

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

Use the IRS label. Otherwise, please print or type.	Label	Your first name and initial MOHAMAD	Last name DARWICHE	Your social security no. 096-84-3867
	Label	If a joint return, spouse's first name and initial MARY D.	Last name COVINGTON	Spouse's social security no. 247-55-7696
	Label	Home address 6130 CORKTREE COURT	Apt. no.	For help in finding line instructions, see pages 2 and 3 in the booklet.
	Label	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. CHARLOTTE NC 28212		

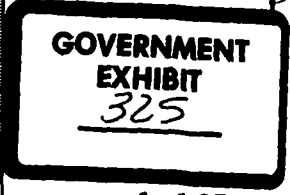
Presidential Election Campaign	Do you want \$3 to go to this fund?	Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	If a joint return, does your spouse want \$3 to go to this fund?			

Filing Status	1	Single
	2	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	No. of boxes checked on 6a and 6b	2
	b	<input checked="" type="checkbox"/> Spouse	No. of your children on 6c who:	
	c	Dependents:	(2) Dependent's social security number. If born in December 1996, see inst.	(3) Dependent's relationship to you
		(1) First name Last name		(4) No. of mo. lived in your home in 1996
				● lived with you
				● didn't live with you due to divorce or separation (see page 14)
				Dependents on 6c not entered above
	d	Total number of exemptions claimed	Add numbers entered on lines above ▶	2

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	1,487
	8a	Taxable interest. Attach Schedule B if over \$400	8a	
	b	Tax-exempt interest. DON'T include on line 8a	8b	
	9	Dividend income. Attach Schedule B if over \$400	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	16,492
	13	Capital gain or (loss). If required, attach Schedule D	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15	Total IRA distributions	15a	b Taxable amount (see inst.)
	16a	Total pensions & annuities	16a	b Taxable amount (see inst.)
	17a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	b Taxable amount (see inst.)
	21	Other income.	21	
	22	Add amounts in the far right column for lines 7 through 21. This is your total income ▶	22	17,979

Adjusted Gross Income	23a	Your IRA deduction (see instructions)	23a	
	23b	Spouse's IRA deduction (see instructions)	23b	
	24	Moving expenses. Attach Form 3903 or 3903-F	24	
	25	One-half of self-employment tax. Attach Schedule SE	25	1,165
	26	Self-employed health insurance deduction (see inst.).	26	
	27	Keogh & self employed SEP plans. If SEP, check ▶ <input type="checkbox"/>	27	
	28	Penalty on early withdrawal of savings	28	
	29	Alimony paid. Recipient's SSN ▶	29	
	30	Add lines 23a through 29	30	1,165
	31	Subtract line 30 from line 22. This is your adjusted gross income ▶	31	16,814



VB

MOHAMAD DARWICHE & MARY D. COVINGTON 096-84-3867

Table with columns for line number, description, and amount. Includes sections for Tax Computation, Credits, Other Taxes, Payments, Refund, and Amount You Owe.

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.

Sign Here section containing signature lines for the taxpayer, spouse, and preparer, along with occupation and social security information.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1996

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor MOHAMAD DARWICHE		Social security number (SSN) 096-84-3867
A Principal business or profession, including product or service (see page C-1) CAR SALES		B Enter principal business code (see page C-6) ▶ 3517
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.) City, town or post office, state and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1996, check here ▶ <input checked="" type="checkbox"/>		

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 ▶ <input type="checkbox"/>	1	21,961
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	21,961
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	21,961
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	21,961

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):		
10 Car and truck expenses (see page C-3)	10		a Vehicles, machinery, and equipment	20a	5,469
11 Commissions and fees.	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		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		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b		c Enter 50% of line 24b subject to limitations (see page C-4)		
17 Legal and professional services	17		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	5,469	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	16,492	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.				31	16,492
• 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.				32a	<input type="checkbox"/>
• If you checked 32b, you MUST attach Form 6198.				32b	<input type="checkbox"/>

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

1996

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income ▶ **096-84-3867**

Who Must File Schedule SE

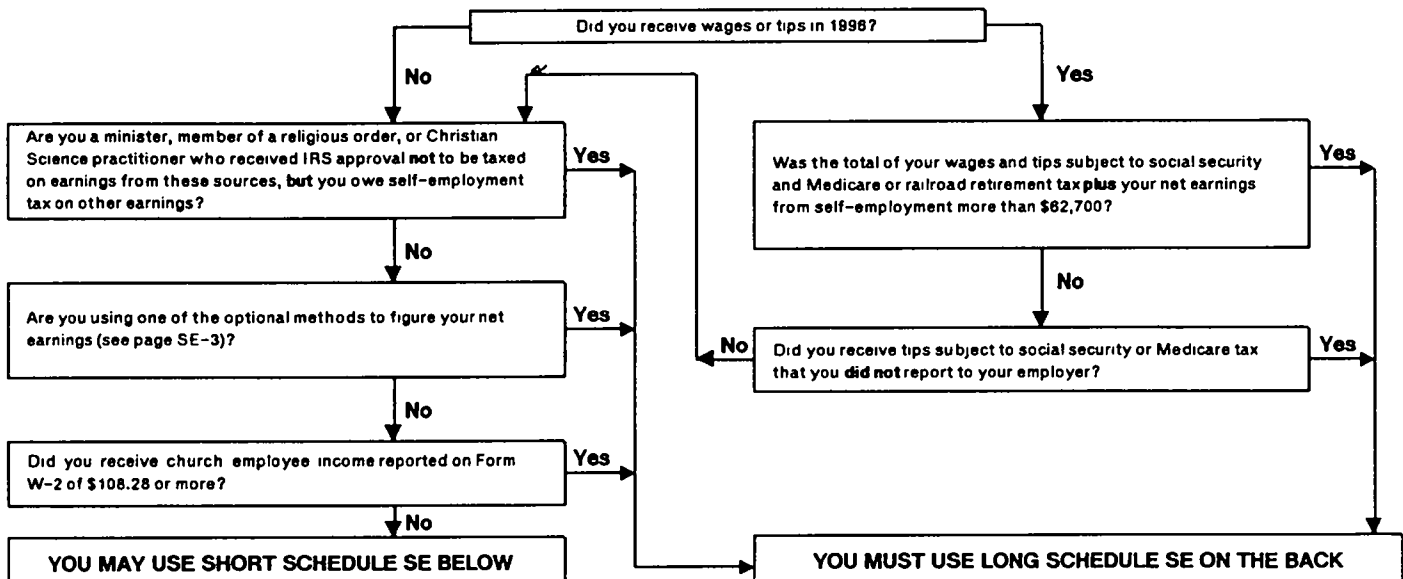
You must file Schedule SE if:

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

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


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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 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	16,492
3	Combine lines 1 and 2	3	16,492
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	15,230
5	Self-employment tax. If the amount on line 4 is: • \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the result. Enter the total here and on Form 1040, line 45.	5	2,330
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	1,165

a Control number 0110630		22222		void For Official Use Only					
b Employer's identification number 48-0895936			1 Wages, tips, other compensation 1486.85		2 Federal income tax withheld				
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 1486.85		4 Social security tax withheld 92.18				
			5 Medicare wages and tips 1486.85		6 Medicare tax withheld 21.56				
			7 Social security tips		8 Allocated tips				
d Employee's social security number 247-55-7696			Advance EIC payment		10 Dependent care benefits				
16 State NC	Employer's state I.D. No. 41-9227-19	17 State wages, tips 1486.85	18 State income tax	19 Locality name	20 Local wages, tips, etc	21 Local income tax			
e Employee's name (first, middle initial, last) MARY D COVINGTON APT. 5 2004 CANTERWOOD DR. CHARLOTTE NC 28213-7945 			11 Nonqualified plans		12 Benefits included in Box 1				
			13 See Instrs. for Box 13		14 Other				
			15 Statutory employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <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 1996 Department of the Treasury-Internal Revenue Service

CERTIFIED TRUE COPY
 No. of pages: 5 Date: 6-9-98
 By: [Signature]
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

C/E
407

4920510807913

010197 18

OMB NO. 1545-1309

1997 1040PC FORMAT U.S. INDIVIDUAL INCOME TAX RETURN PAGE 01 OF 01

! MOHAMAD A<DARWICHE 096-84-3867 51
! 247-55-7696 51
!
! PO BOX 560918
! CHARLOTTE NC 28256
!
! PPECF N SPECF FS 3 6A-SELF X 3-SN MARY D CONGYTON
! 6D-TOTAL 01

1040 PAGE 1 ! SSNP-----249-06-4868 !
7-----8528 ! PEIN-----56-0896529 !
22-----8528 ! POCC-DELIVERY----- !
32-----8528 !

ADD INFO

1040 PAGE 2 ! PDI-----1000000000 !
33-----8528 ! SEI----- !
35-----3450 ! SC-----09 !
36-----5078 !
37-----2650 !
38-----2428 !
39-----366 !
46-----366 !
53-----366 !
54-----653 !
60-----653 !
61-----287 !
62A-----287 !
PREP-VICKIE ADAMS----- !
FIRM-H AND R BLOCK----- !
ADD--916 EAST MOREHEAD !
-ST----- !
CSZ--CHARLOTTE NC 2820 !
-4-0000----- !

TOTAL INCOME LINE 22 8528 TOTAL TAX LINE 53 366
TOTAL PAYMENTS LINE 60 653 REFUND LINE 62A 287

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.

Michael Darwiche
Your Signature _____ Date _____

CERTIFIED TRUE COPY
No. of pages: 1 Spouse's Signature _____ Date: 04-11-98
By: *[Signature]* **DISCLOSURE OFFICER**
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

See Attestation 04101998
Preparer's Signature _____ Date _____
For Paperwork Reduction Act Notice See Instructions

PAGE 01 OF 01
Notice 974
010197 18

PREPARER ATTESTATION

(For Computer Completed Returns)

11
11
11
11
11

TAXPAYER Mohamad A Orwiche SSN 096/84/3867
FIRST NAME AND INITIAL LAST NAME

SPOUSE _____ SSN ____/____/____
FIRST NAME AND INITIAL LAST NAME

Tax Year: 1997

I ATTEST THAT ALL INFORMATION
CONTAINED IN THIS INCOME TAX RETURN
WAS OBTAINED FROM

"Mohamad"
Name(s) of individual(s) who provided tax return information

AND IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE.

PREPARER'S SIGNATURE: J Adams Date: 4/9/98
SSN 249/06/4868

**THIS ATTESTATION MUST REMAIN
ATTACHED TO THIS RETURN WHEN FILED**

1 Wages, tips, other comp. 7318.24		2 Federal income tax withheld 548.50	
3 Social security wages 7318.24		4 Social security tax withheld 453.73	
5 Medicare wages and tips 7318.24		6 Medicare tax withheld 106.11	
a Control Number 101562 DRH	Dept. 891520	Corp. A	Employer use only 293
c Employer's name, address, and ZIP code PRAIRIE PIZZA, INC 1421-D ORCHARD LAKE DR CHARLOTTE NC 28270			
b Employer's FED ID number 61-0992859		d Employee's SSA number 096-84-3867	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See Instrs. for box 13		14 Other	
15 Stat emp.	Deceased	Pension plan	Legal rep. Hshh. emp. Deferred comp.
e/f Employee's name, address and ZIP code MOHAMAD A. DARWICHE 6130 CORK TREE COURT CHARLOTTE, NC 28212			
16 State	Employer's state ID NC 60 32773	17 State wages, tips, etc. 7318.24	
18 State income tax 356.60		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy W-2 Wage and Tax Statement 1997 <small>OMB No. 1545-0008</small> Copy B To be filed with employee's Federal income Tax Return.			

a Control number		OMB No 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return		
941	2			1 Wages, tips, other compensation 1209.60	2 Federal income tax withheld 104.00	
b Employer's identification number 56-2018317				3 Social security wages 1209.60	4 Social security tax withheld 75.00	
c Employer's name, address, and ZIP code BILLAIMEE PIZZA INC. TOPPER'S PIZZA 5820 E. HARRIS BLVD EAST TOWN MARKET CHARLOTTE, NC 28215				5 Medicare wages and tips 1209.60	6 Medicare tax withheld 17.54	
				7 Social security tips 0.00	8 Allocated tips 0.00	
				9 Advance EIC payment 0.00	10 Dependent care benefits 0.00	
d Employee's social security number 096-84-3867				11 Nonqualified plans 0.00	12 Benefits included in box 1 0.00	
e Employee's name, address, and ZIP code MOHAMAD A DARWICHE 6130 CORKTREE COURT CHARLOTTE, NC 28212				13 See Instrs. for box 13	14 Other	
				15 Statutory employee Deceased Pension plan Legal rep Hshld emp Deferred compensation		
16 State	Employer's state I D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages tips, etc	21 Local income tax
NC	600098330	1209.60	28.09			

Department of the Treasury - Internal Revenue Service

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

This information is being furnished to the Internal Revenue Service.

Form **1040EZ** **Income Tax Return for Single and Joint Filers with No Dependents** **1998** (99)

Use the IRS label here

Your First Name MOHAMAD	MI A	Last Name DARWICHE
If a Joint Return, Spouse's First Name MARY	MI D	Last Name COVINGTON
Home Address (number and street) If you have a P.O. box, see instructions. 5425 DONNEFIELD DR		Apt No.
City, Town or Post Office. If you have a foreign address, see instructions. CHARLOTTE		State ZIP Code NC 28227

Your Social Security Number
096-84-3867

Spouse's Social Security Number
247-55-7696

▲ Important ▲
You must enter your SSN(s) above

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

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

Income

Attach Copy B of Form(s) W-2 here. Enclose, but do not staple, any payment.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s)	1	Dollars	Cents
2 Taxable interest income. If the total is over \$400, you cannot use Form 1040EZ	2		
3 Unemployment compensation (see instructions)	3		
4 Add lines 1, 2, and 3. This is your adjusted gross income . If under \$10,030, see instructions to find out if you can claim the earned income credit on line 8a	4		
5 Can your parents (or someone else) claim you on their return?			

Dollars **7,979.** Cents

Note: You must check Yes or No

Yes. Enter amount from worksheet. **No.** If single, enter \$6,950.00. If married, enter \$12,500.00. See instructions for explanation.

12,500.

Payments and tax

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income	6		0.
7 Enter your federal income tax withheld from box 2 of your W-2 form(s)	7		338.
8a Earned income credit (see instructions). b Nontaxable earned income. Enter type and amount below.	8a		157.
9 Add lines 7 and 8a. These are your total payments	9		495.

Refund

Have it directly deposited! See instrs and fill in 11b, 11c, and 11d.

11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**

b Routing number

c Type: Checking Savings

d Account number

CERTIFIED TRUE COPY

No. of pages: 1 Date: JUL 1 9 1999

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

Amount you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe**. See instructions for details on how to pay

Sign here

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 <i>Mohamad Darwiche</i>	Spouse's Signature if Joint Return See instructions <i>Mary Covington</i>
Date 4/14/99	Date 4-14-99
Your Occupation MANAGER	Spouse's Occupation COOK

For Official Use Only

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

1998 Form 1040EZ

922212675812

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 1999

(99) IRS 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. 1545-0074

Label (See instructions)

Your First Name MI Last Name Your Social Security Number
MOHAMAD A DARWICHE 096-84-3867

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

If a Joint Return, Spouse's First Name MI Last Name Spouse's Social Security Number
247-55-7696

Presidential Election Campaign (See instructions)

Home Address (number and street). If You Have a P O Box, See Instructions. Apartment No
5425 DONNEFIELD DR
City, Town or Post Office If You Have a Foreign Address, See Instructions. State ZIP Code
CHARLOTTE NC 28227

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

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

Check only one box.

Exemptions

6a 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)
No. of boxes checked on 6a and 6b: 1
No. of your children on 6c who: lived with you, did not live with you due to divorce or separation (see instructions), Dependents on 6c not entered above, Add numbers entered on lines above: 1

If more than six dependents, see instructions.

Income

Attach 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 instructions.

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

Table with 3 columns: Line number, Description, Amount. Includes rows for Wages (8,750), Total IRA distributions, Total pensions & annuities, Total income (8,750), Adjusted Gross Income (8,750).

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (1999)

Tax and Credits

Standard Deduction for Most People

Single: \$4,300

Head of household: \$6,350

Married filing jointly or Qualifying widow(er): \$7,200

Married filing separately: \$3,600

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

Other Taxes

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

Payments

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

Refund

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

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

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for Amount You Owe.

Sign Here

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

Signature and occupation fields for preparer and spouse.

Paid Preparer's Use Only

Preparer's signature, firm name, address, and EIN/ZIP code.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. PROFESSIONAL ACCOUNTING & TAX SERVICES 4938 CENTRAL AVE SUITE 200 CHARLOTTE, NC 28205		1 Rents \$	2 Royalties \$	3 Other income \$	OMB No. 1545-0115 1999 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 56-2138879	RECIPIENT'S identification number 096-84-3867	4 Federal income tax withheld \$ 0.00	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 5000.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name MOHAMAD DARWICHE Street address (including apt. no.) 5424 DONNEFIELD DR City, state, and ZIP code CHARLOTTE, NC 28227		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11 State income tax withheld \$ 0.00	
Account number (optional) 		12 State/Payer's state number 	13 \$			

Form 1099-MISC Department of the Treasury - Internal Revenue Service

a Control number 56-2138879		Employer's name, address, and ZIP code SORBN, INC CEDARLAND 4832 CENTRAL AVE S E 2 F CHARLOTTE, NC 28205		1 Wages, tips, other compensation 3750.00		2 Federal income tax withheld 101.00	
b Employer identification number 56-2138879		c Employee's name, address, and ZIP code MOHAMAD A DARWICHE 5425 DONNEFIELD DR CHARLOTTE, NC 28227		3 Social security wages 3750.00		4 Social security tax withheld 332.50	
d Employee's social security number 096-84-3867		e Employee's name, address, and ZIP code MOHAMAD A DARWICHE 5425 DONNEFIELD DR CHARLOTTE, NC 28227		5 Medicare wages and tips 3750.00		6 Medicare tax withheld 54.90	
				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 <input type="checkbox"/>		Deceased <input type="checkbox"/>	
				Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>	
				Deferred compensation <input type="checkbox"/>			
16 State Employer's state I.D. no. NC 600232735		17 State wages, tips, etc. 3750.00		18 State income tax 80.25		19 Locality name 	
				20 Local wages, tips, etc. 		21 Local income tax 	

Form W-2 Wage and Tax Statement 1999 Department of the Treasury—Internal Revenue Service
 Copy B To Be Filed With Employee's FEDERAL Tax Return to the Internal Revenue Service.

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

REQUEST DATA: PRIMARY TIN 096843867 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 096-84-3867 -- VALID SSN
MOHAMAD A 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.....\$101+
FICA TX WH.....\$232+
T FICA WAG.....\$3,750+
MEDCARE WH.....\$54+
MEDCARE WG.....\$3,750+

DOCUMENT TYPE: 1099-MISC ON FILE DATE: 07-14-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 096-84-3867 -- VALID SSN
MOHAMAD DARWICHE PYR'S SUBMISSION DLN: 56569166139490
5424 DONNEFIELD DR TRNS CNTL CD: N/A PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: PAPER
STATE: NC ZIP: 28227-0000 NOT DIRECT SALES
NO SECOND NOTICE

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 56-2138879
PROFESSIONAL ACCOUNTING & TAX
SERVICES
4938 CENTRAL AVE STE 200
CHARLOTTE NC 28205
NONEMP COM.....\$5,000+

CERTIFIED TRUE COPY
No. of pages: 8 Date: 01-17-2001
By: *[Signature]*
Treasurer
Internal Revenue Service
North South Carolina District
Greensboro, North Carolina

P/R/F: 417-04-40 49 5666321195 GL IA23 20001031 D056RM409 3363782214
INFORMATION RETURNS MASTER FILE TRANSCRIPT FOR TY 1999 CYCLE 200044 PAGE 2
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 096843867 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$3,750+
TX WITHELD.....	\$101+
MEDCARE WH.....	\$54+

GROUP	AMOUNT
NONEMP COM.....	\$5,000+
FICA TX.....	\$232+
MEDCARE WG.....	\$3,750+

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 096843867 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 06-01-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 096-84-3867 -- VALID SSN
MOHAMAD A DARWICHE SSA MICROFILM NUMBER: 80966564525

STATE: ** ZIP: 00000-0000

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 562018317
BILIAIMEE PIZZA INC

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

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$1,086+
TX WITHELD.....\$57+
FICA TX WH.....\$67+
T FICA WAG.....\$1,086+
MEDCARE WH.....\$15+
MEDCARE WG.....\$1,086+

DOCUMENT TYPE: W-2 ON FILE DATE: 05-21-1999 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 096-84-3867 -- VALID SSN
MOHAMAD A DARWICHE SSA MICROFILM NUMBER: 80748815026

6130 CORK TREE COURT
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

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

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$7,801+
TX WITHELD.....\$337+
FICA TX WH.....\$483+
T FICA WAG.....\$7,801+
MEDCARE WH.....\$113+
MEDCARE WG.....\$7,801+

11-02-2000

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 096843867 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$8,887+
FICA TX.....	\$550+
MEDCARE WG.....	\$8,887+

GROUP	AMOUNT
TX WITHELD.....	\$394+
MEDCARE WH.....	\$128+

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 096843867 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 096-84-3867 -- VALID SSN
M A DARWICHE SSA MICROFILM NUMBER: 70737118307

STATE: ** ZIP: 00000-0000

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 562018317
BILLAIMEE PIZZA 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.....\$1,209+
TX WITHELD.....\$104+
FICA TX WH.....\$75+
T FICA WAG.....\$1,209+
MEDCARE WH.....\$17+
MEDCARE WG.....\$1,209+

DOCUMENT TYPE: W-2 ON FILE DATE: 07-14-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 096-84-3867 -- VALID SSN
MOHAMAD A DARWICHE SSA MICROFILM NUMBER: 71278617054
6130 CORK TREE 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

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

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$7,318+
TX WITHELD.....\$548+
FICA TX WH.....\$453+
T FICA WAG.....\$7,318+
MEDCARE WH.....\$106+
MEDCARE WG.....\$7,318+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 10-06-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 096-84-3867 -- VALID SSN
MOHAMAD DARWICHE PYR'S SUBMISSION DLN: 49569625480028
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: 60137001000003140173
PAYER ENTITY DATA: EIN 56-1948225
FIRST UNION NATIONAL BANK
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3C2
CHARLOTTE NC282880467

INTEREST.....\$16+

11-02-2000

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 096843867 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$8,527+
TX WITHELD.....	\$652+
MEDCARE WH.....	\$123+

GROUP	AMOUNT
INTEREST.....	\$16+
FICA TX.....	\$528+
MEDCARE WG.....	\$8,527+

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 7
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 096843867 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 096-84-3867 -- VALID SSN
MOHAMAD 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: 60137001000003140173
PAYER ENTITY DATA: EIN 56-1360141
FIRST UNION NATIONAL BK OF NC
INTEREST REPORTING NC0467
301 S COLLEGE ST
CHARLOTTE NC 28288 0467

INTEREST.....\$88+

345 55

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 096843867 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

		SUMMARY	
GROUP	AMOUNT	GROUP	AMOUNT
INTEREST.....	\$88+		