

a Control number 0025495		22222		For Official Use Only		
b Employer's identification number 48-0895936			1 Wages, tips, other compensation 1538.64		2 Federal income tax withheld 132.81	
c Employer's name, address, and Zip code PIZZA HUT OF AMERICA, INC. P O BOX 428 9111 E DOUGLAS WICHITA KS 67201			3 Social security wages 1538.64		4 Social security tax withheld 95.40	
			5 Medicare wages and tips 1538.64		6 Medicare tax withheld 22.31	
			7 Social security tips		8 Allocated tips	
d Employee's social security number 103-82-9370			9 Advance EIC payment		10 Dependent care benefits	
16 State NC	Employer's state I.D. No. 6260-093023	17 State wages, tips 1538.64	18 State income tax 48.91	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
e Employee's name (first, middle initial, last) ALI H DARWICHE 6130 CORKE TREE CT CHARLOTTE NC 28212-7440			11 Nonqualified plans		12 Benefits included in Box 1	
			13 See Instrs. for Box 13		14 Other	
			15 Statutory employee <input type="checkbox"/>	Deceased plan <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>
f Employee's address and Zip code						

Copy B - To Be Filed With Employee's Federal Tax Return **W-2 Wage and Tax Statement 1997** Department of the Treasury-Internal Revenue Service

a Control number 101579 DRH		OMB No. 1545-0008 DRH		445820		101579	
b Employer's identification number 61-0992859			1 Wages, tips, other compensation 3506.15		2 Federal income tax withheld 162.94		
c Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270			3 Social security wages 3506.15		4 Social security tax withheld 217.38		
			5 Medicare wages and tips 3506.15		6 Medicare tax withheld 50.84		
			7 Social security tips		8 Allocated tips		
d Employee's social security number 103-82-9370			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code ALI H. DARWICHE 6130 CORKTREE COURT CHARLOTTE, NC 28212			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 plan <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>
16 State NC	Employer's state I.D. No. 60 32773	17 State wages, tips, etc 3506.15	18 State income, tax 153.06	19 Locality name	20 Local wages, tips, etc	21 Local income tax	

For **W-2** Wage and Tax Statement **1997**
Copy D For Employer

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

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

Label (See instructions)

Your First Name MI Last Name ALI H DARWICHE Your Social Security Number 103-82-9370

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

If a Joint Return, Spouse's First Name MI Last Name Home Address (number and street) If You Have a P O Box, See Instructions Apartment No 5425 DONNEFIELD DR

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

Presidential Election Campaign (See instructions.)

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

Yes No X 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 X 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.)

Check only one box.

Exemptions

Table with columns for exemption types (Yourself, Spouse, Dependents), social security numbers, relationships, and total number of exemptions claimed.

If more than six dependents, see instructions.

Income

Table listing various income sources (Wages, interest, dividends, etc.) and their corresponding amounts, totaling 6,301.

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

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

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

Adjusted Gross Income

Table showing adjustments to income (IRA deduction, student loan interest, medical savings, etc.) leading to an adjusted gross income of 6,301.

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

CERTIFIED TRUE COPY stamp with signature of Disclosure Officer, Internal Revenue Service, North-South Carolina District, Greensboro, North Carolina.

Tax and Credits

34 Amount from line 33 (adjusted gross income) **34** 6,301

35a Check if: You were 65/older, Blind; Spouse was 65/older, 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 instructions and check here **35b**

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 if you checked any box on line 35a or 35b or if someone can claim you as a dependent **36** 4,250

37 Subtract line 36 from line 34 **37** 2,051

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 **38** 2,700

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **39** 0

40 Tax. See instructions. Check if any tax from a Form(s) 8814 b Form 4972 **40** 0

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 Child tax credit (see instructions) **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 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 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** 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**

56 Add lines 49-55. This is your total tax **56** 313

Payments

57 Federal income tax withheld from Forms W-2 and 1099 **57** 133

58 1998 estimated tax payments and amount applied from 1997 return **58**

59a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type **59a** 283

60 Additional child tax credit. Attach Form 8812 **60**

61 Amount paid with Form 4868 (request for extension) **61**

62 Excess social security and RRTA tax withheld (see instrs) **62**

63 Other payments. Check if from a Form 2439 b Form 4136 **63**

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 Overpaid **65** 103

66a Amount of line 65 you want Refunded to You **66a** 103

b Routing number **b**

c Type: Checking Savings **c**

d Account number **d**

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 **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.

Your Signature: *Ali H Darwiche* Date: 4-14-99 Your Occupation: CLERCK Daytime Telephone Number (optional):

Spouse's Signature: If a Joint Return, Both Must Sign. Date: Spouse's Occupation:

Paid Preparer's Use Only

Preparer's Signature: *Ali H Darwiche* Date: Check if self-employed Preparer's Social Security No:

Firm's Name (or yours if self-employed) and Address: Self-prepared EIN: ZIP Code:

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

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

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

ALI H DARWICHE

103-82-9370

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

PRAIRIE PIZZA INC.

Table with 12 rows and 2 columns. Row 1: Total cash and charge tips you received in 1998. Row 2: Total cash and charge tips you reported to your employer in 1998. Row 3: Subtract line 2 from line 1. Row 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. Row 5: Unreported tips subject to Medicare tax. Row 6: Maximum amount of wages (including tips) subject to social security tax. Row 7: Total social security wages and social security tips. Row 8: Subtract line 7 from line 6. Row 9: Unreported tips subject to social security tax. Row 10: Multiply line 9 by .062. Row 11: Multiply line 5 by .0145. Row 12: Add lines 10 and 11.

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

State ZIP Code

CHARLOTTE

NC 28227

Table with 2 rows and 2 columns. Row 1: Unreported tips subject to social security tax. Row 2: Unreported tips subject to Medicare tax.

Please do not write in this space

DLN-

1 Wages, tips, other comp. 2200.53		2 Federal income tax withheld 132.89	
3 Social security wages 2200.53		4 Social security tax withheld 136.43	
5 Medicare wages and tips 2200.53		6 Medicare tax withheld 31.91	
a Control Number 102470 DRH	Dapt. 448720	Corp.	Employer use only T 292
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 103-82-9370	
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.
ef Employee's name, address and ZIP code ALI HUSSEIN DARWICHE 5425 DONNEFIELD DRIV CHARLOTTE,NC 28227			
16 State NC	Employer's state ID no. 060032773	17 State wages, tips, etc. 2200.53	
18 State income tax 49.21		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy W-2 Wage and Tax Statement 1998 <small>OMB No. 1545-0008</small> <small>Copy B to be filed with employee's Federal Income Tax Return.</small>			

11
12
13
14

Certification of Lack of Record

Date:
January 17, 2001

11
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2
1

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

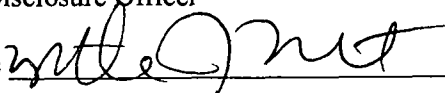
Tax Period
1996

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



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 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+

GENERATED TRUE COPY

No. of pages: 8 Date: 01-17-2001

[Signature]

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

04553

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

SUMMARY

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

GROUP	AMOUNT
TX WITHELD.....	\$191+
MEDCARE WH.....	\$54+

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

REQUEST DATA: PRIMARY TIN 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 SUBMITTED TO: SSA ON: TAPE
STATE: ** ZIP: 00000-0000 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.....\$2,200+
TX WITHELD.....\$132+
FICA TX WH.....\$136+
T FICA WAG.....\$2,200+
MEDCARE WH.....\$31+
MEDCARE WG.....\$2,200+

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

SUMMARY

GROUP	AMOUNT
WAGES.....	\$2,200+
FICA TX.....	\$136+
MEDCARE WG.....	\$2,200+

GROUP	AMOUNT
TX WITHELD.....	\$132+
MEDCARE WH.....	\$31+

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 0
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
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 480895936
PIZZA HUT OF AMERICA INC.
9111 E DOUGLAS
WICHITA KS 67201

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$1,538+
TX WITHHELD.....\$132+
FICA TX WH.....\$95+
T FICA WAG.....\$1,538+
MEDCARE WH.....\$22+
MEDCARE WG.....\$1,538+

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
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
1421 D ORCHARD LAKE DRIVE
CHARLOTTE NC 28270

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$3,506+
TX WITHHELD.....\$162+
FICA TX WH.....\$217+
T FICA WAG.....\$3,506+
MEDCARE WH.....\$50+
MEDCARE WG.....\$3,506+

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 PYR'S SUBMISSION DLN: 49569625480028
PO BOX 560918 TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28256-0000 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+

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
WAGES.....	\$5,044+
TX WITHELD.....	\$294+
MEDCARE WH.....	\$72+

GROUP	AMOUNT
INTEREST.....	\$17+
FICA TX.....	\$312+
MEDCARE WG.....	\$5,044+

03575
03575

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
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 PYR'S SUBMISSION DLN: 49569570180027
P O BOX 560918 TRNS CNTL CD: 49160 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28256-0000 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+

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