

Form 1040 U.S. Individual Income Tax Return 1993

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

For the year January 1-December 31, 1993, or other tax year beginning 1993, ending 19 OMB No. 1545-0074

Your first name and initial SAID M. HARB Last name Your social security number 245-59-0351

If a joint return, spouse's first name and initial SONYA B. HARB Last name Spouse's social security no. 363-92-1813

Home address (number and street). If you have a P.O. box, see page 12. P O BOX 25634 Apt. no. For Privacy Act and Paperwork Reduction Act Notice, see page 4.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. CHARLOTTE NC 28229

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

Filing Status 1 Single 2 X Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security number above and full name here. 4 Head of household (with qualifying person). (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 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. No. of boxes checked on 6a and 6b 2

Table with columns: (1) Name (first, initial, and last name), (2) Check if under age 1, (3) If age 1 or older, dependent's social security number, (4) Dependent's relationship to you, (5) No. of months lived in your home in 1993, No. of your children on 6c who: lived with you, didn't live with you due to divorce or separation (see page 15), Dependents on 6c not entered above.

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here. e Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 13,170. 8a Taxable interest income (see page 16). Attach Schedule B if over \$400 8a 8. 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 page 17) 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 Capital gain distributions not reported on line 13 14 15 Other gains or (losses). Attach Form 4797 15 16a Total IRA distributions 16a b Taxable amount 16b 17a Total pensions and annuities 17a b Taxable amount 17b 18 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 19 Farm income or (loss). Attach Schedule F 19 20 Unemployment compensation 20 21a Social security benefits 21a b Taxable amount 21b 22 Other income. List type and amount 22 23 Add the amounts in the far right column for lines 7 through 22. This is your total income 23 13,178.

Adjustments to Income 24a Your IRA deduction (see page 20) 24a 24b Spouse's IRA deduction (see page 20) 24b 25 One-half of self-employment tax (see page 21) 25 26 Self-employed health insurance deduction (see page 22) 26 27 Keogh retirement plan and self-employed SEP deduction 27 28 Penalty on early withdrawal of savings 28 29 Alimony paid, SSN 29 30 Add lines 24a through 29. 30

Adjusted Gross Income 31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$23,050 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56. 31 13,178.



Tax Computation (See page 23.)	32	Amount from line 31 (adjusted gross income)	32	13,178.
	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 24 and check here.	33c		
	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 24 to find your standard deduction. If you checked box 33c, your standard deduction is zero. <input type="checkbox"/> Single - \$3,700 <input type="checkbox"/> Head of household - \$5,450 <input type="checkbox"/> Married filing separately - \$3,100 <input type="checkbox"/> Married filing jointly or Qualifying widow(er) - \$6,200	34	6,200.
	35	Subtract line 34 from line 32	35	6,978.
	36	If line 32 is \$81,350 or less, multiply \$2,350 by the total number of exemptions claimed on line 6e. If line 32 is over \$81,350, see the worksheet on page 25 for the amount to enter	36	7,050.
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0.
If you want the IRS to figure your tax, see page 24.	38	Tax. Check if from <input checked="" type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, <input type="checkbox"/> Schedule D Tax Worksheet, or <input type="checkbox"/> Form 8615 (see page 25). Amount from Form(s) 8814	38	0.
	39	Additional taxes (see page 25). Check if from <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972.	39	
	40	Add lines 38 and 39	40	0.

Credits (See page 26.)	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 pg. 28). Check if from <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8398 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	47	Self-employment tax. Attach Schedule SE. Also, see line 25	47	
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Recapture taxes (see page 26). Check if from <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	0.


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	317.
	55	1993 estimated tax payments and amount applied from 1992 return	55	
	56	Earned income credit. Attach Schedule EIC NO.	56	
	57	Amount paid with Form 4868 (extension request)	57	
	58a	Excess social security, Medicare, and RRTA tax withheld (see page 28)	58a	
		b Deferral of additional 1993 taxes. Attach Form 8841	58b	
	59	Other payments (see page 28). Check if from <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
	60	Add lines 54 through 59. These are your total payments	60	317.

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	317.
	62	Amount of line 61 you want REFUNDED TO YOU	62	317.
	63	Amount of line 61 you want APPLIED TO YOUR 1994 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 29.	64	
	65	Estimated tax penalty (see page 29). Also include on line 64	65	

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.

Sign Here Keep a copy of this return for your records.	Your signature	Date	Your occupation
	<i>Said Harb</i>	2 Feb 94	COOK
	Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation
	<i>Sonya Harb</i>	02/14/94	HOMEMAKER
Paid	Preparer's signature	Date	Preparer's social security no.
	<i>M. C. Coy</i>	02/14/94	240-46-9415

Preparer's Use Only	Firm's name (or yours if self-employed) and address	MEL JACKSON TAX SERVICE INC 201 S KINGS DRIVE CHARLOTTE, NORTH CAROLINA	E.I. No. 56-1390411
			ZIP code 28204

a Control number 0116043		22222		Void For Official Use Only		
b Employer's identification number 48-0895936			1 Wages, tips, other compensation 2769.62		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 2652.62		4 Social security tax withheld 169.30	
			5 Medicare wages and tips 2730.62		6 Medicare tax withheld 39.59	
			7 Social security tips 78.00		8 Allocated tips	
d Employee's social security number 245-59-0351			9 Advance EIC payment		10 Dependent care benefits	
16 State NC	Employer's state I.D. No. 41-9227-19	17 State wages, tips 2769.62	18 State income tax 28.19	19 Locality name	20 Local wages, tips, etc	
e Employee's name (first, middle initial, last) 734111 F 8846120 SAID HARB BOX 25634 P.O. BOX 25634 CHARLOTTE, NC 28229-5634 			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"/>
f Employee's address and Zip code						

Copy B - To Be Filed With Employee's Federal Tax Return

W-2 Wage and Tax Statement 1993

Department of the Treasury - Internal Revenue Service

CERTIFIED TRUE COPY
 No. of pages: 3 Date: 6-9-98
 By: *M. Anderson*
 Disclosure Officer
 Internal Revenue Service
 North-South Carolina District
 Greensboro, North Carolina

Copy B To Be Filed With Employee's FEDERAL Tax Return			Void 1993		OMB No 1545-0008	
a Control number 7		1 Wages, tips, other comp 10400.00		2 Federal income tax withheld 317.00		
b Employer's ID no 56-1094365		3 Social security wages 10400.00		4 Social security tax withheld 644.80		
		5 Medicare wages and tips 10400.00		6 Medicare tax withheld 150.80		
c Employer's name, address, and ZIP code VILLAGE RESTAURANT 3208 N. GRAHAM STREET CHARLOTTE, N.C. 28206						
d Employee's social security number						
e Employee's name, address, and ZIP code SAID M. HARB 3443-F2 N. SHARON AMITY ROAD CHARLOTTE, N.C. 28205						
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"/>	942 emp. <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Deferred compensation <input type="checkbox"/>
NC 60-23296		10400.00		279.60		
16 State Empr'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		

Label (See Instructions on page 12.)

Use IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan. 1-Dec. 31, 1994, or other tax year beginning 1994, ending 19 OMB No. 1545-0074 Your first name and initial SAID HARB Last name Your social security number 245 59 0351 If a joint return, spouse's first name and initial SONYA HARB Last name Spouse's social security number 363 92 1813 Home address (number and street). If you have a P.O. box, see page 12. P O BOX 25634 Apt. no. For Privacy Act and Paperwork Reduction Act Notice, see page 4. City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. CHARLOTTE, NC 28229 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. X X

Filing Status

(See page 12.)

Check only one box.

1 Single 2 X Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's soc. sec. no. above and full name here. 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (year spouse died 19).

Exemptions

(See page 13.)

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. 6b X Spouse No. of boxes checked on 6a and 6b 2 No. of your children on 8c who: 0 lived with you 0 didn't live with you due to divorce or separation (see page 14) Dependents on 8c not entered above X 1 Add numbers entered on lines above 3

If more than six dependents, see page 14.

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 7 7917. 8a Taxable interest income. Attach Schedule B if over \$400 8a 8b Tax-exempt interest (see page 16). 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 page 16) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 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 7917.

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 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

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 7917.

Tax Computation

32 Amount from line 31 (adjusted gross income) **32** 7917.

33a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here **33a**

b If 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: **34** 6350.
 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

35 Subtract line 34 from line 32 **35** 1567.

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** 7350.

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 Tax Table, b Tax Rate Schedules, c Capital Gain Tax Worksheet, or d Form 8615 (see page 24). Amount from Form(s) 8814 **38** 0.

39 Additional taxes. Check if from a Form 4970 b Form 4972 **39**

40 Add lines 38 and 39 **40** 0.

Credits

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. Check if from a Form 3800 b Form 8396 c Form 8801 d 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

47 Self-employment tax. Attach Schedule SE **47**

48 Alternative minimum tax. Attach Form 6251 **48**

49 Recapture taxes. Check if from a Form 4255 b Form 8611 c 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** 0.

Payments

54 Federal income tax withheld. If any is from Form(s) 1099, check **54** 354.

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** OX 82.

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 Form 2439 b Form 4136 **59**

60 Add lines 54 through 59. These are your total payments **60** 436.

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** 436.

62 Amount of line 61 you want REFUNDED TO YOU **62** 436.

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**

65 Estimated tax penalty (see page 33). Also include on line 64 **65**

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: *Said Harb* Date: *Feb 15 95* Your occupation: *ASST MGR*

Spouse's signature, if a joint return, BOTH must sign: *Sonia Harb* Date: *Feb 15 95* Spouse's occupation: *HOMEMAKER*

Preparer's signature: *M J Coy* Date: *2/15/95* Check if self-employed Preparer's social security no. *240 46 9415*

Paid Preparer's Use Only

Firm's name (or yours if self-employed) and address: *MEL JACKSON TAX SERVICE INC* E. I. No. *56 1390411*

201 S KINGS DRIVE ZIP code *28204*

CHARLOTTE NC

Earned Income Credit Worksheet - Line 56 (keep for your records)

24711

Name

SAID HARB & SONYA HARB

245-59-0351

Caution: If you are a minister or member of a religious order, see **Special Rules** in the instructions before completing this worksheet.

- | | |
|---|-----------------|
| 1. Enter the amount from Form 1040, line 7 | 1. <u>7917.</u> |
| 2. If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here | 2. _____ |
| 3. Subtract line 2 from line 1 | 3. <u>7917.</u> |
| 4. Enter any nontaxable earned income. Types of nontaxable earned income include contributions to a 401(k) plan, which should be shown in box 13 of your W-2 form, and military housing and subsistence | 4. _____ |
| 5. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet in the instructions | 5. _____ |
| 6. Add lines 3, 4, and 5 | 6. <u>7917.</u> |
| 7. Look up the amount on line 6 above in the EIC Table in the instructions to find your credit. Enter the credit here | 7. <u>82.</u> |
| If line 7 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 56. | |
| 8. Enter the amount from Form 1040, line 31 | 8. <u>7917.</u> |
| 9. Is line 8 less than - | |
| • \$5,000 if you don't have a qualifying child? | |
| • \$11,000 if you have at least one qualifying child? | |
| <input type="checkbox"/> YES. Go to line 10 now. | |
| <input checked="" type="checkbox"/> NO. Look up the amount on line 8 above | |
| in the EIC Table in the instructions to find | |
| your credit. Enter the credit here | |
| 9. | <u>82.</u> |
| 10. Earned income credit. | |
| • If you checked "YES" on line 9, enter the amount from line 7. | |
| • If you checked "NO" on line 9, enter the smaller of line 7 or line 9 | |
| 10. | <u>82.</u> |

Next: Take the amount from line 10 above and enter it on Form 1040, line 56.

AND

If you had any nontaxable earned income (see line 4 above), enter the amount and type of the income in the spaces provided on line 56.

AND

Complete Schedule EIC and attach it to your return **ONLY** if you have a qualifying child.

Note: If you owe the alternative minimum tax (Form 1040, line 48), subtract it from the amount on line 10 above. Then, enter the result (if more than zero) on Form 1040, line 56. Also, replace the amount on line 10 above with the amount entered on Form 1040, line 56.

Form 1040

Wages Received and Taxes Withheld

Statement 1

T S Employer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA Tax	Medicare Tax
T PRAIRIE PIZZA	4333.	264.	171.		269.	63.
T PIZZA HUT	184.				11.	3.
T VILLAGE REST	3400.	90.	121.		211.	49.
Totals	7917.	354.	292.		491.	115.

a Control number 0034150		222		Void For Official Use Only		
b Employer's identification number 48-0895936			1 Wages, tips, other compensation 183.49		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 70000			3 Social security wages 183.49		4 Social security tax withheld 11.38	
			5 Medicare wages and tips 183.49		6 Medicare tax withheld 2.66	
			7 Social security tips		8 Allocated tips	
d Employee's social security number 245-59-0351			9 Advance EIC payment		10 Dependent care benefits	
16 State NC	Employer's state I.D. No. 41-9227-19	17 State wages, tips 183.49	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
e Employee's name (first, middle initial, last) 734111 F 8846120 SAID HARB BOX 25634 P.O. BOX 25634 CHARLOTTE, NC 28229-5634 [Barcode]			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.
f Employee's address and Zip code						

Copy B - To Be Filed With Employee's Federal Tax Return W-2 Wage and Tax Statement 1994 Department of the Treasury - Internal Revenue Service

1 Wages, tips, other comp. 4332.82		2 Federal income tax withheld 263.81	
3 Social security wages 4332.82		4 Social security tax withheld 268.63	
5 Medicare wages and tips 4332.82		6 Medicare tax withheld 62.88	
a Control number J40250 DRH	Dept. 558520	Corp. A	Employer use only 244
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 245 59-0351	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See Instrs. for box 13		14 Other	
15 Stat emp	Deceased	Pension plan	Legal rep
942 emp	Deferred comp		
e Employee's name, address, and ZIP code SAID HARB P.O. BOX 25634 CHARLOTTE NC 28229			
16 State NC	Employer's state ID 60 32773	17 State wages, tips, etc. 4332.82	
18 State income tax 171.13		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	

Federal Filing Copy
W-2 Wage and Tax Statement 1994
Copy B to be filed with employee's Federal Income Tax Return.

Copy B To Be Filed With Employee's FEDERAL Tax Return			1994	OMB No 1545-0008
a Control number 7		1 Wages, tips, other comp 3400.00	2 Federal income tax withheld 90.00	
b Employer's ID no 56-1094365		3 Social security wages 3400.00	4 Social security tax withheld 210.80	
		5 Medicare wages and tips 3400.00	6 Medicare tax withheld 49.30	
c Employer's name, address, and ZIP code VILLAGE RESTAURANT 3208 N. GRAHAM STREET CHARLOTTE, N.C. 28206				
d Employee's social security number				
e Employee's name, address, and ZIP code SAID M. HARB 3443-F2 N. SHARON AMITY ROAD CHARLOTTE, N.C. 28205				
7 Social security tips		8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans	12 Benefits included in Box 1	
13 See Instrs. for Box 13		14 Other		
15 Statutory employee	Deceased	Pension plan	Legal rep	942 emp
Subtotal	Deferred compensation			
NC	60-23296	3400.00	120.87	
16 State Emplr's state I D #		17 State wages, tips, etc	18 State income tax	
19 Locality name		20 Local wages, tips, etc.	21 Local income tax	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
The information is being furnished to the Internal Revenue Service.

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

Label

(See Instructions on page 11.)

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

Presidential Election Campaign

For the year Jan. 1-Dec. 31, 1995, or other tax year beginning _____, 1995, ending _____, 19

OMB No. 1545-0074

Your first name and initial SAID HARB	Last name	Your social security number 245 59 0351						
If a joint return, spouse's first name and initial SONYA HARB	Last name	Spouse's social security number 363 92 1813						
Home address (number and street). If you have a P.O. box, see page 11. P. O. BOX 25634		Apt. no.						
City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. CHARLOTTE, NC 28229								
Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?		<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>Note: Checking "Yes" will not change your tax or reduce your refund.</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.			
Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.						

Filing Status

(See page 11.)

Check only one box.

1	<input type="checkbox"/> Single
2	<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
3	<input type="checkbox"/> Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶ _____
4	<input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19 _____).

Exemptions

(See page 12.)

If more than six dependents, see page 13.

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. But be sure to check the box on line 33b on page 2	No. of boxes checked on 6a and 6b	2	
b	<input checked="" type="checkbox"/> Spouse			
c Dependents:		No. of your children on 6c who:	2	
(1) First name	Last name			(2) Dependent's social security number if born in 1995, see page 13.
AIYA M.	HARB	245 81 8193	DTR	12
MOHAMAD M	HARB	245 81 8194	SON	12
RIBIA N.	ALLAEDDINE	244 73 1918	MOTHER	6
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ <input type="checkbox"/>		Dependents on 6c not entered above		1
e Total number of exemptions claimed		Add numbers entered on lines above ▶		5

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.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	26358.
8a	Taxable interest income. Attach Schedule B if over \$400	8a	
b	Tax-exempt interest (see page 15). 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 page 15)	10	
11	Alimony received	11	
12	Business income or (loss) Attach Schedule C or C-EZ	12	
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 16)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see page 16)	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 17)	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	26358.

Adjustments to Income

23 a	Your IRA deduction (see page 19)	23a	
b	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	
26	Self-employed health insurance deduction (see page 21)	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. These are your total adjustments	30	

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your adjusted gross income. If less than \$26,673 and a child lived with you, (less than \$9,230 if a child didn't live with you), see "Earned Income Credit" on page 27.	31	26358.
----	--	----	--------

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	26358.
	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 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	13956.
	35	Subtract line 34 from line 32	35	12402.
	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	12500.
	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	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	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. 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	47	Self-employment tax. Attach Schedule SE	47	
	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	Household employment taxes. Attach Schedule H	53	
	54	Add lines 46 through 53. This is your total tax	54	0.
Payments	55	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> Your occupation	55	1785.
	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 and type	57	60.
	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	1845.
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	1845.
	63	Amount of line 62 you want REFUNDED TO YOU	63	1845.
	64	Amount of line 62 you want APPLIED TO YOUR 1996 ESTIMATED TAX	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	
	66	Estimated tax penalty (see page 33). Also include on line 65	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 <i>Said Habib</i>	Date 1-24-96	Your occupation MANAGER
Spouse's signature. If a joint return, BOTH must sign. <i>Sonya Habib</i>	Date 1-24-96	Spouse's occupation H/W
Preparer's signature <i>Mel Jackson</i>	Date 01/24/96	Check if self-employed <input type="checkbox"/> Preparer's social security no 240 46 9415
Firm's name (or yours if self-employed) and address MEL JACKSON TAX SERVICE INC. 201 S KINGS DRIVE CHARLOTTE NC	E. I. No. 56 1390411	ZIP code 28204

**SCHEDULE A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

1995

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

SAID & SONYA HARB

245 59 0351

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	See Statement 2	1	14515.	
2	Enter amount from Form 1040, line 32	2	26358.		
3	Multiply line 2 above by 7.5% (.075)	3	1977.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			12538.
Taxes You Paid					
5	State and local income taxes	5	1045.		
6	Real estate taxes (see page A-2)	6			
7	Personal property taxes	7	121.		
8	Other taxes - List type and amount	8			
9	Add lines 5 through 8	9			1166.
Interest You Paid					
10	Home mortgage interest and points reported to you on Form 1098	10			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. See page A-3 for special rules	12			
13	Investment interest. If required, attach Form 4952. (See page A-3.)	13			
14	Add lines 10 through 13	14			
Gifts to Charity					
15	Gifts by cash or check. If any gift of \$250 or more, see page A-3	15	152.		
16	Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283	16	100.	Stmt 1	
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			252.
Casualty and Theft Losses					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19			
Job Expenses and Most Other Miscellaneous Deductions					
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-5.)	20	350.	Uniforms and protective clothing	
21	Tax preparation fees	21	35.		
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23	385.		
24	Enter amount from Form 1040, line 32	24	26358.		
25	Multiply line 24 above by 2% (.02)	25	527.		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0.
Other Miscellaneous Deductions					
27	Other - from list on page A-5. List type and amount	27			
Total Itemized Deductions					
28	Is Form 1040, line 32, over \$114,700 (over \$57,350 if married filing separately)?	28	13956.		
NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction.					
YES. Your deduction may be limited. See page A-5 for the amount to enter.					

LHA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1995

SCHEDULE EIC

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Earned Income Credit
(Qualifying Child Information)**

▶ Attach to Form 1040A or 1040.
▶ See Instructions for Schedule EIC.

OMB No. 1 45-0074

1995

Attachment
Sequence No. **43**

Name(s) shown on return

Your social security number

SAID & SONYA HARB

245 59 0351

Before You Begin . . .

- Answer the questions on page 47 of the Form 1040A instructions or page 27 of the Form 1040 instructions to see if you can take this credit.
- If you can take the credit, fill in the worksheet on page 48 (1040A) or page 28 (1040) to figure your credit. But if you want the IRS to figure it for you, see page 42 (1040A) or page 35 (1040).

Then, 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 don't attach Schedule EIC and fill in all the lines that apply, it will take us longer to process your return and issue your refund.

	(a) Child 1		(b) Child 2	
	First name	Last name	First name	Last name
1 Child's name	AIYA M.	HARB	MOHAMAD M	HARB
2 Child's year of birth	19	95	19	95
3 If child was born before 1977 AND -				
a was under age 24 at the end of 1995 and a student, check the "Yes" box, OR	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
b was permanently and totally disabled, check the "Yes" box	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
4 Enter the child's social security number. If born in 1995, see instructions	245	81 8193	245	81 8194
5 Child's relationship to you (for example, son, grandchild, etc.)	DTR		SON	
6 Number of months child lived with you in the United States in 1995	12	months	12	months

Tip: Do you want the earned income credit added to your take-home pay in 1996? 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).

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

Schedule EIC (Form 1040A or 1040) 1995



Earned Income Credit Worksheet - Line 57 (keep for your records)

Name

SAID & SONYA HARB

245-59-0351

Caution: If you were a household employee who didn't receive a Form W-2 because your employer paid you less than \$1,000 in 1995 or you are a minister or member of a religious order, see **Special Rules** in the instructions before completing this worksheet. Also, see **Special Rules** if Form 1040, line 7 includes any amount paid to an inmate in a penal institution.

- | | | |
|--|-----|--------|
| 1. Enter the amount from Form 1040, line 7 | 1. | 26358. |
| 2. If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here | 2. | |
| 3. Subtract line 2 from line 1 | 3. | 26358. |
| 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 the worksheet in the instructions | 5. | |
| 6. Add lines 3, 4, and 5 | 6. | 26358. |
| 7. Look up the amount on line 6 above in the EIC Table in the instructions to find your credit. Enter the credit here | 7. | 60. |
| If line 7 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 57. | | |
| 8. Enter the amount from Form 1040, line 31 | 8. | 26358. |
| 9. Is line 8 less than - | | |
| • \$5,150 if you don't have a qualifying child? | | |
| • \$11,300 if you have at least one qualifying child? | | |
| <input type="checkbox"/> YES. Go to line 10 now. | | |
| <input checked="" type="checkbox"/> NO. Look up the amount on line 8 above in the EIC Table in the instructions to find your credit. Enter the credit here | 9. | 60. |
| 10. Earned income credit. | | |
| • If you checked "YES" on line 9, enter the amount from line 7. | | |
| • If you checked "NO" on line 9, enter the smaller of line 7 or line 9 | 10. | 60. |

Next: Take the amount from line 10 above and enter it on Form 1040, line 57.

AND

If you had any nontaxable earned income (see line 4 above), enter the amount and type of the income in the spaces provided on line 57.

AND

Complete Schedule EIC and attach it to your return **ONLY** if you have a qualifying child.

Note: If you owe the alternative minimum tax (Form 1040, line 48), subtract it from the amount on line 10 above. Then, enter the result (if more than zero) on Form 1040, line 57. Also, replace the amount on line 10 above with the amount entered on Form 1040, line 57

Schedule A	Contributions Other Than Cash or Check	Statement	1
------------	--	-----------	---

Description	Amount 50% Limit	Amount 30% Limit	Amount 20% Limit
TV, CLOTHING, FURN TO GW	100.		
Subtotals	100.		
Total to Schedule A, line 16			100.

Schedule A	Medical and Dental Expenses	Statement	2
------------	-----------------------------	-----------	---

Description	Amount
Prescription Medicines and Drugs	777.
Medical Insurance Premiums Paid	480.
Transportation	28.
Doctors, Dentists, Etc.	3920.
Hospitals	4478.
Eyeglasses and Contacts	120.
IVF DRUGS	1928.
IVF SURGERY	2784.
Total to Schedule A, line 1	14515.

1 Wages, tips, other comp. 26358.45		2 Federal income tax withheld 1785.20	
3 Social security wages 26358.45		4 Social security tax withheld 1634.22	
5 Medicare wages and tips 26358.45		6 Medicare tax withheld 382.21	
a Control Number 040250 DRH	Dept. 558580	Corp. A	Employer use only 301
e 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 245-59-0351	
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. Hahld. emp. Deferred comp.
e/f Employee's name, address and ZIP code SAID HARB P.O. BOX 25634 CHARLOTTE NC 28229			
16 State NC	Employer's state ID 60 32773	17 State wages, tips, etc. 26358.45	
18 State income tax 1045.44		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy W-2 Wage and Tax Statement 1995 <small>Copy B To be filed with employee's Federal Income Tax Return. OMB No 1545-0008</small>			

CERTIFIED TRUE COPY

No. of pages: 1 Date: 6-9-98

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



Label For the year Jan. 1-Dec. 31, 1996, or other tax year beginning , 1996, ending , 19

Your first name and initial **SAID HARB** Last name **HARB** Your social security number **245 59 0351**

If a joint return, spouse's first name and initial **SONYA HARB** Last name **HARB** Spouse's social security number **263 92 1813**

Home address (number and street). If you have a P.O. box, see page 11. **PO BOX 25634** Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. **CHARLOTTE, NC 28229-5634**

Presidential Election Campaign (See page 11.) Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

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

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's soc. sec. no. above and full name here.

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (year spouse died **19**).

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

(1) First name	Last name	(2) Dependent's social security number if born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996	No. of your children on 6c who:
MOHAMAD HARB		245 81 8194	SON	12	● lived with you 3
AIYA HARB		245 81 8193	DTR	12	● didn't live with you due to divorce or separation (see instructions)
RIBIA ELLIDDINE		244 73 1918	MOTHER	12	

d Total number of exemptions claimed **5**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **28520.**

8a Taxable interest. Attach Schedule B if over \$400

8b Tax-exempt interest. DO NOT include on line 8a **8b**

9 Dividend income. Attach Schedule B if over \$400

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) **1034.**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). If required, attach Schedule D

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions **15a** b Taxable amount (see instr.) **15b**

16a Total pensions and annuities **16a** b Taxable amount (see instr.) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** **0.** b Taxable amount (see instr.) **20b** **0.**

21 Other income. List type and amount - see instructions

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **29554.**

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**

26 Self-employed health insurance deduction (see inst.) **26**

27 Keogh & self-employed SEP plans. If SEP, check **27**

28 Penalty on early withdrawal of savings **28**

29 Alimony paid. Recipient's SSN **29**

30 Add lines 23a through 29 **30**

31 Subtract line 30 from line 22. This is your adjusted gross income **29554.**

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	29554.
	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 you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	33b	<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 see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single - \$4,000 • Married filing jointly or Qualifying widow(er) - \$6,700 • Head of household - \$5,900 • Married filing separately - \$3,350	34	19462.
	35	Subtract line 34 from line 32	35	10092.
	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter	36	12750.
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0.
	38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	38	0.
Credits	39	Credit for child and dependent care expenses. Attach Form 2441	39	
	40	Credit for the elderly or the disabled. Attach Schedule R	40	
	41	Foreign tax credit. Attach Form 1116	41	
	42	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	42	
	43	Add lines 39 through 42	43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-	44	0.
Other Taxes	45	Self-employment tax. Attach Schedule SE	45	
	46	Alternative minimum tax. Attach Form 6251	46	
	47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	47	
	48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	48	
	49	Advance earned income credit payments from Form(s) W-2	49	
	50	Household employment taxes. Attach Schedule H	50	
	51	Add lines 44 through 50. This is your total tax	51	0.
Payments	52	Federal income tax withheld from Forms W-2 and 1099	52	2930.
	53	1996 estimated tax payments and amount applied from 1995 return	53	
	54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type	54	
	55	Amount paid with Form 4868 (request for extension)	55	
	56	Excess social security and RRTA tax withheld (see inst.)	56	
	57	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	57	
	58	Add lines 52 through 57. These are your total payments	58	2930.
Refund	59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID	59	2930.
Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.	60a	Amount of line 59 you want REFUNDED TO YOU	60a	2930.
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	61	Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX	61	
Amount You Owe	62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions	62	
	63	Estimated tax penalty. Also include on line 62	63	
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.			
Keep a copy of this return for your records.	Your signature	Date	Your occupation	
	X <i>Said</i>	2-19-97	MANAGER	
	Spouse's signature. If a joint return BOTH must sign.	Date	Spouse's occupation	
	X <i>Sonya</i>	2-19-97	H/W	
Paid	Preparer's signature	Date	Check if self-employed	Preparer's social security no.
	<i>Mel Jackson</i>	02/19/97	<input type="checkbox"/>	240 29 0193
Preparer's Use Only	Firm's name (or yours if self-employed) and address	EIN	ZIP code	
	MEL JACKSON TAX SERVICE INC 201 S KINGS DRIVE CHARLOTTE NC	56 1390411	28204	

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

1996
Attachment
Sequence No. 07

Your social security number

SAID & SONYA HARB

245 59 0351

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1) See Statement 2	1	19841.
	2	Enter amount from Form 1040, line 32 29554.	2	
	3	Multiply line 2 above by 7.5% (.075)	3	2217.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		17624.

Taxes You Paid (See page A-1.)	5	State and local income taxes	5	976.
	6	Real estate taxes (see page A-2)	6	
	7	Personal property taxes	7	312.
	8	Other taxes - List type and amount	8	
	9	Add lines 5 through 8	9	

Interest You Paid (See page A-2.)	10	Home mortgage interest and points reported to you on Form 1098	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-2 and show that person's name, identifying no., and address	11	
	12	Points not reported to you on Form 1098. See page A-3.	12	
	13	Investment interest. If required, attach Form 4952. (See page A-3.)	13	
14	Add lines 10 through 13	14		

Gifts to Charity If you made a gift and got a benefit for it, see page A-3.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-3 Stmt 1	15	550.
	16	Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	

Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	19	
----------------------------------	----	---	----	--

Job Expenses and Most Other Miscellaneous Deductions (See page A-4 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.)		
		▶ Uniforms and protective clothing 80.	20	80.
	21	Tax preparation fees	21	60.
	22	Other expenses - investment, safe deposit box, etc. List type and amount		
		▶ UNIFORM CLEANING 256.	22	256.
	23	Add lines 20 through 22	23	396.
24	Enter amount from Form 1040, line 32 29554.	24		
25	Multiply line 24 above by 2% (.02)	25	591.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		0.

Other Miscellaneous Deductions	27	Other - from list on page A-4. List type and amount	27	
---------------------------------------	----	---	----	--

Total Itemized Deductions	28	Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter.	28	19462.
----------------------------------	----	---	----	--------

Schedule A	Cash Contributions	Statement 1
------------	--------------------	-------------

Description	Amount 50% Limit	Amount 30% Limit
Miscellaneous	200.	
MISC TO GOOD WILL	350.	
Subtotals	550.	
Total to Schedule A, line 15		550.

Schedule A	Medical and Dental Expenses	Statement 2
------------	-----------------------------	-------------

Description	Amount
Prescription Medicines and Drugs*	1942.
Medical Insurance Premiums Paid	4140.
Doctors, Dentists, Etc.	884.
Hospitals	12875.
Total to Schedule A, line 1	19841.

1 Wages, tips, other comp. 28520.05		2 Federal income tax withheld 2930.37	
3 Social security wages 28520.05		4 Social security tax withheld 1768.24	
5 Medicare wages and tips 28520.05		6 Medicare tax withheld 413.54	
a Control Number 040250 DRH	Dept 557720	Corp.	Employer use only L 411
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 245-59-0351	
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. <input type="checkbox"/>
			Hand. emp. <input type="checkbox"/>
			Deferred comp. <input type="checkbox"/>
e1 Employee's name, address and ZIP code SAID HARB P.O. BOX 25634 CHARLOTTE NC 28229-5634			
16 State	Employer's state ID	17 State wages, tips, etc.	
NC	60 32773	28520.05	
18 State income tax 975.62		19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Federal Filing Copy W-2 Wage and Tax 1996 Statement <small>OMB No 1545-0008</small> <small>Copy B To be filed with employee's Federal Income Tax Return.</small>			

CERTIFIED TRUE COPY

No. of pages: 5 Date: 6-9-98

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

Department of the Treasury--Internal Revenue Service

1040

U.S. Individual Income Tax Return

1998

DCN 00530007713729

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

OMB No. 1545-0074

Personal information section including name (SAID M & SONYA B HARB), social security numbers (245590351, 363921813), and address (POBOX 25634, CHARLOTTE NC 28229).

Presidential Election Campaign section with checkboxes for 'Do you want \$3 to go to this fund?' and 'If a joint return, does your spouse want \$3 to go to this fund?'.

Filing Status section with options: 1 Single, 2 Married filing joint return (checked), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions section including 'Yourself' (checked), 'Spouse' (checked), and 'Dependents' table with names MOHAMADS and AIYAS HARB.

Income section with lines 7-22 for various income types (Wages, interest, dividends, etc.) and a total income of 9369.

Adjusted Gross Income section with lines 23-33 for deductions (IRA, student loan, medical, etc.) resulting in an adjusted gross income of 9369.

Tax and Credits	34 Amount from line 33 (adjusted gross income) 34 9369	
Standard Deduction for Most People	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 instructions and check here 35b <input type="checkbox"/>	
	36 Enter the larger of 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 7100	
Single: \$4,250	37 Subtract line 36 from line 34 37 2269	
Head of household: \$6,250	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 on page 30 for the amount to enter 38 10800	
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39	
Married filing jointly or Qualifying widow(er): \$7,100	40 Tax. See instructions. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 40	
	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 <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	
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 52 366	
	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 through 55. This is your total tax 56 366	
Payments	57 Federal income tax withheld from Forms W-2 and 1099 57 35	
	58 1998 estimated tax payments and amount applied from 1997 return 58	
Attach Form W-2 and W-2G on the front. Also attach Form 1099-R if tax was withheld.	59a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type 59a 3756	
	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 inst.) 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, and 60 through 63. These are your total payments 64 3791	
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID 65 3425	
Have it directly deposited! See inst. and fill in 66b, 66c, and 66d.	66a Amount of line 65 you want REFUNDED TO YOU 66a 3425	
	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 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 STM 01	
Sign Here 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 Date Your occupation DRIVER	Daytime telephone number (optional) number
	Spouse's signature. If a joint return, BOTH must sign. Date Spouse's occupation HOMEMAKER	
Paid Preparer's Use Only	Preparer's signature Date Check if self-employed <input type="checkbox"/> Preparer's social security no.	
	Firm's name (or yours if self-employed) and address EIN ZIP code	

24722

SCHEDULE EIC
(Form 1040A or 1040)

**Earned Income Credit
(Qualifying Child Information)**

OMB No. 1545-0074

1998

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No. **43**

Name(s) shown on return

Your social security number

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.

	Child 1		Child 2	
	First name	Last name	First name	Last name
1 Child's name	MOHAMAD S	HARB	AIYA S	HARB
2 Child's year of birth	1995		1995	
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	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
b was permanently and totally disabled, check "Yes"	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
4 Enter the child's social security number	245818194		245818193	
5 Child's relationship to you (for example, son, grandchild, etc.)	SON		DAUGHTER	
6 Number of months child lived with you in the United States in 1998	12 months		12 months	

TIP: 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).

ELECTRONIC RETURN - DO NOT PROCESS

Form **4137**

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

OMB No. 1545-0059

1998

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No. **24**

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

SAID M HARB

245590351

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	4793
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	4793
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	5	4793
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	4576
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	63824
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. If you received tips as a Federal, state, or local government employee, see instructions	9	4793
10	Multiply line 9 by .062	10	297
11	Multiply line 5 by .0145	11	69
12	Add lines 10 and 11. Enter the result here and on Form 1040, line 52	12	366

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 12626C

Form **4137** (1998)

ELECTRONIC RETURN - DO NOT PROCESS

24730

STATEMENT: 01

PAGE: 01

STATEMENT 01, PG01

FORM 1040, PAGE 2, JURAT/DISCLOSURE

CONSENT TO DISCLOSURE

I CONSENT TO MY ON-LINE SERVICE PROVIDER (OLSP) AND/OR MY TRANSMITTER SENDING MY RETURN TO THE IRS. I ALSO CONSENT TO THE IRS SENDING TO MY OLSP AND/OR TRANSMITTER AN ACKNOWLEDGMENT OF RECEIPT OF TRANSMISSION AND AN INDICATION OF WHETHER OR NOT MY RETURN IS ACCEPTED, AND IF REJECTED, THE REASON(S) FOR THE REJECTION. I AM SIGNING THIS CONSENT TO DISCLOSURE BY ENTERING MY DATE OF BIRTH BELOW.

TAXPAYER'S DATE OF BIRTH-08051970

DATE-03231999

SPOUSE'S DATE OF BIRTH-08241970

24711

a Control number 102371DRH		Void <input type="checkbox"/>		OMB No. 1545-0008			
b Employer's identification number 610992859		1 Wages, tips, other compensation 4576		2 Federal income tax withheld 35			
c Employer's name, address, and ZIP code PRAI PRAIRIE PIZZA INC 1421 D ORCHARD LAKE DRIVE CHARLOTTE NC 28270		3 Social security wages 4576		4 Social security tax withheld 284			
		5 Medicare wages and tips 4576		6 Medicare tax withheld 66			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 245590351		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code SAID M HARB POBOX 25634 CHARLOTTE NC 28229		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 NC	Employer's state I.D. No. 060032773	17 State wages, tips, etc. 4576	18 State income tax 37	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	W2 Indicator S

Department of the Treasury -- Internal Revenue Service

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

This information is being furnished to the Internal Revenue Service

ELECTRONIC RETURN - DO NOT PROCESS

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

1999, ending

OMB No. 1545-0074

Label

(See instructions on page 18)

Use the IRS label. Otherwise, please print or type

Form with fields for first name (Said), last name (Harb), spouse's first name (Sonya), spouse's last name (Harb), home address (P.O. Box 25634), city (Charlotte), state (NC), and ZIP code (28229).

Fields for social security numbers: Your social security number (245-59-0351) and Spouse's social security number (363-92-1813).

IMPORTANT! You must enter your SSN(s) above.

Presidential Election Campaign

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

Options for filing status: 1 Single, 2 Married filing joint return (selected), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemption details: 6a Yourself, 6b Spouse (selected), 6c Dependents table with names (Mohamad Harb, Rabia Alaeddine, Aiya Harb), social security numbers, and relationships (Child, Parent).

Income

Income reporting section with lines 7 through 22, including wages, interest, dividends, and total income of 12,716.

Adjusted Gross Income

Adjusted gross income section with lines 23 through 33, including deductions for IRA, student loan, and medical savings, resulting in an adjusted gross income of 11,817.

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

34 Amount from line 33 (adjusted gross income) 34 11,817.

35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here 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 4,617.

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 16,500.

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

40 Tax. (see page 31) Check if any tax is from a Form(s) 8814 b Form 4972 40 NONE

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 page 33) 43 NONE

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 NONE

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- 49 NONE

Other Taxes

50 Self-employment tax. Attach Schedule SE 50 1,797.

51 Alternative minimum tax. Attach Form 6251 51 NONE

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 through 55. This is your total tax 56 1,797.

Payments

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

58 1999 estimated tax payments and amount applied from 1998 return 58

59a Earned income credit. Attach Sch. EIC if you have a qualifying child b Nontaxable earned income: amount and type 59a 3,816.

60 Additional child tax credit. Attach Form 8812 60

61 Amount paid with request for extension to file (see page 48) 61

62 Excess social security and RRTA tax withheld (see page 48) 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 3,816.

Refund

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID 65 2,019.

66a Amount of line 65 you want REFUNDED TO YOU 66a 2,019.

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d

b Routing number c Type: Checking Savings

d Account number

67 Amount of line 65 you want APPLIED TO YOUR 2000 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 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. Keep a copy for your records.

Your signature: *Said Harb* Date: 4/3/2000 Your occupation: *Computer. Ad.* Daytime telephone number (optional):

Spouse's signature. If a joint return, BOTH must sign. *Sonya Harb* Date: 4/3/2000 Spouse's occupation: *House wife*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/2/00 Check if self-employed Preparer's SSN or PTIN: P00047006

Firm's name (or yours if self-employed) and address: **Dellinger & Deese, PLLC**
831 East Morehead Street, Suite 900
Charlotte NC ZIP code 28202

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

1999

Attachment
Sequence No **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

Name(s) shown on Form 1040		Your social security number	
Said Harb & Sonya Harb		245-59-0351	
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others		
	1	Medical and dental expenses (see page A-1)	1
	2	Enter amount from Form 1040, line 34	2
	3	Multiply line 2 above by 7.5% (.075)	3
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	4
Taxes You Paid (See page A-2.)	5	State and local income taxes	5
	6	Real estate taxes (see page A-2)	6
	7	Personal property taxes	7
	8	Other taxes. List type and amount ▶	8
9	Add lines 5 through 8	9	9
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11
	12	Points not reported to you on Form 1098. See page A-3 for special rules	12
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13
14	Add lines 10 through 13	14	14
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16
	17	Carryover from prior year	17
	18	Add lines 15 through 17	18
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20
	21	Tax preparation fees	21
	22	Other expenses- investment, safe deposit box, etc. List type and amount ▶	22
	23	Add lines 20 through 22	23
	24	Enter amount from Form 1040, line 34	24
25	Multiply line 24 above by 2% (.02)	25	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	26
Other Miscellaneous Deductions	27	Other- from list on page A-6. List type and amount ▶	27
Total Itemized Deductions	28	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)?	} . . . ▶ 28
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1999

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

OMB No. 1545-0074

1999

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

Name of proprietor
Said Harb

Social security number (SSN)
245-59-0351

A Principal business or profession, including product or service (see page C-1)
Computer Consulting

B Enter code from pages C-8 & 9
541510

C Business name. If no separate business name, leave blank.
Said Harb

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
**P.O. Box 25634
Charlotte, NC**

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

G Did you "materially participate" in the operation of this business during 1999? If "No," see page C-2 for limit on losses Yes No

H If you started or acquired this business during 1999, 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 Stmt. 1 <input type="checkbox"/>	1	40,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	40,000.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	40,000.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7	Gross income. Add lines 5 and 6	7	40,000.

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	5,334.	20a	a Vehicles, machinery, and equipment	20a	
11	Commissions and fees	11		20b	b Other business property	20b	6,000.
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	880.	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:			24a	a Travel	24a	7,300.
16a	a Mortgage (paid to banks, etc.)	16a		24b	b Meals and entertainment	24b	3,100.
16b	b Other	16b		24c	c Enter nondeductible amount included on line 24b (see page C-5)	24c	1,550.
17	Legal and professional services	17		24d	d Subtract line 24c from line 24b	24d	1,550.
18	Office expense	18	1,900.	25	Utilities	25	3,600.
19				26	Wages (less employment credits)	26	
20				27	Other expenses (from line 48 on page 2)	27	720.
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	27,284.
22				29	Tentative profit (loss). Subtract line 28 from line 7	29	12,716.
23				30	Expenses for business use of your home. Attach Form 8829	30	
24				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-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you MUST go on to line 32.	31	12,716.
25				32a	If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you MUST attach Form 6198.	32a	<input checked="" type="checkbox"/> All investment is at risk
26				32b		32b	<input type="checkbox"/> Some investment is not at risk

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

Part III Cost of Goods Sold (see page C-6)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

Internet Access	720.
48 Total other expenses. Enter here and on page 1, line 27	48 720.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No 1545-0074

1999
Attachment
Sequence No **17**

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

Said Harb

Social security number of person
with self-employment income ▶

245-59-0351

Who Must File Schedule SE

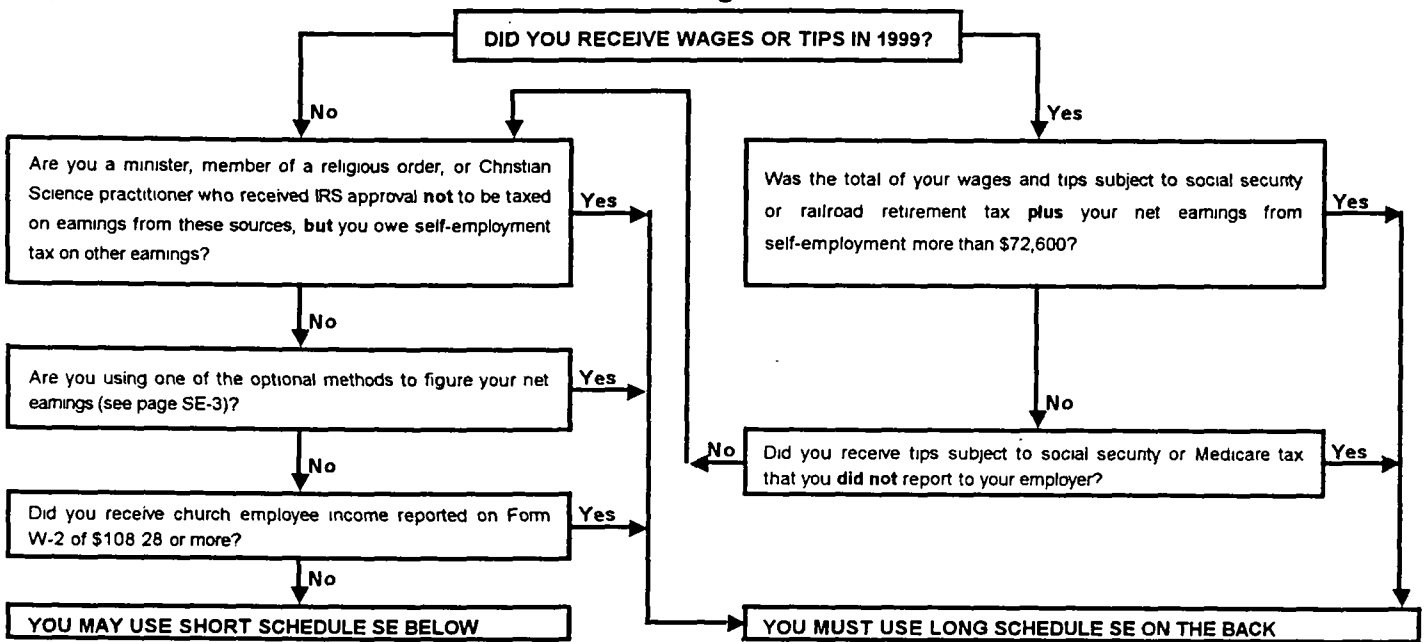
You must file Schedule SE if:

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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 50.

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



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

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); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	12,716.
3	Combine lines 1 and 2	3	12,716.
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	11,743.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$72,600, multiply line 4 by 2.9% (.029). Then, add \$9,002.40 to the result. Enter the total here and on Form 1040, line 50. 	5	1,797.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	899.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 1999

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 **Said Harb & Sonya Harb** Your social security number **245-59-0351**

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	7,200.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 34	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	()
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation Stmt. 3	8	220.
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.		
	a Circulation expenditures		
	b Depletion		
	c Depreciation (pre-1987)		
	d Installment sales		
	e Intangible drilling costs		
	f Large partnerships		
	g Long-term contracts		
	h Loss limitations		
	i Mining costs		
	j Patron's adjustment		
	k Pollution control facilities		
	l Research and experimental		
	m Section 1202 exclusion		
	n Tax shelter farm activities		
	o Related adjustments		NONE
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	7,420.

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	4,617.
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over \$126,600 (over \$63,300 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	()
19	Combine lines 15 through 18	19	12,037.
20	Alternative tax net operating loss deduction. See page 6 of the instructions	20	
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see page 7 of the instructions.)	21	12,037.

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see page 7 of the instructions.)		
	IF your filing status is ...	AND line 21 is not over ...	THEN enter on line 22 ...
	Single or head of household	\$112,500	\$33,750
	Married filing jointly or qualifying widow(er)	150,000	45,000
	Married filing separately	75,000	22,500
22			45,000.
	If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28	23	NONE
24	If you reported capital gain distribution directly on Form 1040, line 13, or you completed Schedule D (Form 1040) and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. All others: If line 23 is \$175,000 or less (\$87,000 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	NONE
25	Alternative minimum tax foreign tax credit. See page 7 of the instructions	25	
26	Tentative minimum tax. Subtract line 25 from line 24	26	
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46)	27	NONE
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 51	28	NONE

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Part IV Line 24 Computation Using Maximum Capital Gains Rates

24734

Caution: If you did not complete Part IV of Schedule D (Form 1040), see page 8 of the instructions before you complete this part.

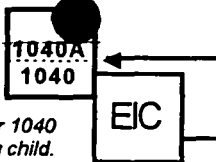
29	Enter the amount from Form 6251, line 23		29
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions	30	
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions	31	
32	Add lines 30 and 31	32	
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions	33	
34	Enter the smaller of line 32 or line 33		34
35	Subtract line 34 from line 29. If zero or less, enter -0-		35
36	If line 35 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		36
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See page 8 of the instructions	37	
38	Enter the smallest of line 29, line 30, or line 37	38	
39	Multiply line 38 by 10% (.10)		39
40	Enter the smaller of the line 29 or line 30	40	
41	Enter the amount from line 38	41	
42	Subtract line 41 from line 40	42	
43	Multiply line 42 by 20% (.20)		43
<i>Note: If line 31 is zero or blank, go to line 48.</i>			
44	Enter the amount from line 29	44	
45	Add lines 35, 38, and 42	45	
46	Subtract line 45 from line 44	46	
47	Multiply line 46 by 25% (.25)		47
48	Add lines 36, 39, 43, and 47		48
49	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		49
50	Enter the smaller of line 48 or line 49 here and on line 24		50

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit
Qualifying Child Information

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



OMB No. 1545-0074

1999

Attachment
Sequence No. **43**

Name(s) shown on return
Said Harb & Sonya Harb

Your social security number
245-59-0351

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 If you have more than two qualifying children, you only have to list two to get the maximum credit.	Mohamad Harb		Aiya Harb	
2 Child's year of birth	Year _____ <i>If born after 1980, skip lines 3a and 3b; go to line 4.</i>		Year _____ <i>If born after 1980, skip lines 3a and 3b; go to line 4.</i>	
3 If the child was born before 1981 -				
a Was the child under age 24 at the end of 1999 and a student?	<input checked="" type="checkbox"/> Yes. <i>Go to line 4.</i>	<input type="checkbox"/> No. <i>Continue</i>	<input checked="" type="checkbox"/> Yes. <i>Go to line 4.</i>	<input type="checkbox"/> No. <i>Continue</i>
b Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes. <i>Continue</i>	<input type="checkbox"/> No. <i>The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <i>Continue</i>	<input type="checkbox"/> No. <i>The child is not a qualifying child.</i>
4 Child's social security number (SSN) The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and 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.	245-81-8194		245-81-8193	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	Child		Child	
6 Number of months child lived with you in the United States during 1999 ● 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 <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	



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 (1-800-829-3676).

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

See Statement 4

Schedule EIC (Form 1040A or 1040) 1999

Depreciation and Amortization
(Including Information on Listed Property)

1999

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number
245-59-0351

Said Harb & Sonya Harb

Business or activity to which this form relates

Said Harb

- **SCHEDULE C**

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 page 2 of the instructions	1	19,000.
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
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	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998. See page 2 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. 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 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

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

(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
15a 3-year property						
b 5-year property		4,400.	5.000	HY	200DB	880.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

16a 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.) (See page 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

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

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	880.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Description of Property
Said Harb

SCHEDULE C DEPRECIATION AND AMORTIZATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	ITC reduction in basis	Basis for depreciation	Salvage value %	Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Computer Equipment	07/01/1999	4,400.	100.0000			4,400.			200DB	HY			5		880.
Less: Retired Assets															
Subtotals		4,400.				4,400.									880.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		4,400.				4,400.									880.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Code	Life	Current-year amortization
TOTALS						

*Assets Retired

JSA
9X9024 1 000

EER0JJ -1567

Supplement to Schedule C

=====

Gross Receipts or Sales - Schedule C, line 1

=====

Business name: Said Harb

Digital Karma, LLC

40,000.

Total to Schedule C, line 1

40,000.
=====

17

Supplement to Schedule SE

Taxpayer's Net Self-Employment Income

Net Nonfarm Profit or (Loss)

Schedule C

12,716.

Total Net Nonfarm Profit or (Loss), Section A, Line 2

12,716.

Supplement to Form 6251

=====

Post '86 Depreciation
=====

Description	Adjustment
-----	-----
Said Harb	220.

Total to Form 6251, line 8	220.
	=====

Supplement to Schedule EIC

Earned Income Credit Worksheet

1. Amount from Form 1040 or 1040-A, line 7	
2. Amount of taxable scholarship or fellowship grant that wasn't reported on a W-2 form	
3. Line 1 less line 2	
4. Amount of nontaxable income	
5. Sch.C or C-EZ amount from worksheet	11,817.
6. Add lines 3, 4, and 5.....	11,817.
7. Credit from EIC table for amount on line 6	3,816.
8. Modified AGI	11,817.
9. Credit from EIC table for amount on line 8	
10. Earned <u>income credit</u>	----- 3,816. =====

* See worksheet for Line 5

Supplement to Schedule EIC

Worksheet for Line 5

-
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
 - b. Enter the amount, if any, from Schedule SE, Section B, line 4b ...
 - c. Sum of lines 1a and 1b
 - d. Enter the amount from Form 1040, line 27 899.
 - e. Line 1c less line 1d -899.
 2. If you are NOT filing Schedule SE because your net earnings from self-employment were less than \$400:
 - a. Net profit (loss) from Schedule F line 36
 - b. Net profit (loss) from Schedule C, line 31 12,716.
 - c. Sum of lines 2a and 2b 12,716.
 3. If you are filing Schedule C as a statutory employee, enter the amount from Schedule C, line 1
 4. Sum of lines 1e, 2c, and 3 11,817.

PAYER'S name, street address, city, state, ZIP code, and telephone no. DIGITAL KARMA, LLC 3825 GLEN LYON DRIVE MATTHEWS NC 28105		1 Rents \$	OMB No. 1545-0115 1999	Miscellaneous Income 39-1908647 Form 1099-MISC Department of Treasury -- IRS
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 56-2129186	RECIPIENT'S identification number 245-59-0351	4 Fed. inc. tax withheld \$	5 Fishing boat proceeds \$	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, address, and ZIP code SAID HARB P.O. BOX 25634 CHARLOTTE NC 28229		6 Medical & health care pymts. \$	7 Nonemployee compensation \$ 40000.00	
		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 \$	
Account number (optional) SH		12 State/Payer's state number \$	13 \$	

6013498 A

49221-095-65413-0 200016 CP: 11A



Department of the Treasury
Internal Revenue Service
MEMPHIS, TN 37501

Date of this notice: MAY 1, 2000
Taxpayer Identifying Number: 245-59-0351
Form: 1040 Tax Period: DEC. 31, 1999

For assistance you may
call us at:
1-800-808-4262



CALLER ID: 4697

SAID M & SONYA B HARB
POBOX 25634
CHARLOTTE NC 28229-5634342

MAY 21 8 04 PM '00
MSC

WE CHANGED YOUR RETURN

WE CHANGED YOUR 1999 RETURN BECAUSE A SOCIAL SECURITY NUMBER(S), TAXPAYER IDENTIFICATION NUMBER(S) OR LAST NAME(S) WAS NOT CORRECT OR WAS MISSING. BECAUSE OF RECENT TAX LAW CHANGES AFFECTING THE EARNED INCOME TAX CREDIT AND DEPENDENT EXEMPTION(S), YOU MAY NO LONGER BE ELIGIBLE FOR THE CREDIT OR TO CLAIM THE EXEMPTION(S). PLEASE SEE THE INSTRUCTIONS FOR FORM 1040, 1040A, 1040EZ, OR PUBLICATION 17, WHICH DESCRIBE THESE CHANGES.

CHANGE EXPLANATION(S)

WE DID NOT ALLOW ALL OR PART OF YOUR EARNED INCOME CREDIT (EIC). THE DATE OF BIRTH LISTED ON YOUR TAX RETURN FOR ONE OR MORE OF YOUR QUALIFYING CHILDREN IS EITHER MISSING, DOES NOT MATCH THE RECORDS PROVIDED TO US BY SOCIAL SECURITY ADMINISTRATION (SSA), OR DOES NOT MEET THE AGE REQUIREMENT FOR THE EARNED INCOME CREDIT (EIC).

THE ABOVE ERROR(S) MAY ALSO HAVE CAUSED CHANGES TO OTHER AREAS OF YOUR RETURN.

AS A RESULT OF THE CHANGES WE MADE TO YOUR RETURN, YOU OWE \$1,804.08. TO AVOID MORE INTEREST AND PENALTIES, PLEASE PAY THIS AMOUNT BY MAY 22, 2000. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE UNITED STATES TREASURY AND BE SURE TO WRITE YOUR CORRECT SOCIAL SECURITY NUMBER ON YOUR PAYMENT. PLEASE INCLUDE THE TEAR-OFF STUB ON THE LAST PAGE OF THIS NOTICE WITH YOUR PAYMENT AND MAIL THEM TO US USING THE ENCLOSED ENVELOPE.

IF YOU DISAGREE, YOU MAY APPEAL THE CHANGES DESCRIBED ON THIS NOTICE WITHIN 60 DAYS FROM THE NOTICE DATE. PLEASE HAVE YOUR INFORMATION AND THIS NOTICE AVAILABLE WHEN YOU CALL US WITH YOUR APPEAL AT 1-800-808-4262.

IF YOU ARE ABLE TO PROVIDE THE NECESSARY INFORMATION, WE WILL CORRECT YOUR RETURN. WE WILL REFUND ANY AMOUNT DUE YOU, IF YOU OWE NO OTHER TAX OR HAVE NO OTHER DEBTS THE LAW REQUIRES US TO COLLECT.

IF YOU ARE NOT ABLE TO PROVIDE THE NECESSARY INFORMATION, YOU CAN, WITHIN 60 DAYS FROM THE DATE OF THIS NOTICE, REQUEST ABATEMENT (REDUCTION) OF THE CHANGE. WE WILL DO SO AND REFER YOUR CASE FOR FURTHER REVIEW BY AN EXAMINATION OFFICER. ANY REFUND OR CREDIT YOU CLAIM MAY BE HELD PENDING REVIEW. IF, AFTER REVIEW, WE DETERMINE YOUR TAX SHOULD STILL BE CHANGED, YOU MAY HAVE ADDITIONAL APPEAL RIGHTS, WHICH WILL BE EXPLAINED IN A SUBSEQUENT NOTICE. WE WILL CONTINUE TO CHARGE INTEREST IF YOU DO NOT PAY ANY BALANCE YOU OWE BY THE DATE REQUESTED IN THIS NOTICE.

IF YOU THINK WE MADE A MISTAKE, PLEASE CALL US ON 1-800-808-4262. PLEASE HAVE THE REQUESTED INFORMATION AVAILABLE WHEN YOU CALL. THAT WAY, WE MAY BE ABLE TO RESOLVE THIS MATTER WHEN YOU CALL US.

B013490

CR: 11M

MEMPHIS SERVICE CENTER

245-59-0351

TAX PERIOD: DEC. 31, 1999

24751

TAX STATEMENT

ADJUSTED GROSS INCOME ON RETURN \$11,817.00
 TAXABLE INCOME ON RETURN .00-

PAYMENTS AND CREDITS

TAX WITHHELD .00
 ESTIMATED TAX PAYMENTS .00
 OTHER CREDITS .00
 OTHER PAYMENTS .00
 TOTAL PAYMENTS & CREDITS .00

TAX

TOTAL TAX ON RETURN 1,797.00
 CORRECTED TAX ON RETURN 1,797.00
 UNDERPAYMENT OF TAXES \$1,797.00
 PLUS:
 PENALTY .00
 INTEREST 7.08
 AMOUNT YOU OWE \$1,804.08
 SUBSIDIARY PAYMENTS WE HAVEN'T INCLUDED \$ _____
 YOU OWE THE ADJUSTED AMOUNT \$ _____

ESTIMATED TAX FILERS NOTE - PLEASE CHECK TO SEE IF YOU NEED TO ADJUST YOUR ESTIMATED TAX PAYMENTS BECAUSE YOUR TAX WAS REFIGURED.

EXPLANATION OF PENALTY AND INTEREST CHARGES

THE INTEREST RATES ON UNDERPAYMENT AND OVERPAYMENT OF TAXES ARE AS FOLLOWS:

PERIODS	PERCENTAGE RATES	
	UNDERPAYMENT	OVERPAYMENT
OCTOBER 1, 1988, THROUGH MARCH 31, 1989.....	11	10
APRIL 1, 1989 THROUGH SEPTEMBER 30, 1989.....	12	11
OCTOBER 1, 1989, THROUGH MARCH 31, 1991.....	11	10
APRIL 1, 1991, THROUGH DECEMBER 31, 1991.....	10	9
JANUARY 1, 1992, THROUGH MARCH 31, 1992.....	9	8
APRIL 1, 1992 THROUGH SEPTEMBER 30, 1992.....	8	7
OCTOBER 1, 1992 THROUGH JUNE 30, 1994.....	7	6
JULY 1, 1994 THROUGH SEPTEMBER 30, 1994.....	8	7
OCTOBER 1, 1994 THROUGH MARCH 31, 1995.....	9	8
APRIL 1, 1995 THROUGH JUNE 30, 1995.....	10	9
JULY 1, 1995 THROUGH MARCH 31, 1996.....	9	8
APRIL 1, 1996 THROUGH JUNE 30, 1996.....	8	7
JULY 1, 1996 THROUGH MARCH 31, 1998.....	9	8
APRIL 1, 1998, THROUGH DECEMBER 31, 1998.....	8	7
JANUARY 1, 1999 THROUGH MARCH 31, 1999.....	7	7
APRIL 1, 1999 THROUGH MARCH 31, 2000.....	8	8
BEGINNING APRIL 1, 2000.....	9	9

BEGINNING JANUARY 1, 1999, THE INTEREST RATE WE PAY ON OVERPAYMENT OF TAXES, EXCEPT FOR CORPORATE TAXES, IS THE SAME AS THE RATE OF INTEREST WE CHARGE ON THE UNDERPAYMENT OF TAXES. THE LAW REQUIRES US TO REDETERMINE THESE INTEREST RATES QUARTERLY. FROM JANUARY 1, 1987 THROUGH DECEMBER 31, 1998 THE INTEREST RATE WE PAID ON AN OVERPAYMENT OF TAXES WAS ONE PERCENT LESS THAN THE RATE OF INTEREST WE CHARGED ON YOUR UNDERPAYMENT OF TAXES.

WE COMPOUND INTEREST DAILY EXCEPT ON LATE OR UNDERPAID ESTIMATED TAXES FOR INDIVIDUALS OR CORPORATIONS.

B01349@

CP: 11A

MEMPHIS SERVICE CENTER

245-59-0351

TAX PERIOD: DEC. 31, 1999

WE CHARGE A SPECIAL INTEREST RATE OF 120 PERCENT OF THE UNDERPAYMENT RATE IF:

- THE RETURN, NOT INCLUDING EXTENSIONS, WAS DUE BEFORE JANUARY 1, 1990,
- THE UNDERPAYMENT WAS MORE THAN \$1,000, AND
- THE UNDERPAYMENT CAME FROM A TAX-MOTIVATED TRANSACTION.

WE CHARGE INTEREST ON PENALTIES FOR LATE FILING, OVER OR UNDERSTATING VALUATIONS, AND SUBSTANTIALLY UNDERSTATING THE TAX YOU OWE. ALSO, WE CHARGE INTEREST ON FRAUD AND NEGLIGENCE PENALTIES IF THE TAX RETURNS, INCLUDING EXTENSIONS, ARE DUE AFTER DECEMBER 31, 1988

WE CONTINUE TO CHARGE INTEREST UNTIL YOU PAY THE AMOUNT YOU OWE IN FULL.

* \$7.08 INTEREST

WE CHARGED INTEREST BECAUSE, ACCORDING TO OUR RECORDS, YOU DIDN'T PAY YOUR TAX ON TIME. WE FIGURE INTEREST FROM THE DUE DATE OF YOUR RETURN (REGARDLESS OF EXTENSIONS) TO THE DATE WE RECEIVE YOUR FULL PAYMENT OR THE DATE OF THIS NOTICE.

* ADDITIONAL INTEREST CHARGES

IF THE AMOUNT YOU OWE IS \$100,000 OR MORE, PLEASE MAKE SURE THAT WE RECEIVE YOUR PAYMENT WITHIN 10 WORK DAYS FROM THE DATE OF YOUR NOTICE. IF THE AMOUNT YOU OWE IS LESS THAN \$100,000, PLEASE MAKE SURE THAT WE RECEIVE YOUR PAYMENT WITHIN 21 CALENDAR DAYS FROM THE DATE OF YOUR NOTICE. IF WE DON'T RECEIVE YOUR PAYMENT WITHIN THESE TIME FRAMES, THE LAW REQUIRES US TO CHARGE INTEREST UNTIL YOU PAY THE FULL AMOUNT YOU OWE.

INTEREST PAID

BEGINNING WITH TAX YEAR 1991, YOU CAN NO LONGER DEDUCT INTEREST YOU PAID TO THE INTERNAL REVENUE SERVICE (IRS) AS AN ITEMIZED DEDUCTION ON YOUR FORM 1040, SCHEDULE A.

INTEREST REDUCED

IF WE REDUCE INTEREST THAT YOU PREVIOUSLY REPORTED AS A DEDUCTION ON YOUR TAX RETURN, YOU MUST REPORT THIS REDUCTION OF INTEREST AS INCOME ON YOUR TAX RETURN FOR THE YEAR WE REDUCE IT.

INTEREST REMOVED - ERRONEOUS REFUND

THE LAW REQUIRES US TO REMOVE INTEREST UP TO THE DATE WE REQUEST YOU TO REPAY THE ERRONEOUS REFUND WHEN:

- YOU DIDN'T CAUSE THE ERRONEOUS REFUND IN ANY WAY, AND
- THE REFUND DOESN'T EXCEED \$50,000.

THE IRS MAY REMOVE OR REDUCE INTEREST ON OTHER ERRONEOUS REFUNDS BASED ON THE FACTS AND CIRCUMSTANCES INVOLVED IN EACH CASE.

ANNUAL INTEREST NETTING

EFFECTIVE JANUARY 1, 1987, THROUGH DECEMBER 31, 1998, THE INTEREST RATE WE PAID ON THE OVERPAYMENT OF TAXES WAS 1% LESS THAN THE INTEREST RATE WE CHARGED ON THE UNDERPAYMENT OF TAXES. AS OF JANUARY 1, 1999, THE OVERPAYMENT AND UNDERPAYMENT RATES OF INTEREST THAT WE PAY AND CHARGE ARE THE SAME, EXCEPT FOR CORPORATE OVERPAYMENTS. IF WE REFUND AN OVERPAYMENT WITH INTEREST AND WE HAVE TO INCREASE THE TAX AT A LATER DATE, WE GIVE SPECIAL CONSIDERATION TO THE INTEREST ON THAT ACCOUNT.

ON THE TAX INCREASE MADE AFTER THE REFUND, WE WILL CHARGE THE LOWER REFUND RATE OF INTEREST (UP TO THE AMOUNT OF THE REFUND) FOR THE SAME TIME PERIOD THAT WE PAID INTEREST ON THE OVERPAYMENT.

REQUEST FOR NET INTEREST RATE OF ZERO

GENERAL RULE IF YOU OWE INTEREST TO THE IRS ON AN UNDERPAYMENT FOR THE SAME PERIOD OF TIME THAT THE IRS OWES YOU INTEREST ON AN OVERPAYMENT, YOU MAY BE ENTITLED TO RECEIVE A NET INTEREST RATE OF ZERO (THE SAME RATE OF INTEREST APPLIES TO YOUR UNDERPAYMENT AS YOUR OVERPAYMENT).

8013490

MEMPHIS SERVICE CENTER

245-59-0351

TAX PERIOD: DEC. 31, 1999

TO RECEIVE THE NET INTEREST RATE OF ZERO FOR INTEREST YOU OWED (OR PAID) THE IRS, OR INTEREST THAT WE OWED (OR PAID) YOU BEFORE OCTOBER 1, 1998, YOU MUST FILE A FORM 843, CLAIM FOR REFUND AND REQUEST FOR ABATEMENT. FOR MORE INFORMATION ON THE FILING REQUIREMENTS FOR THE FORM 843, SEE REVENUE PROCEDURE 99-43, 1999-47 I.R.B. 579. REVENUE PROCEDURE 99-43 AND FORM 843 ARE AVAILABLE ON THE WORLD WIDE WEB AT WWW.IRS.USTREAS.GOV

TO QUALIFY FOR THE NET INTEREST RATE OF ZERO, THE PERIOD OF LIMITATION FOR CLAIMING A REFUND OF INTEREST ON AN UNDERPAYMENT AND THE PERIOD OF LIMITATION FOR CLAIMING ADDITIONAL INTEREST ON AN OVERPAYMENT MUST HAVE BEEN OPEN ON JULY 22, 1998. GENERALLY, THE PERIOD OF LIMITATION FOR CLAIMING A REFUND OF INTEREST ON AN UNDERPAYMENT IS 3 YEARS FROM THE TIME YOU FILED YOUR TAX RETURN, OR 2 YEARS FROM THE TIME YOU PAID THE INTEREST, WHICHEVER IS LATER. THE PERIOD OF LIMITATION TO REQUEST ADDITIONAL INTEREST ON AN OVERPAYMENT IS 6 YEARS FROM THE DATE OF THE REFUND.

YOU MUST FILE FORM 843 ON OR BEFORE THE CLOSING DATE OF THE LATER STATUTE OF LIMITATION PERIOD. MAIL FORM 843 TO:

U.S. MAIL
INTERNAL REVENUE SERVICE
NET RATE INTEREST NETTING CLAIM
P.O. BOX 9987
MAIL STOP 6800
ODDEN, UT 84409

OTHER THAN U.S. MAIL
INTERNAL REVENUE SERVICE
NET RATE INTEREST NETTING CLAIM
1160 WEST 1200 SOUTH
MAIL STOP 6800
ODDEN, UT 84201

FOR INTEREST YOU OWED THE IRS OR THAT THE IRS OWED YOU ON OR AFTER OCTOBER 1, 1998, THE IRS WILL TAKE REASONABLE STEPS TO IDENTIFY THESE PERIODS AND APPLY THE NET INTEREST RATE OF ZERO. HOWEVER, TO ENSURE THAT YOU RECEIVE THE NET INTEREST RATE OF ZERO FOR OVERLAPPING PERIODS, YOU SHOULD FILE A FORM 843 FOLLOWING THE PROCEDURES DESCRIBED ABOVE.

RETURN THIS PART TO US WITH YOUR CHECK OR INQUIRY
YOUR TELEPHONE NUMBER BEST TIME TO CALL
()

				AMOUNT YOU OWE.....	\$1,804.08
11,817	0	1,797		LESS PAYMENTS NOT INCLUDED. \$	_____
741				PAY ADJUSTED AMOUNT..... \$	_____

245590351 8Z 0000 30 0 199912 670 00000180408

INTERNAL REVENUE SERVICE
MEMPHIS, TN 37501

SAID M & SONYA B HARB
POBOX 25634
CHARLOTTE NC 28229-5634342

11A





May 12, 2000

Internal Revenue Service
Memphis, TN 37501

Re: Said and Sonya Harb
SSN's : 245-59-0351 and 363-92-1813

Dear Sir or Madam:

Our client, the above captioned taxpayer, has asked us to respond to your notice dated May 1, 2000 (copy attached).

The birthdays of the children were inadvertently omitted from the original Schedule EIC of the 1040. A corrected copy of Schedule EIC is attached.

If you need any additional information to correct this error, please contact us. We appreciate any assistance that you can provide in this matter.

Very truly yours,

DELLINGER & DEESE, PLLC

Norman F. Manley

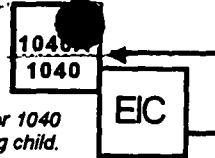
NFM/pk

Enclosures

Cc: Said and Sonya Harb

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

1999

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Said Harb & Sonya Harb

Your social security number

245-59-0351

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 If you have more than two qualifying children, you only have to list two to get the maximum credit.				
	Mohamad Harb		Aiya Harb	
2 Child's year of birth	Year <u>1995</u> If born after 1980, skip lines 3a and 3b; go to line 4.		Year <u>1995</u> If born after 1980, skip lines 3a and 3b; go to line 4.	
3 If the child was born before 1981 -				
a Was the child under age 24 at the end of 1999 and a student?	<input checked="" type="checkbox"/> Yes. Go to line 4.	<input type="checkbox"/> No. Continue	<input checked="" 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) The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and 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.				
	245-81-8194		245-81-8193	
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)				
	Child		Child	
6 Number of months child lived with you in the United States during 1999 • 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.		<u>12</u> 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 (1-800-829-3676).

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

See Statement 4

Schedule EIC (Form 1040A or 1040) 1999



831 East Morehead Street
Suite 900
Charlotte, NC 28202-2711



05/22/2000

Internal Revenue Service
Memphis, TN 37501



Certification of Lack of Record

Date:
January 17, 2001

14717

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
Said M. Harb

Address
PO Box 25634
Charlotte, NC 28229

Kind of Tax Form
1040

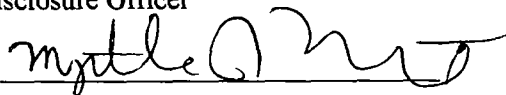
Tax Period
1997

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: ² 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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1098-T ON FILE DATE: 03-24-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
HARB SAID M PYR'S SUBMISSION DLN: 49569457700000
P O BOX 25634 TRNS CNTL CD: 38747 PYR OFC CD: N/A
SUBMITTED TO: IRS ELECTRONICALLY
STATE: NC ZIP: 28229-5634 LESS THAN HALF TIME STUDENT
NOT A GRADUATE STUDENT

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 56-0797174
CENTRAL PIEDMONT COMMUNITY COLLEGE
P O BOX 35009
CHARLOTTE NC282355009

NON MONEY DOCUMENT TYPE

DOCUMENT TYPE: 1099-MISC ON FILE DATE: 06-17-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
SAID HARB PYR'S SUBMISSION DLN: 56569145132110
P O BOX 25634 TRNS CNTL CD: N/A PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: PAPER
STATE: NC ZIP: 28229-0000 NOT DIRECT SALES
NO SECOND NOTICE

ACCOUNT NUMBER: SH
PAYER ENTITY DATA: EIN 56-2129186
DIGITAL KARMA LLC
3825 GLEN LYON DRIVE
MATTHEWS NC 28105

NONEMP COM.....\$40,000+

01-17-2001
8
Myrtle Pr...

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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP	AMOUNT	***SUMMARY***	AMOUNT
NONEMP COM.....	\$40,000+	GROUP	

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 245590351 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 245-59-0351 -- VALID SSN
SAID M HARB SSA MICROFILM NUMBER: 80748815109
P.O. BOX 25721
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.....\$4,575+
TX WITHHELD.....\$34+
FICA TX WH.....\$283+
T FICA WAG.....\$4,575+
MEDCARE WH.....\$66+
MEDCARE WG.....\$4,575+

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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$4,575+
FICA TX.....	\$283+
MEDCARE WG.....	\$4,575+

GROUP	AMOUNT
TX WITHELD.....	\$34+
MEDCARE WH.....	\$66+

11/02

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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-14-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
SAID HARB SSA MICROFILM NUMBER: 71278617121
P.O. BOX 25634
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.....\$138+
FICA TX WH.....\$8+
T FICA WAG.....\$138+
MEDCARE WH.....\$2+
MEDCARE WG.....\$138+

DOCUMENT TYPE: 1099-G ON FILE DATE: 06-10-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
SAID HARB PYR'S SUBMISSION DLN: 49569509800018
SONYA HARB TRNS CNTL CD: 49735 PYR OFC CD: N/A
PO BOX 25634 SUBMITTED TO: IRS ON: TAPE
CHARLOTTE TAX YEAR OF REFUND: 1996
STATE: NC ZIP: 28229-5634
ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 56-1611838
NC STATE DEPARTMENT OF REVENUE
PO BOX 25000
RALEIGH NORTH CAROLINA 27640 0001
1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS
PR YR RFND.....\$976+

34753

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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$138+
FICA TX.....	\$8+
MEDCARE WG.....	\$138+

GROUP	AMOUNT
PR YR RFND.....	\$976+
MEDCARE WH.....	\$2+

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 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 05-24-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
SAID HARB SSA MICROFILM NUMBER: 61088572983
P.O.BOX 25634
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
ACCOUNT NUMBER: N/A PENSION INDICATOR: UNANSWERED
PAYER ENTITY DATA: TIN 610992859 DEFERRED COMP IND: NOT CHECKED
PRAIRIE PIZZA INC \$ CHNG: NOT SET
1421 D ORCHARD LAKE DRIVE CREDIBILITY: NOT SET
CHARLOTTE NC 28270 STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$28,520+
TX WITHHELD.....\$2,930+
FICA TX WH.....\$1,768+
T FICA WAG.....\$28,520+
MEDCARE WH.....\$413+
MEDCARE WG.....\$28,520+

DOCUMENT TYPE: 1099-G ON FILE DATE: 05-14-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 245-59-0351 -- VALID SSN
SAID HARB PYR'S SUBMISSION DLN: 49569508210007
SONYA HARB TRNS CNTL CD: 49735 PYR OFC CD: N/A
PO BOX 25634 SUBMITTED TO: IRS ON: TAPE
CHARLOTTE TAX YEAR OF REFUND: 1995
STATE: NC ZIP: 28229-5634
ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: EIN 56-1611838
NC STATE DEPARTMENT OF REVENUE
PO BOX 25000
RALEIGH NORTH CAROLINA 27640 0001

1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS
PR YR RFND.....\$1,034+

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 8
IRMF PAYEE REQUEST DATE 11-02-2000

REQUEST DATA: PRIMARY TIN 245590351 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$28,520+
TX WITHELD.....	\$2,930+
MEDCARE WH.....	\$413+

GROUP	AMOUNT
PR YR RFND.....	\$1,034+
FICA TX.....	\$1,768+
MEDCARE WG.....	\$28,520+