

## U.S. Individual Income Tax Return

4922110466310

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

Label c	Forthe	year Jan. 1-Dec. 31, 1997, 6: other tax year beginning	, 1997, endir	ng	,19 OMB. No. 1545-0074
(See	Your first nam	and initial	Last name		Your social security no.
Instructions L	_ALI_	DAR	WICHE		103-82-9370
on page 10.) B	If a joint return	, spouse's first name and initial	Last name		Spouse's social security no.
Use the IRS E					
Otherwise, H	Home address	CORKTREE CT		Apt. no	For help in finding line
or type.				<del></del>	instructions, see pages 2 and 3 in the booklet.
BI-familia	CHARL	ost office, state, and ZIP code. If you have a foreign ad 스마마터			Yes No
Presidential L Election Camp		Do you want \$3 to go to this fund?	NC 28212		Note: Checking "Yes" will not change your tax
(See page 10.)	uigii	If a joint return, does your spouse want \$3 to			or reduce your refund.
	1	Single	go to this fariage		
Filing Statu	s .2	Married filing joint return (even if on	lly one had income)		
	3	X Married filing separate return. Enter spous	•	DIANE DA	RWICHE
	4	Head of household (with qualifying			
Check only		enter this child's name here.			•
one box.	5	Qualifying widow(er) with depender	nt child (year spouse died I	▶19 ). (See p	page 10.)
Exemptions	68	Yourself. If your parent (or someon	ne else) can claim you as a	dependent on his	or her No. of boxes
		tax return, do not check	box 6a		enecked on 6a and 6b 1
	t			<u> </u>	No. of your
	C	Dependents:		Dependent's mo	No. of children on 8c c. lived in who:
		(1) First name Last name 5	ocial security number rela		ur home lived with you
If more than six					did not live with
dependents, see page 10.					or separation (see page 11)
see page 10.					<del></del>
					Dependents on 8c not entered above
		<del></del>	<del></del>		
		Total number of everyntians claimed			Add numbers ——entered on
	7	Total number of exemptions claimed • • • Wages, salaries, tips, etc. Attach Form(s) W-	· · · · · · · · · · · · · · · · · · ·	· · · ·	• Ines above ▶ 1
Income	•	and a second sec			7 5,045
	88	Taxable interest. Attach Schedule B if require	ed		. 8a
Attach	Ŀ	Tax-exempt interest. DO NOT include on lin			
Copy B of your Forms W-2.	9	Dividend income. Attach Schedule B if requi			. 9 ]
W-2G, and	10	Taxable refunds, credits, or offsets of state a	nd local income taxes (see	page 12)	. 10
1099-R here.	11	Alimony received			. 11
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ		. 12
get a W-2, see page 12.	13	Capital gain or (loss). Attach Schedule D.			. 13
see page 12.	14	Other gains or (losses). Attach Form 4797			. 14
		Total IRA distributions 15a	<del></del>	amount (see page 13)	
Enclose, but do	16a	·		amount (see page 13)	<del></del>
not attach, any payment. Also	17	Rental real estate, royalties, partnerships, S o	corporations, trusts, etc. At	tach Schedule E	. 17
please use	18	Farm income or (loss). Attach Schedule F	• • • • • •	• • • •	. 18
Form 1046-V.	19	Unemployment compensation	• • • • • • •	• • • •	. 19
	20a	· • • • • • • • • • • • • • • • • • • •	D Taxable a	amount (see page 16)	20b
	21	Other income.	CERTIFIED	TUILE CODY	
	22	Add the emounts in the fer right column for			
	23	Add the amounts in the far right column for I	No. of pages:	Date:	5,045
Adjusted	23 24	IRA deduction (see page 16)	orm 8853		<del>                                      </del>
Gross	25	Moving expenses. Attach Form 3903 or 390		100 1011	
Income	26	One-half of self-employment tax, Attach Sc	edule SE	William !	GOVERNMENT
	27	Self-employed health insurance deduction	see pager17) 27	TO UTICOL	EXHIBIT
	28	Keogh and self-employed SEP and SIMPLE			
If line 32 is under \$29,290 (under	29	Penalty on early withdrawal of savings .		arolina Distri	
\$9,770 if a child	30a	Alimony paid. b Recipient's SSN ▶	<u> </u>	North Carolin	a
did not live with				<u> </u>	Li kulukiya
you), see EIC ins on page 21.	31	Add lines 23 through 30a		• • • •	. 31
<del>-</del>	32	Subtract line 31 from line 22. This is your adju	usted gross Income .	<u></u>	32 5,045
		and Deducation And Method and a com-			

Form 1040 (199 AL: DARW	WICHE	<u> </u>	707-7	Pag 32-9370-,
	33 Amount from line 32 (adjusted gross income)		33	5,045
Tax		Blind.	100	3,043
Compu-		. ▶ 34a		
tation	<b>b</b> If you are married filing separately and your spouse itemizes deductions or	044	1 1	
		. ▶ 34b		
	Ttemized deductions from Schedule A, line 28, OR		.	
	35 Enter   Standard deduction shown below for your filing status. But see	Į		
	the page 18 if you checked any box on line 34a or bior someone larger	ļ		
	of Single-\$4,150 • Married filing jointly or Qualitying widow(er)-\$6,	900	35	3,450
	your: ● Head of household-\$6,050 ● Married filing separately-\$3,450			
If wan want	<b>36</b> Subtract line 35 from line 33		36	1,595
If you want the IRS to	37 If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions of	faimed on		
figure your	line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount	to enter .	37	2,650
tax, see page 18.	38 Taxable Income. Subtract line 37 from line 36. If line 37 is more than line 36, 6	enter -0~ .	38	C
	39 Tax. See page 19. Check if any tax from a Form(s) 8814 b Form	4972 . ▶	39	C
Credits	40 Credit for child & dependent care expenses. Attach Form 2441 40		1	
O. Cans	41 Credit for the elderly or the disabled. Attach Schedule R 41			
	42 Adoption credit. Attach Form 8839			
	43 Foreign tax credit. Attach Form 1116		]	
	44 Other. Check if from a Form 3800 b Form 8396			
	c Form 8801 d Form (specify) 44			
	<b>45</b> Add lines 40 through 44		45	
	46 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0	<b>&gt;</b>	46	
Other	47 Self-employment tax. Attach Schedule SE		47	
Taxes	48 Alternative minimum tax. Attach Form 6251		48	
Idaes	49 Social security and Medicare tax on tip income not reported to employer. Attach	Form 4137 •	49	
	50 Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329	if required.	50	<del></del>
	51 Advance earned income credit payments from Form(s) W-2		51	
	52 Household employment taxes. Attach Schedule H		52	
	53 Add lines 46 through 52. This is your total tax	<u> </u>	53	
Payments	54 Federal income tax withheld from Forms W-2 and 1099 54	296		
rayinents	55 1997 est, tax payments and amount applied from 1996 return . 55		]	
	56a Earned Income credit. Attach Schedule EIC if you have a qualifying		]	
	child. b Nontaxable earned income; amount		1 1	
Attach	and type ▶56a		.	
Forms W-2,	57 Amount paid with Form 4868 (request for extension) 57		] [	
W-2G, and	58 Excess social security and RRTA tax withheld (see page 27)		]	
1099-R on the front.	59 Other payments. Check if from a Form 2439 b Form 4136 59		1 [	
	60 Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	>	60	296
Refund	61 If line 80 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAIL	· · · ·	61	296
Have it directly	62a Amount of line 61 you want REFUNDED TO YOU	▶	62a	296
deposited!	b Routing number	Savings		
See page 28 and fill in 62b,	d Account number			
c, and d.	63 Amount of line 61 you want APPLIED TO YOUR 1998 ESTIMATED TAX ► 63			
Amount	64 If line 53 is more than line 60, subtract line 80 from line 53. This is the AMOUNT YOU OWE	<b>.</b>		
You Owe	For details on how to pay, see page 27		64	
	65 Estimated tax penalty. Also include on line 64		<u> L</u>	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and s belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all			
Here			ше <b>п ргера</b> г	er nas any knowledge.
_		occupation		
Keep a copy of this return		RIVER		··
or your	Spouse's signature. It is intreturn, BOTH must sign. Date Spous	se's occupation		/

records. Preparer's signature Preparer's social security no Check if self-employed Paid 243-08-6290 Preparer's Use Only Firm's name (or yours if self-employed) and address WEBTAX
3651 CENTRAL AVE
CHARLOTTE 56-1007130 EIN ZIP code NC 28205 EEA

a Con Sel number	annua Mid For Ot	fficial		
0025495	22222 Use Or	nly		
b Employer's identificati	op number		1 Mages, tipe, ether compensation 2 Federal Incom	ie tax withheldられて
48-0895936			1	32.81
PIZZA HUT OF AMERICA, INC.			- <del></del>	ty tax withheld
			1538.64	95.40
P 0 B0X 428		Ì	5 Medicare wages and tips 6 Medicare tax	withheld
9111 E DOUGLAS		Į.	1538.64	22.31
WICHITA KS 67201		7 Social security tips 8 Allocated tip		
d Employee's social secur	ity number		9 Advance EIC payment 10 Dependent ca	re benefits
	te_I.D. No. 17 State rases tips 1538.64	18 State Incom	me tax 19 Locality name 20 Local wages, tips, et	21 Local income tax
Employee's name(first, 734101	middle initial, last) 22524560		11 Nonqualified plans 12 Benefits inc	luded in Box 1
ALI H DARWICHE			15 See Instrs. for Box 13 14 Other	
6130 CORKE TREE CHARLOTTE NC 28				
f Factorials address and	•••		15 Statutory Deceased Pension Legal Hshld. employee plan rep. emp.	Subtotal Deferred compensation
f Employee's address and		112 - 2 - 2	nd Tax - Department of the Treasury-Int	ernal Pavanua Sacrica
Copy B - To Be File Federal Ta	x Return W-2	Wage an Stateme	114 Tax 1997	

a Control number 101579 DRH	OMB No. 1545-0	<sup>0008</sup> DRH	445820	101579
b Employer's identification nu	1 Wages, tips,	other compensation	2 Federal income tax withheld	
61-0992859	3	506.15	162.94	
o Employer's name, audresa. PRAIRIE PIZZA ,	. 3	506.15	217.38	
1421-D ORCHARD L	AKE DR	5 Medicare was	es and tips	6 Medicare tax withheld
CHARLOTTE NC 282	70		506.15	50.84
·	•	7 Social securit	y tips	8 Allocated tips
d Employee's social security 103-82-9370	9 Advance EIC	payment	10 Dependent care benefits	
e Employee's name, address, ALI H. DARWICHE	11 Nonqualified	olans	12 Benefits included in box 1	
6130 CORKTREE CO CHARLOTTE,NC 282	13 See Instrs. fo	or Form W-2	14 Other	
	•			
		15 Statutory Dec	eased Pension Legal plan rep.	High Subtotal Deferred emp. compensation
NC 60 32773	17 State wages, tips, etc 18 3506.15	State income, tax 19 1	Locality name 20 Loca	I wages, tips, etc 21 Local income ta

€ W-2 Wage and Tax 1997

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

Copy D For Employer

	Department of the Trees.		1 10 0				
Form 1040	Department of the Treasury — Internal Revenue Service U.S. Individual Income Tax Ret	turn 1998	(99) IRS us	2 1 ] ] se only — D	o not w	450 î	in this space
€ Fo	or the year Jan 1-Dec 31, 1998, or other tax year be	eginning , 1	998, ending		, 19	ОМВ	No 1545-0074
Label 🕉 🚜	Your First Name MI Last N	Name		7	Your S	ocial Security	Number
See instructions	ALI H DAF	RWICHE		1	103-	82-937	0
Jse the	If a Joint Return, Spouse's First Name MI Last N	Name			Spouse's Social Security Number		
IRS label.							
Otherwise, please print	Home Address (number and street) If You Have a P.O. Box, Se	ee Instructions	Apartmen	t No		Import	ant! 🛕
or type.	5425 DONNEFIELD DR					<b>must</b> ente	r your social
	City, Town or Post Office If You Have a Foreign Address, See I	nstructions	State ZIP Code		secu	irity numbe	er(s) above.
Presidential Election	CHARLOTTE		NC 28227		Yes No Note Checking		
Campaign	Do you want \$3 to go to this fund?					Y Yes'	will not change ax or reduce
See instructions.)	If a joint return, does your spouse want \$3 to	go to this fund?	<u></u> .,,	[		your r	efund
Tilina Chahua	1 X Single						
Filing Status	2 Married filing joint return (even if only o	ne had income)					
	3 Married filing separate return. Enter spo	ouse's SSN above & fu	II name here	<b>&gt;</b>			
Check only	4 Head of household (with qualifying pers			person is	a chi	ld but not	your
one box.	dependent, enter this child's name here		. ,		2	* * * * * *	•
	5 Qualifying widow(er) with dependent chi		• 19 ). (9	See ınstru	ıctıon	s.)	
	6a X Yourself. If your parent (or someone el				-,	No. of boxes	
Exemptions	her tax return, do not check box 6a	· · · · · ·				checked on Sa and 6b	1
	b   Spouse .			_	1	No. of your	<u> </u>
	o Domandonto.	(2) Dependent's	(3) Dependent's	(4) <b>√</b>	<del></del>	children on 5c who:	· · · · · · · · · · · · · · · · · · ·
	c Dependents:	social security	relationship	qualifying for child	child	lived with you .	
	(1) First name Last name	number	to you	credit (s	ee .	o did not live	
	Contraction Last Harmo		<del></del>	"ISITUCIIO	<u> </u>	with you due t divorce or sep	
		<u> </u>			a	aration (see nstructions)	
f more than six dependents,					<del></del>	Dependents	<del></del>
see instructions.						on 6c not entered	
•						bove .	
						Add numbers	
- · · · · · · · · · · · · · · · · · · ·	<b>d</b> Total number of exemptions claimed					intered on ines above	<b>&gt;</b> 1
ncome	7 Wages, salaries, tips, etc. Attach Form(s) W				7		6,301.
riconie	8a Taxable interest. Attach Schedule B if require	· · · · · · · · · · · · · · · · · · ·	,		8 a		
Mack Come B	b Tax-exempt interest. Do not include on line	<del></del>	b[				
Attach Copy B	9 Ordinary dividends. Attach Schedule B if rec			·	9		
V-2, W-2G, and	10 Taxable refunds, credits, or offsets of state 11 Alimony received	and local income taxes	s (see instructions	<b>—</b>	10		
099-R here.		C or C E7	• • • • • • •	-	11		
you did not	12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D						
et a W-2, see istructions.				<b>⊢</b>	13		
isti uctions.	14 Other gains or (losses). Attach Form 4797  15a Total IRA distributions   15a   b Taxable amount (see instrs)						<del></del>
	16a Total pensions & annuities . 16a	· -	15b 16b				
	17 Rental real estate, royalties, partnerships, S		ole amount (see in		17		
nciose, but do	18 Farm income or (loss). Attach Schedule F	ospoidions, musts, t	A. ARGOT SCHOOL	<del>_</del>	18	<del></del>	
ot staple, any	19 Unemployment compensation			<u> </u>	19		
ayment. Also, lease use <b>Form</b>	20 a Social security benefits 20 a	Taxal	ne amount (see in	EWG.	206		
040-V.	21 Other income. List type & amount — see instrs	CERTIF	ED TRUE C	IDY -	21		
	22 Add the amounts in the far right column for	lines 7 through 21. Thi	s is your total inc		22:	_	6,301.
	23 IRA deduction (see instructions) .	No. of pages	Date:	7. 7. 5.			
Adjusted	24 Student loan interest deduction (see instruct	ions)/24	h		}]		
iross	25 Medical savings account deduction. Attach F 26 Moving expenses. Attach Form 3903	orm 8853 // 25	MARIAN	010			
ncome	26 Moving expenses. Attach Form 3903.	Dy. /		7.0	-47		

33 Subtract line 32 from line 22. This is your adjusted gross income BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

30 Penalty on early withdrawal of savings

31 a Alimony paid. b Recipient's SSN .

32 Add lines 23 through 31a

If line 33 is under \$30,095

live with you), see EIC in the

instructions.

(under \$10,030 if a child did not

6,301.

32

▶ 33

Greenstoro, North Carolina

27 One-half of self-employment tax. Attach Schedule SE ... Discrete Officer
28. Self-employed health insurance deduction (see instruction).

29 Keogh and self-employed SEP and SIMPLE plans . North-South Carolina District

Form <b>1040</b> (1998	B) ALI H DARWICHE	1	.03-82-9370 Page <b>2</b>
	34 Amount from Tine 33 (adjusted gross income)		34 6,301.
Tax and Credits	35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind	,	0,000
Ofcuits		5a	1 1
	b If you are married filing separately and your spouse itemizes deductions		<b>1</b> }
Standard		5b 🗌	<b> </b>
Deduction -	36 Enter the larger of your itemized deductions from Schedule A. line 28 Or		} }
People	standard deduction shown on the left. But see instructions to find your standard		1 1
Single:	deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		<b>36</b> 4,250.
\$4,250	37 Subtract line 36 from line 34	•	<b>37</b> 2,051.
Head of		•	2,031.
household:	38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet in the instructions for the amount to enter		<b>38</b> _ 2,700.
\$6,250	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter		39 0.
Married filing	40 Tax. See instructions. Check if any tax from a Form(s) 8814 b Form 4972	▶	40 0.
jointly or	41 Credit for child and dependent care expenses. Attach Form 2441 41		
Qualifying	42 Credit for the elderly or the disabled. Attach Schedule R 42		]
widow(er): \$7,100	43 Child tax credit (see instructions) 43		1
}	44 Education credits. Attach Form 8863 44		<b>1</b>
Married filing separately:	45 Adoption credit. Attach Form 8839 45		<b>,</b>
\$3,550	46 Foreign tax credit. Attach Form 1116 if required 46		
	47 Other. Check if from . a Form 3800 b Form 8396		
	c Form 8801 d 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	50 Self-employment tax. Attach Schedule SE		50
Taxes	51 Alternative minimum tax. Attach Form 6251		51
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	'	<b>52</b> 313.
	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
<del></del>	56 Add lines 49-55. This is your total tax	<b>►</b>	<b>56</b> 313.
<b>Payments</b>		133.	
	58 1998 estimated tax payments and amount applied from 1997 return 58		
	59 a Earned income credit. Attach Schedule EIC if you have a qualifying child.		1
A44 1	b Nontaxable earned income: amount		}
Attach Forms W-2 and W-2G		<u> 283.</u>	
to page 1.	60 Additional child tax credit. Attach Form 8812		
Also attach Form 1099-R	61 Amount paid with Form 4868 (request for extension) 61		į
if tax was	62 Excess social security and RRTA tax withheld (see instrs) 62		
withheld.	63 Other payments. Check if from a Form 2439	1	l l
	<b>b</b> Form 4136		ļ
	64 Add lines 57, 58, 59a, and 60 through 63. These are your		
	total payments	▶	64 416.
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you <b>Overpaid</b>		65 103.
Have it directly	66a Amount of line 65 you want Refunded to You	▶	66a 103.
deposited! See		vings	
instructions and fill in 66b, 66c,	► d Account number	90	
and 66d.	67 Amount of line 65 you want Applied to Your 1999 Estimated Tax	l	
A			
Amount	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	▶	co l
You Owe			68
<u> </u>			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of wi	hich prei	oarer has any knowledge
Here Joint return?	Your Signature Date Your Occupation		Daytime Telephone
See instructions.	14-19-79 CLERCK		Number (optional)
Кеер а сору	Spouse's Signature. If a Joint Return, Both Must Sign.  Date Spouse's Occupation		-
for your records.			1
	Date		Preparer's Social Security No
Paid	Preparer's Signature Check if self-employed	, []	
Preparer's	Firm's Name Self-prepared		
Use Only	(or yours if self-employed)		
	and Address	Code	

\* 16 ' + 471

#### Form 413/

# ocial Security and Medicare Tax

OMB No	1545-00

1998: 45 4

24

Department of the Treasury Internal Revenue Service See instructions.Attach to Form 1040.

Name of Person Who Received Tips (25 shown on Form 1040). If Married, Complete a Separate Form 4137 for Each Spouse with Unreported Tips

Social Security Number 103 - 82 - 9370

<u>ALI H DARWICHE</u>

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

PRAIRIE PIZZA INC.	 		

			<del></del>
1	Total cash and charge tips you <b>received</b> in 1998. See instructions	1	4,100.
2	Total cash and charge tips you <b>reported</b> to your employer in 1998	2	
3	Subtract line 2 from line 1. This amount is income you <b>must</b> include in the total on Form 1040, line 7	3_	4,100.
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	4,100.
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 2, 201.		
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	66,199.
9	Unreported tips subject to social security tax. Compare the amounts on lines 5 and 8 above. Enter the <b>smaller</b> 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	4,100.
10	Multiply line 9 by .062	10	254.
11	Multiply line 5 by .0145	11	59.
12	Add lines 10 and 11. Enter the result here and on Form 1040, line 52	12	313.

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 ALI H DARWICHE 103-82-9370 Address (number and street, or P O box if mail is not delivered to your home) Apartment No. Occupation 5425 DONNEFIELD DR **CLERCK** City, Town or Post Office ZIP Code CHARLOTTE NC 28227 1 Unreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above 4,100. 1 2 Unreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above 2 4,100.

Please do not write in this space

DLN-

1 Wages, tips, other comp.		2 Fed		tax withheld	
2200.	2200.53			132.89	
	3 Social security wages 2200.53			tax withheld 136.43	
5 Medicare wages at 2200.	6 Medicare tax withheld 31.91				
Control Number 102470 DRH	Dept. 448720	Соп	o. Emp	loyer use only 292	
c Employer's name,		nd ZIP	code		
PRAIRIE PIZZA 1421D ORCHA CHARLOTTE N	RD LA		DRIVE		
b Employer's FED ID 61 - 09928		d Em	ployee's SS 103 - 82	iA number 2-9370	
7 Social security tipe		8 Allocated tips			
9 Advance EIC pays	ent	10 Dependent care benefits			
11 Nonqualified plans		12 Benefits included in box 1			
13 See instra. for box	13	14 Ott	ier		
15 Stat emp. Deceased	Pension	plan	Legal rep.	Deferred comp.	
e/f Employee's name,	address a	nd ZIP	code		
ALI HUSSEIN	DARW	ICHE		i	
5425 DONNEF					
CHARLOTTE,N					
16 State Employer's 8 NC 060032773		. 17 Si	late wages,	tips, etc. 2200 . 53	
18 State income tax 49	.21	19 L	ocality nam	e	
20 Local wages, tips,	21 L	ocal incom	e tax		
Fed	eral Fi	ling	Сору		
W-2	/age a State	nd T nent	ax 1	998	

### Certification of Lack of Record

Date:

January 17, 2001

三分で三百

#### 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 Ali Darwiche

Address 5425 Donnefield Drive Charlotte, NC 28227

Kind of Tax Form 1040

Tax Period 1996

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

Name: R.L. Commerson

Title: Disclosure Officer

Signature 2

Department of the Treasury — Internal Revenue Service
Income Tax Return for Single and

OMB No 1545-0675

3 45 51

Form 104	0EZ Joint Filers with No Dependents 1999 (99)	
	Your First Name MI Last Name	Your Social Security Number
Use	ALI DARWICHE	103-82-9370
the	If a Joint Return, Spouse's First Name MI Last Name	
IRS	MELANIE HAYNES	Spouse's Social Security Number
ļabel	Home Address (number and street). If you have a P O box see instructions  Apt No	237-69-8115
here	5425 DONNEFIELD DR	
	City, Town or Post Office. If you have a foreign address, see instructions State ZIP Code	▲ Important ▲
	CHARLOTTE NC 28227	You must enter
Presidential Election Campaign	Note: Checking 'Yes' will not change your tax or reduce your refund  Do you want \$3 to go to this fund?	Yes No your SSN(s) above
	If a joint return, does your spouse want \$3 to go to this fund?	
Income	1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s)	Dollars Cents 3,750.
Attach Copy B of Form(s)	2 Taxable interest. If the total is over \$400, you cannot use Form 1040EZ	
W-2 here. Enclose.	3 Unemployment compensation, qualified state tuition	
but do not staple, any payment.	program earnings, and Alaska Permanent Fund dividends (see instructions)	
paymont.	A Addition 1.0 and 0. The control of the Language	
	4 Add lines 1, 2, and 3. This is your adjusted gross income 4	3,750.
Note: You must	5 Can your parents (or someone else) claim you on their return?	
check Yes or No.	- X Yes. Enter amount from worksheet.  No. If single, enter \$7,050.00. If married, enter \$12,700.00. See instructions for explanation.	6,750.
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your <b>taxable income</b>	0.
Payments and tax	7 Enter your federal income tax withheld from box 2 of your W-2 form(s)	191.
una tax	8a Earned income credit (see instructions).	
	<b>b</b> Nontaxable earned income: enter type and amount below. No	
<u> </u>		
ł	9 Add lines 7 and 8a. These are your total payments 9	191.
	instruction booklet. Then, enter the tax from the table on this fine	0. Y
Refund	11 a If line 9 is larger than line 10, subtract line 10 from the 9 The 103 your refund	191.
Have it directly	Sun IIII dannal	112 -
deposited!	b Routing number	
See instrs and fill in 11b,	d Account	່
11c, and 11d.	The Checking Savings numbel not contact the Contact C	Marin Commence
Amount '	Tremelono, Andrew	
you owe	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the <b>amount you owe.</b> See instructions for details on how to pay	
Sign	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	
here ,	and sources of income I received during the tax year.	
•	Your Signature Spouse's Signature if Joint Return. See instructions.	For
Кеер сору	" ill and Munityana	Official Use
or your / ecords. /	Date Your Occupation Date Spouse's Occupation V-12-0c	Only
BAA For Disc	osure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.	1999 Form <b>1040F</b> 7

1,4552

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1999 CYCLE 200044 PAGE 1 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-01-2000 ORIGINAL SUBMISSION PAYEE ENTITY DATA: PRIMARY SSN 103-82-9370 -- VALID SSN ALI H DARWICHE SSA MICROFILM SSA MICROFILM NUMBER: 90576542784

STATE: \*\* ZIP: 00000-0000

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

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

TYPE OF EMPLOYMENT: ALL OTHERS WAGES....\$3,750+ TX WITHELD.....\$191+

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

> CHANTED TIME CON No. of pagga: <u>8</u> Delo: <u>01-17-20</u>0 Informal Revenue Scivice Howasoun Carolina Dinker Cremeboro, Neith Carolin

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

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP	AMOUNT
WAGES	\$3,750+
FICA TX	\$232+
MEDCARE WG	\$3,750+

***SUMMARY***	
GROUP	AMOUNT
TX WITHELD	\$191+
MEDCARE WH	\$54+

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

REQUEST DATA: PRIMARY TIN 103829370 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 103-82-9370 -- VALID SSN ALI H DARWICHE SSA MICROFILM NUMBER: 80748815027

5425 DONNEFIELD DRIV CHARLOTTE NC STATE: \*\* ZIP: 00000-0000

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. ....\$2,200+ TX WITHELD....\$132+
FICA TX WH.....\$136+
T FICA WAG....\$2,200+
MEDCARE WH....\$31+
MEDCARE WG....\$2,200+

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
CREDIBLITY: NOT SET STATUTORY EMPLOYEE IND: NO

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

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

GROUP	AMOUNT
WAGES	\$2,200+
FICA TX	**********
MEDCARE WG	\$2,200+

***SUMMARY***	
GROUP	AMOUNT
TX WITHELD	\$132+
MEDCARE WH	\$31+

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

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY O DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 08-15-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 103-82-9370 -- VALID SSN
ALI H DARWICHE SSA MICROFILM NUMBER: 71738526363

6130 CORKE TREE CT

CHARLOTTE

STATE: NC ZIP: 28212-7440

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 480895936
PIZZA HUT OF AMERICA INC.
9111 E DOUGLAS
WICHITA KS 67201

TYPE OF EMPLOYMENT: ALL OTHERS

WAGES.......\$1,538+
TX WITHELD.....\$132+
FICA TX WH....\$95+
T FICA WAG....\$1,538+
MEDCARE WH....\$22+
MEDCARE WG...\$1,538+

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

DOCUMENT TYPE: W-2 ON FILE DATE: 07-14-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 103-82-9370 -- VALID SSN
ALI H DARWICHE SSA MICROFILM NUMBER: 71278617055

6130 CORKTREE COURT CHARLOTTE NC STATE: \*\* ZIP: 00000-0000

ACCOUNT NUMBER: N/A

PAYER ENTITY DATA: TIN 610992859 PRAIRIE PIZZA INC 1421 D ORCHARD LAKE DRIVE CHARLOTTE NC 28270

TYPE OF EMPLOYMENT: ALL OTHERS

WAGES......\$3,506+
TX WITHELD.....\$162+
FICA TX WH.....\$217+
T FICA WAG....\$3,506+
MEDCARE WH.....\$50+
MEDCARE WG....\$3,506+

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

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 103-82-9370 -- VALID SSN
ALI H DARWICHE
PO BOX 560918
CHARLOTTE
STATE: NC ZIP: 28256-0000
PILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PYR'S SUBMISSION DLN: 49569625480028
TRNS CNTL CD: 49160 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE
NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000005586872
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST....\$17+

17527

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214 INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1997 CYCLE 200044 PAGE 6 IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0 DOCUMENT CODE 00

	***SUMMARY***		
GROUP	AMOUNT	GROUP	AMOUNT
WAGES	\$5,044+	INTEREST	\$17+
TX WITHELD	\$294+	FICA TX	\$312+
MEDCARE WH		MEDCARE WG	\$5,044+

P/R/F: 417-Q4-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1996 CYCLE 200044 PAGE 7
IRMF PAYEE REQUEST DATE 11-02-2000
REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY O DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 07-06-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 103-82-9370 -- VALID SSN
ALI H DARWICHE
P O BOX 560918
CHARLOTTE
STATE: NC ZIP: 28256-0000
PILE DATE: 07-06-1997 ORIGINAL SUBMISSION
PYR'S SUBMISSION DLN: 49569570180027
TRNS CNTL CD: 49160 PYR OFC CD: N/A
SUBMITTED TO: IRS ON: TAPE
NO SECOND NOTICE

ACCOUNT NUMBER: 60150003000005586872
PAYER ENTITY DATA: EIN 56-1360141
FIRST UNION NATIONAL BK OF NC
INTEREST REPORTING NC0467
301 S COLLEGE ST
CHARLOTTE NC 28288 0467

INTEREST.....\$34+

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

REQUEST DATA: PRIMARY TIN 103829370 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

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

GROUP AMOUNT INTEREST....\$34+ GROUP AMOUNT