

49 2 07 081 558 17 7

Form 1040EZ

Department of the Treasury Internal Revenue Service
Income Tax Return for Single and Joint Filers With No Dependents (P) 1996

OMB No. 1545-0675

Use the IRS label here

Your first name and initial NABIL E Last name ISMAIL
If a joint return, spouse's first name and initial Last name

Your social security number 365 06 2038

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 7. Apt. no.
P.O. BOX 10633
City, town or post office, state, and ZIP code. If you have a foreign address, see page 7.
CHARLOTTE NC 28212

Presidential Election Campaign (See page 7.)

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

X T

Income Attach Copy B of Form(s) W-2 here. Enclose, but do not attach, any payment with your return.

- 1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1
2 Taxable interest income of \$400 or less. If the total is over \$400, you cannot use Form 1040EZ. 2
3 Unemployment compensation (see page 9). 3
4 Add lines 1, 2, and 3. This is your adjusted gross income. If under \$9,500, see page 9 to find out if you can claim the earned income credit on line 8. 4
5 Can your parents (or someone else) claim you on their return? Yes. Enter amount from worksheet on back. No. If single, enter 6,550.00. If married, enter 11,800.00. See back for explanation. 5
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income. 6

28 561 77
15 00
28 576 77
6 550 00
22 026 77

Note: You must check Yes or No.

Payments and tax

- 7 Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7
8 Earned income credit (see page 9). Enter type and amount of nontaxable earned income below. Type \$ 8
9 Add lines 7 and 8 (do not include nontaxable earned income). These are your total payments. 9
10 Tax. Use the amount on line 6 to find your tax in the tax table on pages 20-24 of the booklet. Then, enter the tax from the table on this line. 10

4 288 30
4 288 30
3 304 00
984 03

Refund

Have it sent directly to your bank account! See page 13 and fill in 11b, c, and d.

- 11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. 11a
b Routing number
c Type Checking Savings d Account number

Amount you owe

- 12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. See page 13 for details on how to pay and what to write on your payment.

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

Sign here

Your signature Spouse's signature if joint return

Keep copy for your records.

Date Your occupation Date Spouse's occupation
03-20-97 TEST TECHNICIAN

CERTIFIED TRUE COPY
No. of pages: 1 Date: JUL 27 1999
By: [Signature]
Disclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

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

Use the IRS label here

Your First Name MI Last Name NABIL E ISMAIL
If a Joint Return, Spouse's First Name MI Last Name
Home Address (number and street) If you have a P.O. box, see instructions. Apt No. 7932 BRIARDALE DR
City, Town or Post Office. If you have a foreign address, see instructions. State ZIP Code CHARLOTTE NC 28212

Your Social Security Number 365-06-2038

Spouse's Social Security Number

Important You must enter your SSN(s) above

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

Income 1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s) 1
2 Taxable interest income. If the total is over \$400, you cannot use Form 1040EZ 2
3 Unemployment compensation (see instructions) 3
4 Add lines 1, 2, and 3. This is your adjusted gross income. If under \$10,030, see instructions to find out if you can claim the earned income credit on line 8a 4
5 Can your parents (or someone else) claim you on their return?
Yes. Enter amount from worksheet. X No. If single, enter \$6,950.00. If married, enter \$12,500.00. See instructions for explanation. 5

Dollars Cents 6,087.

Payments and tax 7 Enter your federal income tax withheld from box 2 of your W-2 form(s) 7
8a Earned income credit (see instructions). b Nontaxable earned income: enter type and amount below. 8a
9 Add lines 7 and 8a. These are your total payments 9

6,087. 6,950. 0. 410. 303. 713.

Refund 11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund
b Routing number
c Type: Checking Savings
d Account number

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

CERTIFIED TRUE COPY No. of pages: 1 Date: 7/15/99 By: [Signature] Disclosure Officer Internal Revenue Service North-South Carolina District Greensboro, North Carolina

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

Your Signature: [Signature] Spouse's Signature if Joint Return. See instructions.
Date: 4/15/99 Your Occupation: DELIVERY PERSONEL Date: Spouse's Occupation:

For Official Use Only [Grid]

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

POSTMARK DATE RECEIVED DATE MAY 04 '99 MEMPHIS, TENN

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 07-28-2000 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 365-06-2038 -- VALID SSN
SSA MICROFILM NUMBER: 91258593786

NABIL E ISMAIL
P.O. BOX 10633
CHARLOTTE
STATE: NC ZIP: 28212-0000

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

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 610992859
PRAIRIE PIZZA INC.
9107 F S TRYON ST
CHARLOTTE NC 28273

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$204+
FICA TX WH.....\$12+
T FICA WAG.....\$204+
MEDCARE WH.....\$2+
MEDCARE WG.....\$204+

CERTIFIED TRUE COPY
No. of pages: 8 Date: 11-17-2000
By: *Natle Orus*
Enclosure Officer
Internal Revenue Service
North-South Carolina District
Greensboro, North Carolina

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$204+
MEDCARE WH.....	\$2+

GROUP	AMOUNT
FICA TX.....	\$12+
MEDCARE WG.....	\$204+

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 365062038 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 365-06-2038 -- VALID SSN
NABIL E ISMAIL SSA MICROFILM NUMBER: 80748815153
P.O. BOX 10633
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.....\$6,086+
TX WITHELD.....\$410+
FICA TX WH.....\$377+
T FICA WAG.....\$6,086+
MEDCARE WH.....\$88+
MEDCARE WG.....\$6,086+

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

SUMMARY

GROUP	AMOUNT
WAGES.....	\$6,086+
FICA TX.....	\$377+
MEDCARE WG.....	\$6,086+

GROUP	AMOUNT
TX WITHELD.....	\$410+
MEDCARE WH.....	\$88+

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

REQUEST DATA: PRIMARY TIN 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: 1099-INT ON FILE DATE: 05-01-1998 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 365-06-2038 -- VALID SSN
NABIL E ISMAIL PYR'S SUBMISSION DLN: 49569509310008
PO BOX 10633 TRNS CNTL CD: 49305 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 0140070023140041
PAYER ENTITY DATA: EIN 56-0904243
COASTAL FEDERAL CU
PO BOX 58429
RALEIGH NC276588429

INTEREST.....\$25+

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP	AMOUNT	***SUMMARY*** GROUP	AMOUNT
INTEREST.....	.\$25+		

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

DOCUMENT TYPE: W-2 ON FILE DATE: 12-02-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 365-06-2038 -- VALID SSN
NABIL ISMAIL SSA MICROFILM NUMBER: 63168533598
P.O. BOX 10633
CHARLOTTE SUBMITTED TO: SSA ON: TAPE
STATE: NC ZIP: 28212-0000 PAYROLL REPORTING UNIT: N/A
FOREIGN PYR IND: ASSUMED NOT FOREIGN
DEATH INDICATOR: ASSUMED ALIVE
PENSION INDICATOR: UNANSWERED
DEFERRED COMP IND: NOT CHECKED
\$ CHNG: NOT SET
CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 561782257
SOLETRON TECHNOLOGY INC
6900 MALLARD CREEK ROAD P O BOX 5
CHARLOTTE NC 28256

TYPE OF EMPLOYMENT: ALL OTHERS
WAGES.....\$28,561+
TX WITHELD.....\$4,288+
FICA TX WH.....\$1,770+
T FICA WAG.....\$28,561+
MEDCARE WH.....\$414+
MEDCARE WG.....\$28,561+

DOCUMENT TYPE: 1099-INT ON FILE DATE: 05-14-1997 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: PRIMARY SSN 365-06-2038 -- VALID SSN
NABIL E ISMAIL PYR'S SUBMISSION DLN: 49569516240007
PO BOX 10633 TRNS CNTL CD: 49305 PYR OFC CD: N/A
CHARLOTTE SUBMITTED TO: IRS ON: TAPE
STATE: NC ZIP: 28212-0000 NO SECOND NOTICE

ACCOUNT NUMBER: 0140070023140041
PAYER ENTITY DATA: EIN 56-0904243
COASTAL FEDERAL CU
P O BOX 58429
RALEIGH NC 27658 8429

INTEREST.....\$19+

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 365062038 TIN TYPE AND VALIDITY 0
DOCUMENT CODE 00

GROUP	AMOUNT
WAGES.....	\$28,561+
TX WITHELD.....	\$4,288+
MEDCARE WH.....	\$414+

SUMMARY

GROUP	AMOUNT
INTEREST.....	\$19+
FICA TX.....	\$1,770+
MEDCARE WG.....	\$28,561+

Certification of Lack of Record

Date:
January 17, 2001

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
Nabil E. Ismail

Address
7932 Briardale Drive
Charlotte, NC 28212

Kind of Tax Form
1040

Tax Period
1997, 1999

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 