24	24 Travel, meals, and entertainment: a Travel	24a	
15	Insurance (other than health)	15	7,514		b Meals and entertainment		
16	Interest:				c Enter 50% of line 24b subject to limitations (see page C-4)		
a	Mortgage (paid to banks, etc.)	16a			d Subtract line 24c from line 24b	24d	
b	Other	16b		25	25 Utilities	25	
17	Legal and professional services	17	50	26	26 Wages (less employment credits)	26	
18	Office expense	18		27	27 Other expenses (from line 46 on page 2)	27	4,750
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		28	28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	15,576
29	Tentative profit (loss). Subtract line 28 from line 7	29		29	29 Tentative profit (loss). Subtract line 28 from line 7	29	4,850
30	Expenses for business use of your home. Attach Form 8829	30		30	30 Expenses for business use of your home. Attach Form 8829	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31		31	31 Net profit or (loss). Subtract line 30 from line 29.	31	4,850

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

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

1995

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (O)

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

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

BASSAM Y. HAMOOD

Social security number of person
with self-employment income ▶

243 59 3189

Who Must File Schedule SE

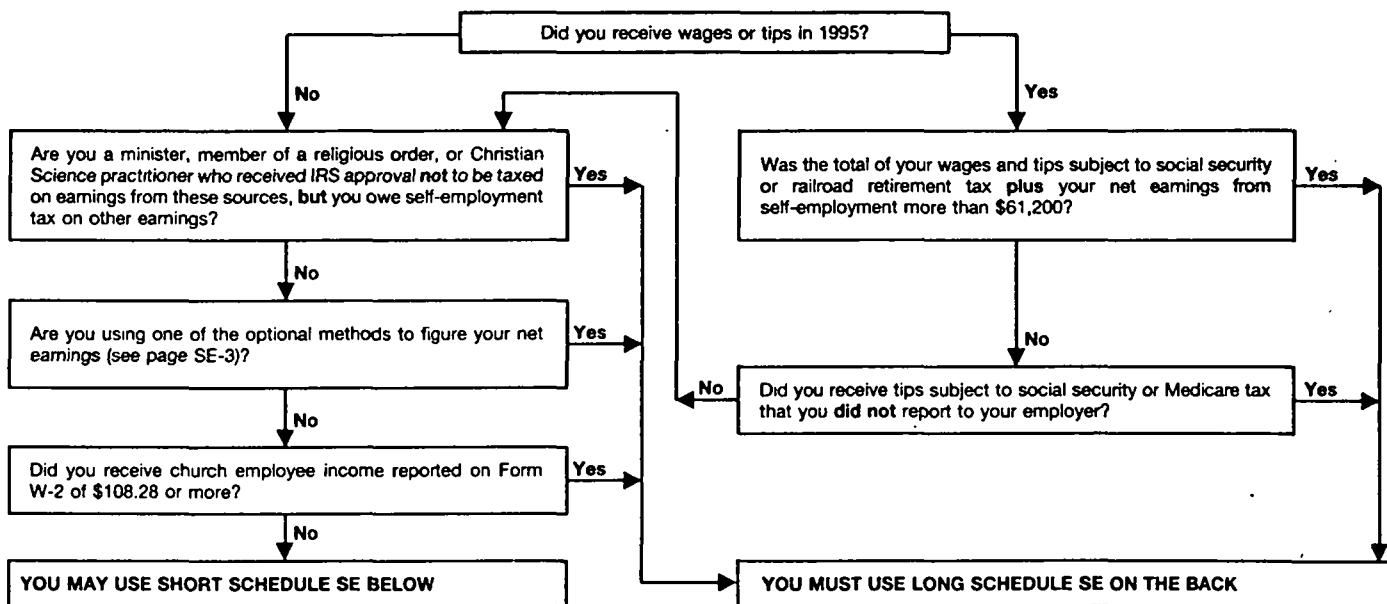
You must file Schedule SE if:

- 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 47.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). 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.	4,950	
3	Combine lines 1 and 2	4,850	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4,479	
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$61,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$61,200, multiply line 4 by 2.9% (.029). Then, add \$7,588.80 to the result. Enter the total here and on Form 1040, line 47. 	685	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25		343

Station Name: GRB0013007 Date: 7/13/98 Time: 12:36:20 PM

RTFTP 243-59-3189 30199512 HAMD SF SSN: 000-00-0000 F1040 SUMMARY 1 of 2
BASSAM HAMOOD
3549 SPANISH QUARTER CIR APT E CHARLOTTE NC 282058958490
FS: Single
EXEMPT: 01 TOT INC: 4.975 TAX/TPR: 685.00
TOT ADJ/DED: 343 TOT PYMTS: 314.00

1995

Station Name: GRB0013007 Date: 7/13/98 Time: 12:36:59 PM

RTFTP 243-59-3189 30199512 DC HAMD SF SSN: 000-00-0000 F1040 SUMMARY 2 of 2
BASSAM HAMOOD
3549 SPANISH QUARTER CIR APT E CHARLOTTE NC 282058958490
R1 - R5 F1040 PG1 THRU PG5

C1 C BUS INC/LOSS

CERTIFIED TRUE COPY
No. of pages: 5 Date: 7/13/98
By: *[Signature]*
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

91 SE SELF-EMP TAX

Form 6261 (12-79) Internal Revenue Service

Form 6261 (12-79) Internal Revenue Service

Form 6261 (12-79) Internal Revenue Service

Station Name: GRB0013007 Date: 7/13/98 Time: 12:37:16 PM

RTFTP 243-59-3189 30199512 R1 HAMD SF SSN: 000-00-0000 F1040 1 of 5

FILING STATUS: Single
EXEMPTIONS: 01

		PER RETURN
LN 7	WAGES	0
LN 8a	TAXABLE INTEREST: SCH B	125
LN 8b	TAX-EXEMPT INTEREST	0
LN 9	DIVIDEND INCOME: SCH B	0
LN 10	REFUNDS OF STATE/LOCAL TAXES	0
LN 11	ALIMONY RECEIVED	0
LN 12	BUSINESS INCOME OR LOSS: SCH C	4.850
LN 13	CAPITAL GAINS OR LOSS: SCH D	0
LN 14	OTHER GAINS OR LOSSES: F4797	0

Station Name: GRB0013007 Date: 7/13/98 Time: 12:37:23 PM

RTFTP 243-59-3189 30199512 R2 HAMD SF SSN: 000-00-0000 F1040 2 of 5

		PER RETURN
LN 15a	GROSS IRA DISTRIBUTIONS	0
LN 15b	TAXABLE IRA DISTRIBUTIONS	0
LN 16a	GROSS PENSION/ANNUITY AMOUNT	0
LN 16b	TAXABLE PENSION/ANNUITY AMOUNT	0
LN 17	RENT/ROYALTY/PARTNERSHIP/ESTATE	0
LN 18	FARM INCOME OR LOSS: SCH F	0
LN 19	UNEMPLOYMENT INCOME	0
LN 20a	GROSS SOCIAL SECURITY BENEFITS	0
LN 20b	TXBL SOCIAL SECURITY BENEFITS	0
LN 21	OTHER INCOME	0
	ADDITIONAL F8814 NET INCOME	0
LN 22	TOTAL INCOME	4.975
LN 23a	PRIMARY IRA DEDUCTION	0
LN 23b	SECONDARY IRA DEDUCTION	0
LN 24	MOVING EXPENSES: F3903	0

LN 25	SELF-EMPLOYMENT TAX DEDUCTION	343
LN 26	SELF-EMP HEALTH INS DEDUCTION	0
LN 27	KEOGH/SEP CONTRIBUTION DEDUCTION	0

Station Name: GRB0013007 Date: 7/13/98 Time: 12:37:35 PM

RTFIF 243-59-3189 30199512 R3 HAMO SF SSN: 000-00-0000 F1040 3 of 5
PER RETURN

LN 28	EARLY WITHDRAWAL OF SAVINGS PNLTY	0
LN 29	ALIMONY PAID SSN: 000-00-0000	0
EDIT	OTHER ADJUSTMENTS	0
LN 30	TOTAL ADJUSTMENTS	343
LN 31	AGI	4.632.00

LN 33b CLAIMED AS DEPENDNT BY ANOTHER TP: N

LN 37 TAXABLE INCOME 0.00

LN 38 TENTATIVE TAX 0.00

	ADDNL FORM 8814 TAX AMT	0.00
LN 39	ADDNL TAX (F4972/4970 CMPTR)	0.00
	FORM 4970 TAX	0.00

Station Name: GRB0013007 Date: 7/13/98 Time: 12:37:44 PM

RTFIF 243-59-3189 30199512 R4 HAMO SF SSN: 000-00-0000 F1040 4 of 5
PER RETURN

LN 41	CHILD & DEP CARE EXP: F2441	0.00
LN 42	CR ELDERLY AND DISABLED: SCH R	0.00
LN 43	FOREIGN TAX CREDIT: F1116	0.00
LN 44	GENERAL BUSINESS CREDITS	0.00
	MORTGAGE CERTIFICATE CR	0.00
	FORM 1040C CREDIT	0.00
	PRIOR YR MIN TAX CREDIT: F8801	0.00
	OTHER STATUTORY CREDITS	0.00
LN 45	TOTAL STATUTORY CREDITS	0.00
LN 47	SELF-EMPLOYMENT TAX	685.00
LN 48	ALTERNATIVE MINIMUM TAX	0.00
LN 49	RECAP INVESTMENT CREDIT	0.00
LN 50	FICA ON UNREPORTED TIPS	0.00
	UNPAID FICA ON REPORTED TIPS	0.00

Form 6261 (12-79) Internal Revenue Service

Form 6261 (12-79) Internal Revenue Service

Form 6261 (12-79) Internal Revenue Service

Station Name: GRB0013007 Date: 7/13/98 Time: 12:37:57 PM

RIFTP 243-59-3189 30199512 R5 HAMO SP SSN: 000-00-0000 F1040 5 of 5
PER RETURN

LN 52	ADVANCED EIC	0.00
LN 53	HOUSEHLD EMPLOYMENT TXES: SCH H	0.00
LN 54	TOTAL TAX LIABILITY	685.00
LN 55	FEDERAL INCOME TAX WITHHELD	0.00
LN 56	ESTIMED TX PMTS & AMT PRV APPLD	0.00
LN 57	EARNED INCOME CREDIT	314.00
LN 58	AMOUNT PAID WITH F4868	0.00
LN 59	EXCESS SOC SEC/RRTA TAX WITHHLD	0.00
LN 60	CR FOR FED TX ON FUELS: F4136	0.00
	REGULATED INVST CMPNY CR: F2439	0.00
LN 61	TOTAL PAYMENTS	314.00
LN 63	REFUND AMOUNT	
	APPLY TO 1993 DEFERRAL AMT	0.00
LN 64	APPLIED TO 1996 ESTIMATED TAX	0.00
LN 65	AMOUNT YOU OWE	371.00
LN 66	ESTIMATED TAX PENALTY	0.00

Station Name: GRB0013007 Date: 7/13/98 Time: 12:38:06 PM

RIFTP 243-59-3189 30199512 C1 HAMO SP SSN: 000-00-0000 SCH C/C-EZ 1
ACCT MTHD: 1 FIRST TIME SCH C FILED?: 0 PIA CD: 6114 EIN: 00-0000000
STATUTORY EMPLOYEE: N AT RISK CD: 0

		PER RETURN
LN 1	GROSS RECEIPTS OR SALES	20.426
LN 2	RETURNS AND ALLOWANCES	0
LN 4	COST OF GOODS SOLD	0
LN 6	OTHER INCOME	0
LN 10	CAR AND TRUCK EXPENSES	5.643
LN 13	DEPRECIATION	0
LN 16a	MORTGAGE INTEREST	0
LN 17	LEGAL AND PROFESSIONAL SERVICES	50
LN 21	REPAIRS AND MAINTENANCE	1.585
LN 24a	TRAVEL	0
LN 24d	NET MEALS AND ENTERTAINMENT	0

LN 26	WAGES	:	0
LN 27	OTHER EXPENSES	:	4.750
LN 28/2	TOTAL EXPENSES	:	15.570
LN 30	EXP FOR BUSINESS USE OF HOME	:	0
LN 33	INVENTORY AT BEGINNING OF YEAR	:	0
LN 39	INVENTORY AT END OF YEAR	:	0

Station Name: GRB0013007 Date: 7/13/98 Time: 12:38:16 PM

RTFTP 243-59-3189 30199512 91 HAMD SPOUSE SSN: 000-00-0000 SCH SE 1
PER RETURN
SSN OF SELF-EMPLOYED TAXPAYER : 243-59-3189
LN 1 NET FARM PROFIT/LOSS: SCH F : 0
LN 2 NET PROFIT/LOSS: SCH C/K1 : 4.850
LN 3 TOTAL SE INCOME : 4.850

* THE FOLLOWING LINES APPLY ONLY TO SE LONG FORM *

LN 5a	TENTATIVE CHURCH WAGES	:	0
LN 8c	TOTAL SOC SEC & RR WAGES	:	0

Form 6261 (12-79) Internal Revenue Service

(E) 510

492210304 48

Department of the Treasury -- Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 1998

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

For the year Jan 1-Dec 31, 1998, or other tax year beginning 1998, ending 19 UMB No 1545 u074

Label (See instructions) Your First Name MI Last Name Your Social Security Number BASSAM Y HAMOOD 243-59-3189

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

Exemptions 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a 6b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instructions) MOHAMAD B HAMOOD 242-87-1712 Son X NAAME A DARWICHE 239-85-4515 Parent

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 13,408. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 9 Ordinary dividends. Attach schedule B if required 9 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D 13 14 Other gains or (losses). Attach Form 4797 14 15a Total IRA distributions 15a 15b Taxable amount (see instrs) 15b 16a Total pensions & annuities 16a 16b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount (see instrs) 20b 21 Other income. List type & amount - see instrs 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 13,408.

Adjusted Gross Income 23 IRA deduction (see instructions) 24 Student loan interest deduction (see instructions) 25 Medical savings account deduction. Attach Form 8853 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed health insurance deduction (see instructions) 29 Keogh and self-employed SEP and SIMPLE plans 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31a 32 Add lines 23 through 31a 32 33 Subtract line 32 from line 22. This is your adjusted gross income 33 13,408.

CERTIFIED TRUE COPY No. of pages: 2 Date: 11/19/98 By: [Signature] Disclosure Officer Internal Revenue Service North-South Carolina District Greensboro, North Carolina

Tax and Credits

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

34 Amount from line 33 (adjusted gross income) 34 13,408.
35a Check if: [] You were 65/older. [] Blind; [] Spouse was 65/older. [] Blind.
35b If you are married filing separately and your spouse itemizes deductions...
36 Enter the larger of your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions to find your standard deduction...
37 Subtract line 36 from line 34
38 If line 34 is \$3,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$3,400, see the worksheet in the instructions for the amount to enter.
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-
40 Tax. See instructions. Check if any tax from a [] Form(s) 8814 b [] Form 4972
41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Child tax credit (see instructions) 0.
44 Education credits. Attach Form 8863
45 Adoption credit. Attach Form 8839
46 Foreign tax credit. Attach Form 1116 if required
47 Other. Check if from a [] Form 3800 b [] Form 8396 c [] Form 8801 d [] Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49-55. This is your total tax 56 677.

Payments

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

57 Federal income tax withheld from Forms W-2 and 1099
58 1998 estimated tax payments and amount applied from 1997 return
59a Earned income credit. Attach Schedule EIC if you have a qualifying child
59b Nontaxable earned income: amount and type 59a 2,085.
60 Additional child tax credit. Attach Form 8812
61 Amount paid with Form 4868 (request for extension)
62 Excess social security and RRTA tax withheld (see instrs)
63 Other payments. Check if from a [] Form 2439 b [] Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments 64 2,085.

Refund

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

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid
66a Amount of line 65 you want Refunded to You
66b Routing number
66c Type: [] Checking [] Savings
66d Account number
67 Amount of line 65 you want Applied to Your 1999 Estimated Tax 67

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions
69 Estimated tax penalty. Also include on line 68 69

Sign Here

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

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: Bassam Y Hamood, Date: 11/29/99, Your Occupation: DELIVERY PERSONEL, Daytime Telephone Number (optional)
Spouse's Signature: Latoul A Hazimeh, Date: 11/29/99, Spouse's Occupation: HOMEMAKER

Paid Preparer's Use Only

Preparer's Signature: Self-prepared, Date, Check if self-employed [], Preparer's Social Security No, Firm's Name, EIN, ZIP Code

**Social Security and Medicare Tax
on Unreported Tip Income**

1998
24

Department of the Treasury
Internal Revenue Service

▶ See instructions.
▶ Attach to Form 1040.

Name of Person Who Received Tips (as shown on Form 1040) If Married Complete a Separate Form 4137 for Each Spouse with Unreported Tips

Social Security Number
243-59-3189

BASSAM Y HAMOOD

Name(s) of Employer(s) to Whom You Were Required to but Did Not Report Your Tips

PRAIRIE PIZZA INC.

1	Total cash and charge tips you received in 1998. See instructions	1	8,853.
2	Total cash and charge tips you reported to your employer in 1998	2	
3	Subtract line 2 from line 1. This amount is income you must include in the total on Form 1040, line 7	3	8,853.
4	Cash and charge tips you received but did not report to your employer because the total was less than \$20 in a calendar month. See instructions	4	
5	Unreported tips subject to Medicare tax. Subtract line 4 from line 3. Enter here and on line 2 of Schedule U below	5	8,853.
6	Maximum amount of wages (including tips) subject to social security tax	6	68,400.
7	Total social security wages and social security tips (total of boxes 3 and 7 on Form(s) W-2) or railroad retirement (tier 1) compensation	7	4,555.
8	Subtract line 7 from line 6. If line 7 is more than line 6, enter -0- here and on line 9 and go to line 11	8	63,845.
9	Unreported tips subject to social security tax. Compare the amounts on lines 5 and 8 above. Enter the smaller of the two amounts here and on line 1 of Schedule U below. If you received tips as a federal, state, or local government employee, see instructions	9	8,853.
10	Multiply line 9 by .062	10	549.
11	Multiply line 5 by .0145	11	128.
12	Add lines 10 and 11. Enter the result here and on Form 1040, line 52	▶ 12	677.

Form **4137** (1998)

Do Not Detach

**Schedule U
(Form 1040)**

**U.S. Schedule of Unreported Tip Income
For crediting to your social security record**

1998

Department of the Treasury
Internal Revenue Service

Note: The amounts you report below are for your social security record. This record is used to figure any benefits, based on your earnings, payable to you and your dependents or your survivors. Fill in each item accurately and completely.

Print or Type Name of Person Who Received Tip Income (as shown on Form 1040)

Social Security Number

BASSAM Y HAMOOD

243-59-3189

Address (number and street, or P.O. box if mail is not delivered to your home)

Apartment No.

Occupation

1300 KELSTON PL

202

DELIVERY PERSONEL

City, Town or Post Office

State ZIP Code

CHARLOTTE

NC 28212

1 Unreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above

▶ 1

8,853.

2 Unreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above

▶ 2

8,853.

Please do not write in this space

DLN-

Schedule EIC
1040A or 1040

Department of the Treasury
Revenue Service (99)
Shown on Return

Earned Income Credit (Qualifying Child Information)

▶ Attach to Form 1040A or 1040.
▶ See instructions.

1998
43
Your Social Security Number
243-59-3189

AM Y HAMOOD & BATOU I A HAZIMEH

Where You Begin ...

- See the instructions for Form 1040A, line 37a and 37b, or Form 1040, lines 59a and 59b, to find out if you can take this credit.
- If you can take the credit, fill in the Earned Income Credit Worksheet in the Form 1040A or Form 1040 instructions to figure your credit. **But if you want the IRS to figure it for you, see the instructions.**

When you must complete and attach Schedule EIC only if you have a qualifying child.

Information About Your Qualifying Child or Children

If you have more than two qualifying children, you only have to list two to get the maximum credit.

Caution: If you do not attach Schedule EIC and fill in all the lines that apply, it will take us longer to process your return and issue your refund

- 1 Child's name
- 2 Child's year of birth
- 3 If the child was born **before 1980 and --**
 - a was **under age 24** at the end of 1998 and a student, check 'Yes,' Or
 - b was permanently and totally disabled (see instructions), check 'Yes'
- 4 Enter the child's social security number
- 5 Child's relationship to you (for example, son, grandchild, etc)
- 6 Number of months child lived with you in the United States in 1998

Child 1		Child 2	
First name	Last name	First name	Last name
MOHAMAD B	HAMOOD		
19 98		19	
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
242-87-1712			
Son			
12 months		months	



Do you want the earned income credit added to your take-home pay in 1999? To see if you qualify, get **Form W-5** from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 1998

1 Wages, tips, other comp. 4554.88		2 Federal income tax withheld		
3 Social security wages 4554.88		4 Social security tax withheld 282.40		
5 Medicare wages and tips 4554.88		6 Medicare tax withheld 66.05		
a Control Number 102750 DRH	Dept. 555220	Corp.	Employer use only A EIC 449	
c Employer's name, address, and ZIP code PRAIRIE PIZZA INC 1421D ORCHARD LAKE DRIVE CHARLOTTE NC 28270				
b Employer's FED ID number 61-0992859		d Employee's SSA number 243-59-3189		
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 instra. for box 13		14 Other		
15 Stat emp.	Deceased	Pension plan	Legal rep.	Deferred comp.
e/f Employee's name, address and ZIP code BASSAM YOUSSEF HAMOOD 4412 BRITTMORE COURT CHARLOTTE, NC 28227				
16 State NC	Employer's state ID no. 060032773	17 State wages, tips, etc. 4554.88		
18 State income tax		19 Locality name		
20 Local wages, tips, etc.		21 Local income tax		
Federal Filing Copy W-2 Wage and Tax 1998 Statement <small>OMB No 1545-0008</small> Copy B to be filed with employee's Federal Income Tax Return.				

2-4-98

Certification of Lack of Record

Date:
January 17, 2001

145 10 11

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
Bassam Y. Hamood

Address
6306 Kendal
Dearborn, MI 48126

Kind of Tax Form
1040

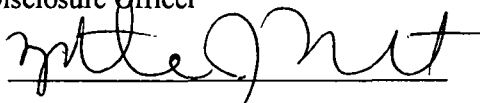
Tax Period
1996-1997

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

Name: R.L. Commerson

Title: Disclosure Officer

Signature



P/R/F: 417-04-40 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 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-28-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM Y HAMOOD SSA MICROFILM NUMBER: 91258593802
P.O. BOX 29301
CHARLOTTE
STATE: NC ZIP: 28229-0000
SUBMITTED TO: SSA ON: TAPE
PAYROLL REPORTING UNIT: N/A
FOREIGN PYR IND: ASSUMED NOT FOREIGN
DEATH INDICATOR: ASSUMED ALIVE
PENSION INDICATOR: UNANSWERED
DEFERRED COMP IND: NOT CHECKED
\$ CHNG: NOT SET
CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO
ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 610992859
PRAIRIE PIZZA INC.
9107 F S TRYON ST
CHARLOTTE NC 28273
TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$5,481+
FICA TX WH.....\$339+
T FICA WAG.....\$5,481+
MEDCARE WH.....\$79+
MEDCARE WG.....\$5,481+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 06-13-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 17569521870040
APT 4 TRNS CNTL CD: 17098 PYR OFC CD: N/A
WESTLAND SUBMITTED TO: IRS ON: TAPE
STATE: MI ZIP: 48185-0000 NO SECOND NOTICE
ACCOUNT NUMBER: 61074000215001545999
PAYER ENTITY DATA: EIN 38-0864715
BANK ONE MICHIGAN
P O BOX 33593
DETROIT MI482325593
INTEREST.....\$11+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 03-06-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM Y HAMOOD & B ATOUL A HAZIME PYR'S SUBMISSION DLN: 17569429370000
7932 BRIAR DALE DR TRNS CNTL CD: 17143 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-7259 NO SECOND NOTICE
ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 38-1798424
U S TREASURY DEPARTMENT - INTERNAL REVEN
UE SERVICE IMF
1111 CONSTITUTION AVE NW
WASHINGTON DC20224
INTEREST.....\$16+

of page 12 Date: 01-17-2001
Yutha Ornt
Director, Internal Revenue Service
Washington, DC 20548

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

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 06-14-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569532720010
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
APT 4 SUBMITTED TO: IRS ON: TAPE
WESTLAND NO SECOND NOTICE
STATE: MI ZIP: 48185-0000
ACCOUNT NUMBER: 1GB60100001869225180
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC30027
WINSTON SALEM NC27150

INTEREST.....\$12+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 06-14-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569532720010
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
APT 4 SUBMITTED TO: IRS ON: TAPE
WESTLAND NO SECOND NOTICE
STATE: MI ZIP: 48185-0000
ACCOUNT NUMBER: 1GB61000001869776488
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC30027
WINSTON SALEM NC27150

INTEREST.....\$15+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1999 CYCLE 200044 PAGE 3
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$5,481+
FICA TX.....	\$339+
MEDCARE WG.....	\$5,481+

GROUP	AMOUNT
INTEREST.....	\$54+
MEDCARE WH.....	\$79+

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

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 05-21-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM Y HAMOOD SSA MICROFILM NUMBER: 80748815093
4412 BRITTMORE COURT
CHARLOTTE NC
STATE: ** ZIP: 00000-0000
SUBMITTED TO: SSA ON: TAPE
PAYROLL REPORTING UNIT: N/A
FOREIGN PYR IND: ASSUMED NOT FOREIGN
DEATH INDICATOR: ASSUMED ALIVE
PENSION INDICATOR: UNANSWERED
DEFERRED COMP IND: NOT CHECKED
\$ CHNG: NOT SET
CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO

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

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$4,554+
FICA TX WH.....\$282+
T FICA WAG.....\$4,554+
MEDCARE WH.....\$66+
MEDCARE WG.....\$4,554+

DOCUMENT TYPE: CTR ON FILE DATE: 01-26-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
HAMMOD BASSAM Y PYR'S SUBMISSION DLN: 29589999000009
1306 KELSTON PL APT 206 TRNS CNTL CD: 17F93 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 TRANSACTION DATE: 05-18-1998
PART 2 INFORMATION USED (OWNER"

DOCUMENT NUMBER: 19981600457931
PAYER ENTITY DATA: EIN 56-1708585
CENTURA BK
OF
5745 CENTRAL AVE
CHARLOTTE NC28212

TOTAL CTR.....\$14,000+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-08-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569543740019
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
1300-202 KESLSTON PL SUBMITTED TO: IRS ON: TAPE
CHARLOTTE NO SECOND NOTICE
STATE: NC ZIP: 28212-0000

ACCOUNT NUMBER: 1GB60100018692251800
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC30027
WINSTON SALEM NC27150

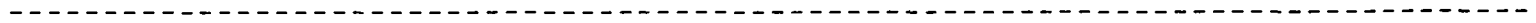
INTEREST.....\$13+

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

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-08-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569543740019
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
1300-202 KESLSTON PL SUBMITTED TO: IRS ON: TAPE
CHARLOTTE NO SECOND NOTICE
STATE: NC ZIP: 28212-0000
ACCOUNT NUMBER: 1GB61000018697764880
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC30027
WINSTON SALEM NC27150

INTEREST.....\$131+



11-02-00

P/R/F: 417-04-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1998 CYCLE 200044 PAGE 6
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$4,554+
TOTAL CTR.....	\$14,000+
MEDCARE WH.....	\$66+

GROUP	AMOUNT
INTEREST.....	\$144+
FICA TX.....	\$282+
MEDCARE WG.....	\$4,554+

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

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-16-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569563300018
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
PO BOX 29301 SUBMITTED TO: IRS ON: TAPE
CHARLOTTE NO SECOND NOTICE
STATE: NC ZIP: 28229-0000
ACCOUNT NUMBER: 1GB60100018692251800
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC38107
WINSTON SALEM NC27150

INTEREST.....\$38+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-16-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569563300018
BATOUL AHMAD HAZIMEH TRNS CNTL CD: 49130 PYR OFC CD: N/A
PO BOX 29301 SUBMITTED TO: IRS ON: TAPE
CHARLOTTE NO SECOND NOTICE
STATE: NC ZIP: 28229-0000
ACCOUNT NUMBER: 1GB61000018697764880
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK N.A.
P O BOX 3099 MC NC38107
WINSTON SALEM NC27150

INTEREST.....\$53+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569625480028
4608 101 TWISTED OAKS RD TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE
ACCOUNT NUMBER: 60150003000000948554
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$21+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 8
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569625480028
4608 101 TWISTED OAKS RD TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 60135001000000788156
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$228+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM Y HAMOOD PYR'S SUBMISSION DLN: 49569625480028
PO BOX 29301 TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28229-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000003826000
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$34+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 9
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP	AMOUNT	***SUMMARY***	GROUP	AMOUNT
INTEREST.....	\$374+			

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 10
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: CTR ON FILE DATE: 07-10-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
HAMOOD BASSAM PYR'S SUBMISSION DLN: 29589999000007
3555 F SPANISH QUARTER CRL TRNS CNTL CD: 17F93 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28205-0000 TRANSACTION DATE: 05-06-1996
PART 2 INFORMATION USED (OWNER")

DOCUMENT NUMBER: 9615818163
PAYER ENTITY DATA: EIN 56-0900030
FIRST UNION NAT BK NC
0002 OF 0002
8700 J M KEYNES
CHARLOTTE NC28213

TOTAL CTR.....\$11,500+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 08-12-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569563720017
PO BOX 29301 TRNS CNTL CD: 49130 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28229-0000 NO SECOND NOTICE

ACCOUNT NUMBER: IGB60100018692251800
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK OF N.C. N.A.
P O BOX 3099 MC NC38107
WINSTON SALEM NC 27150
800 203 5195

INTEREST.....\$30+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 08-12-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569563720017
PO BOX 29301 TRNS CNTL CD: 49130 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28229-0000 NO SECOND NOTICE

ACCOUNT NUMBER: IGB61000018697764880
PAYER ENTITY DATA: EIN 56-0927594
WACHOVIA BANK OF N.C. N.A.
P O BOX 3099 MC NC38107
WINSTON SALEM NC 27150
800 203 5195

INTEREST.....\$64+

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

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-06-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569570180027
4608 101 TWISTED OAKS RD TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000000948554
PAYER ENTITY DATA: EIN 56-1360141
FIRST UNION NATIONAL BK OF NC
INTEREST REPORTING NC0467
301 S COLLEGE ST
CHARLOTTE NC 28288 0467
INTEREST.....\$46+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-06-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 243-59-3189 -- VALID SSN
BASSAM HAMOOD PYR'S SUBMISSION DLN: 49569570180027
4608 101 TWISTED OAKS RD TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 60135001000000788156
PAYER ENTITY DATA: EIN 56-1360141
FIRST UNION NATIONAL BK OF NC
INTEREST REPORTING NC0467
301 S COLLEGE ST
CHARLOTTE NC 28288 0467
INTEREST.....\$193+

11-02-2000

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 12
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 243593189 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP		AMOUNT		***SUMMARY***		GROUP		AMOUNT	
INTEREST.....		\$333+		TOTAL CTR.....		\$11,500+			

Form 1040

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 1999

(99) Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning 1999, ending

OMB No. 1545-0047

Label (See instructions on page 18.)

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

Presidential Election Campaign (See page 18.)

Label information table with fields: Your first name and initial (BASSAM), Last name (HAMOOD), If a joint return, spouse's first name and initial (BATOUL), Last name (HAZIMEH), Home address (6306 KENDAL), Apt. no., City, town or post office, state, and ZIP code (DEARBORN MI 48126)

Your social security number (243-59-3189), Spouse's social security number (240-85-7673)

IMPORTANT! You must enter your SSN(s) above. Table with Yes/No columns and 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

Filing status options: 1 Single, 2 Married filing joint return (even if only one had income) [checked], 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

Exemptions

Exemptions section: 6a Yourself, 6b Spouse, 6c Dependents (MOHAMAD HAMOOD, Son, 242-87-1712), 6d Total number of exemptions claimed (5)

Income

Att. Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 20.

Income section: 7 Wages, salaries, tips, etc. (5,481), 8a Taxable interest, 8b Tax-exempt interest, 9 Ordinary dividends, 10 Taxable refunds, credits, or offsets of state and local income taxes, 11 Alimony received, 12 Business income or (loss), 13 Capital gain or (loss), 14 Other gains or (losses), 15a Total IRA distributions, 15b Taxable amount, 16a Total pensions and annuities, 16b Taxable amount, 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc., 18 Farm income or (loss), 19 Unemployment compensation, 20a Social security benefits, 20b Taxable amount, 21 Other income, 22 Add the amounts in the far right column for lines 7 through 21. This is your total income (5,481)

Adjusted Gross Income

Adjusted Gross Income section: 23 IRA deduction, 24 Student loan interest deduction, 25 Medical savings account deduction, 26 Moving expenses, 27 One-half of self-employment tax, 28 Self-employed health insurance deduction, 29 Keogh and self-employed SEP and SIMPLE plans, 30 Penalty on early withdrawal of savings, 31a Alimony paid, 31b Recipient's SSN, 32 Add lines 23 through 31a, 33 Subtract line 32 from line 22. This is your adjusted gross income

Tax and Credits		34	Amount from line 33 (adjusted gross income)	34	5,481
35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a			
b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here		35b			
36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		36		7,200	
37 Subtract line 36 from line 34		37		-1,719	
38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter		38		8,250	
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39		0	
40 Tax (see page 31). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40		0	
41 Credit for child & dependent care expenses. Attach Form 2441		41			
42 Credit for the elderly or the disabled. Attach Schedule R		42			
43 Child tax credit (see page 33)		43			
44 Education credits. Attach Form 8863		44			
45 Adoption credit. Attach Form 8839		45			
46 Foreign tax credit. Attach Form 1116 if required		46			
47 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)		47			
48 Add lines 41 through 47. These are your total credits		48			
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-		49		0	
Other Taxes					
50 Self-employment tax. Attach Schedule SE		50			
51 Alternative minimum tax. Attach Form 6251		51			
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		52			
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		53			
54 Advance earned income credit payments from Form(s) W-2		54			
55 Household employment taxes. Attach Schedule H		55			
56 Add lines 49 - 55. This is your total tax		56		0	
Payments					
57 Federal income tax withheld from Forms W-2 and 1099		57			
58 1999 estimated tax payments & amount applied from 1998 return		58			
59a Earned income credit. Attach Sch. EIC if you have a qualifying child					
b Nontaxable earned income: amount & type		59a	1,862		
60 Additional child tax credit. Attach Form 8812		60			
61 Amount paid with request for ext. to file (see pg. 48)		61			
62 Excess social security and RRTA tax withheld (see page 48)		62			
63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		63			
64 Add lines 57, 58, 59a, & 60 - 63. These are your total payments		64		1,862	
Refund					
65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID		65		1,862	
66a Amount of line 65 you want REFUNDED TO YOU		66a		1,862	
b Routing number					
c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number					
67 Amount of line 65 you want APPLIED TO YOUR 2000 EST. TAX		67			
Amount You Owe					
68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . For details on how to pay, see page 49		68			
69 Estimated tax penalty. Also include on line 68		69			

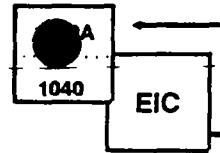
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has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

Joint return? See page 18.	Your signature	<i>Bassam Hamood</i>	Date		Your occupation	
	Spouse's signature. If a joint return, BOTH must sign.	<i>Batoul Hazimeh</i>	Date		Spouse's occupation	
Keep a copy for your records.	Preparer's signature	<i>[Signature]</i>	Date	4/09/00	Check if self-employed <input type="checkbox"/>	Preparer's SSN or #
	Firm's name (or yours)	HASTEY ACCOUNTING & CONSULTING INC.				

Paid Preparer's Use Only	Address	14329 W. WARREN SUITE 200 DEARBORN MI 48124	MI	481-3
	Phone	38-3093341		

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

1999

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. **43**

Name(s) shown on return

BASSAM HAMOOD
BATOUL HAZIMEH

Your social security number

243-59-3189

Before you begin: See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b, to make sure that (1) you can take the EIC and (2) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.



Qualifying Child Information

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name <small>If you have more than two qualifying children, you only have to list two to get the maximum credit.</small>	MOHAMAD	HAMOOD		
2 Child's year of birth	Year <u>1998</u> <small>If born after 1980, skip lines 3a and 3b; go to line 4.</small>		Year _____ <small>If born after 1980, skip lines 3a and 3b; go to line 4.</small>	
3 If the child was born before 1981-				
a Was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. Go to line 4.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 4.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
4 Child's social security number (SSN) <small>The child must have an SSN as defined on pg. 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born & died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.</small>	242-87-1712			
5 Child's relationship to you <small>(for example, son, daughter, grandchild, foster child, etc.)</small>	Son			
6 Number of months child lived with you in the United States during 1999 <ul style="list-style-type: none"> • If the child lived with you for more than half of 1999 but less than 7 months, enter "7". • If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12". 	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

Do you want part of the EIC added to your take-home pay in 2000? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-529-3676)

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 1999

Form **1040**

Schedule EIC Worksheets

1999

Name BASSAM HAMOOD & BATOUL HAZIMEH	Taxpayer Identification Number 243-59-3189
---	--

Earned Income Credit Worksheet

- | | |
|--|------------------|
| 1. Enter the amount from line 7 of Form 1040 or Form 1040A | 1. <u>5,481</u> |
| 2. Enter here any taxable scholarship or fellowship grant not reported on a W-2 form and any amount paid to an inmate in a penal institution for work. | 2. _____ |
| 3. Subtract line 2 from line 1 | 3. <u>5,481</u> |
| 4. Enter any nontaxable earned income . Types of nontaxable earned income include contributions to a 401 (k) plan, and military housing and subsistence. These should be shown in box 13 of your W-2 form. | 4. _____ |
| 5. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from line 4 of Earned Income Worksheet below | 5. _____ |
| 6. Add lines 3, 4, and 5 | 6. <u>5,481</u> |
| 7. Look up the amount on line 6 above in the EIC TABLE to find your credit. Enter the credit here | 7. <u>1,862</u> |
| 8. Enter your modified AGI | 8. <u>5,481</u> |
| Note: If the amounts on lines 8 and 6 are the same, skip line 9 and enter the amount from line 7 on line 10. | |
| 9. Is line 8 less than - | |
| • \$5,700 if you do not have a qualifying child? | |
| • \$12,500 if you have one or more qualifying children? | |
| YES. Leave line 9 blank; enter the amount from line 7 on line 10. | |
| NO. Look up the amount on line 8 above in the EIC TABLE to find your credit. Enter the credit here | 9. _____ |
| 10. Enter the smaller of lines 7 and 9. This is your earned income credit. | 10. <u>1,862</u> |
| Enter this amount on Form 1040, line 59a, or Form 1040A, line 37a. | |

Reminder -

- Be sure you entered the amount and the type of any nontaxable earned income (line 4 above) on Form 1040, line 59b, or Form 1040A, line 37b.
- If you have a qualifying child, complete and attach Schedule EIC.

Earned Income Worksheet

- | | |
|--|-----------|
| 1. If you are filing Schedule SE: | |
| a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies | 1a. _____ |
| b. Enter the amount, if any, from Schedule SE, Section B, line 4b | 1b. _____ |
| c. Add lines 1a and 1b | 1c. _____ |
| d. Enter the amount from Schedule SE, Section A, line 6 or Section B, line 13 | 1d. _____ |
| e. Subtract line 1d from line 1c | 1e. _____ |
| 2. If you are NOT filing Schedule SE because your net earnings from self-employment were less than \$400, complete lines 2a through 2c. Do not include on these lines any statutory employee income or any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361. | |
| a. Enter any net farm profit (or loss) from schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), line 15a | 2a. _____ |
| b. Enter any 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. | 2b. _____ |
| c. Add lines 2a and 2b. | 2c. _____ |
| 3. If you are filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | |
| 3. _____ | |
| 4. Add lines 1e, 2c, and 3. Enter the total here and on line 5 of the Earned Income Credit Worksheet above. | |
| 4. _____ | |

Schedule EIC Worksheet - Modified Adjusted Gross Income

24700

Description

Amount

Adjusted Gross Income

\$ 5,481
\$ 5,481

Name

BASSAM HAMOOD & BATOUL HAZIMEH

Taxpayer Identification Number

243-59-3189

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T	5,481		5,481
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
	Taxpayer, Spouse Totals	<u>5,481</u>		<u>5,481</u>
		<u>5,481</u>		<u>5,481</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	340	5,481	79				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
Taxpayer Spouse Totals	<u>340</u>	<u>5,481</u>	<u>79</u>				
	<u>340</u>	<u>5,481</u>	<u>79</u>				

	State Wages	State Withheld	Local Wages	Local Withheld
A	5,481		5,481	
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
Taxpayer Spouse Totals	<u>5,481</u>		<u>5,481</u>	
	<u>5,481</u>		<u>5,481</u>	

04/09/07 07:45 pm

Form Override Listing

Form Name (← forced)

Unit #

Form Text

Overriding Value

MI-1040CR-7, P1

1

or is your heat service in someone

Copy B To Be Filed With Employee's FEDERAL Tax Return **1999** OMB No. 1545-0008

a Control number 11-0003189	1 Wages, tips, other comp. 5481.41	2 Federal income tax withheld
	3 Social security wages 5481.41	4 Social security tax withheld 339.83
b Employer ID number 61-0992859	5 Medicare wages and tips 5481.41	6 Medicare tax withheld 79.49

c Employer's name, address, and ZIP code
 PRAIRIE PIZZA, INC.
 9107-F S. TRYON ST.
 CHARLOTTE, NC 28273

d Employee's social security number
 243-59-3189

e Employee's name, address, and ZIP code
 BASSAM YOUSSEF HAMOOD
 P.O. BOX 29301
 CHARLOTTE NC 28229

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

NC 060032773	5481.41	
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16 State Employer'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
------------------	----------------------------	---------------------