



**Department of the Treasury
Internal Revenue Service**

August 1, 2008

CERTIFICATE OF OFFICIAL RECORD

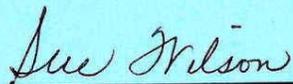
I certify that the annexed: is an exact copy of the Administrative Case File for Form 1040, U.S. Individual Income Tax Return for tax year 1992 for Mousa Abumarzook and Nadia Elashi, Social Security Number(s) 523-33-8386 and 435-59-4045 consisting of twenty-eight (28) page(s) _____

_____ under the custody of this office

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

John H. Davis, Jr.
Area Manager Midwest
Communications, Liaison and Disclosure



Sue Wilson
Disclosure Officer
Midwest Disclosure Office 9
Communications, Liaison and Disclosure

GOVERNMENT
EXHIBIT
Marzook Tax-1
3:04-CR-240-G
U.S. v. HLF, et al.

Label (See instructions) Use the IRS label Otherwise, please print or type.

Label L A B E L H E R E Your first name and initial, last name MOUSA ABUMARZOOK Your Social Security Number [redacted] If a joint return, spouse's first name and initial, last name NADIA ELASHI Spouse's Social Security Number [redacted] Home address (number and street), if you have a P.O. box, see instructions. Apt no. 5894 SOUTH 6TH City, town or post office, state, and ZIP code, if you have a foreign address, see instructions. FALLS CHURCH, VA 22041 For Privacy Act and Paperwork Reduction Act Notice, see instructions

Presidential Election Campaign Do you want \$1 to go to this fund? [X] Yes [] No Note: Checking 'Yes' will not change your tax or reduce your refund. If a joint return, does your spouse want \$1 to go to this fund? [X] Yes [] No

Filing Status (See instructions) 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 SSN above and full name here. 4 [] Head of household (with qualifying person). See instructions. If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child (your spouse died 18 months or more before 1992). (See instructions).

Exemptions (See instructions) a [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. b [X] Spouse. No. of boxes checked on 6a and 6b: 2.

Table with 5 columns: (1) Name (first, initial, and last name), (2) CK 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 92. Rows include OMER ABUMARZOOK (SON, 12), TARIK ABUMARZOOK (SON, 12), ANAS ABUMARZOOK (SON, 12), MOHAMMED ABUMARZOOK (SON, 12), BELAL ABUMARZOOK (SON, 12), ROBA ABUMARZOOK (DAUGHTER, 12). Total number of exemptions claimed: 8.

Income section table with 23 rows. 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8a Taxable interest income. Attach Schedule B if over \$400. 8b Tax-exempt interest income. Don't include on line 8a. 9 Dividend income. Attach Schedule B if over \$400. 10 Taxable refunds, credits, or offsets of state and local income taxes from wks (see instr). 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D. 14 Capital gain distributions not reported on line 13 (see instructions). 15 Other gains or (losses). Attach Form 4797. 16a Total IRA distributions. 16b Taxable amount (see instr). 17a Total pensions & annuities. 17b Taxable amount (see instr). 18 Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E. 19 Farm income or (loss). Attach Schedule F. 20 Unemployment compensation (see instructions). 21a Social security benefits. 21b Taxable amount (see instr). 22 Other income. 23 Add the amounts in the far right column for lines 7 through 22. This is your total income: 55,366.

Adjustments to Income (See instructions) 24a Your IRA deduction from applicable worksheet (see instr). 24b Spouse's IRA deduction from applicable worksheet (see instr). 25 One-half of self-employment tax (see instructions). 26 Self-employment health insurance deduction (see instructions). 27 Keogh retirement plan and self-employed SEP deductions. 28 Penalty on early withdrawal of savings. 29 Alimony paid. Recipient's SSN. 30 Add lines 24a through 29. These are your total adjustments: 3,431.

Adjusted Gross Income 31 Subtract line 30 from line 23. This is your adjusted gross income, if this amount is less than \$22,370 and a child lived with you, see instructions to find out if you can claim the 'Earned Income Credit' on line 58. 51,935.

Tax Computation (See instructions)	32	Amount from line 31 (adjusted gross income)	32	51,935.
	33 a	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	33 a	
	b	If your parent (or someone else) can claim you as a dependent, check here	33 b	
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see instructions and check here	33 c	
	34	Itemized deductions from Schedule A, line 28, or Standard ded shown below for your filing status. But if you checked any box on line 33a or b, see instructions to find your standard ded. If you checked box 33c, your standard deduction is zero.		
		Enter the larger of your:		
		• Single -- \$3,800 • Head of household -- \$5,250 • Married filing jointly or Qualifying widow(er) -- \$6,000 • Married filing separately -- \$3,000	34	27,686.
	35	Subtract line 34 from line 32	35	24,249.
	36	If line 32 is \$78,950 or less, multiply \$2,300 by the total number of exemptions claimed on line 8a. If line 32 is over \$78,950, see the instructions for the amount to enter	36	18,400.
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	5,849.
If you want the IRS to figure your tax, see instructions	38	Enter tax. Check if from a <input checked="" type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, c <input type="checkbox"/> Schedule D, or d <input type="checkbox"/> Form 8816 (see instr). Amount, if any, from Form(s) 8814	38	874.
	39	Additional taxes (see instructions). Check if from a <input type="checkbox"/> Form 4870 b <input type="checkbox"/> Form 4972	39	
	40	Add lines 38 and 39	40	874.
Credits (See instructions)	41	Credit for child and dep care exp. Attach Form 2441	41	
	42	Credit for the elderly or the disabled. Attach Sch R	42	
	43	Foreign tax credit. Attach Form 1116	43	
	44	Other crs (see instr). Ck 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 (spec)	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	874.
Other Taxes	47	Self-employment tax. Attach Sch SE. Also, see line 25	47	6,861.
	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 8811 c <input type="checkbox"/> Form 8828	49	
	50	SS and Medicare tax on tip inc not reported to emplr. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. Attach Form 5329	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 48 -- 52. This is your total tax	53	7,735.
Payments Attach Forms W-2, W-2G, and 1099-R on page 1	54	Fed income tax withheld. If any is from Form(s) 1099, ck	54	
	55	1992 estimated tax payments and amount applied from 1991 return	55	
	56	Earned income credit. (Attach Schedule EIC)	56	
	57	Amount paid with Form 4868 (extension request)	57	
	58	Excess social security, Medicare, and RRTA tax withheld	58	
	59	Other payments (see instr). Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	59	
	60	Add lines 54 -- 59. These are your total payments	60	0.
Refund or Amount You Owe	61	If in 60 is more than in 53, subtract in 53 from in 60. This is the amount you Overpaid	61	
	62	Amount of line 61 you want Refunded To You	62	0.
	63	Amount of in 61 you want Applied to Your 1993 Est Tax	63	
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the Amount You Owe. Attach check or money order for full amount payable to 'Internal Revenue Service.' Write your name, address, social security number, daytime phone number, and '1992 Form 1040' on it	64	7,771.
	65	Estimated tax penalty (see instructions). Also include on line 64	65	
			36	

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>Michael Olwan</i>		Real Estate
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.
<i>Michael Olwan</i>	3/29/93		
Firm's name (or yours if self-employed) and address	EIN	ZIP Code	
MIKE OLWAN & CO 5144 LEESBURG PIKE ALEXANDRIA, VA		22302	

**Schedule A
(Form 1040)**

Schedule A - Itemized Deductions

OMB No. 1545-0074

1992

07

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your Social Security Number

MOUSA ABUMARZOOK & NADIA ELASHI

523-33-8386

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1		4,648.	
2	Enter amt from Form 1040, line 32	2	51,935.		
3	Multiply line 2 above by 7.5% (.075)	3		3,895.	
4	Subtract line 3 from line 1. If zero or less, enter -0-	4			753.
Taxes You Paid (See instructions)		5	State and local income taxes	965.	
6	Real estate taxes	6			
7	Other taxes. List -- include personal property taxes	7			
8	Add lines 5 through 7	8			965.
Interest You Paid (See instructions)		9 a	Home mortgage interest and points reported to you on Form 1098		
		9 b	Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name and address		
Note: Personal interest is not deductible.		10	Points not reported to you on Form 1098. See instructions for special rules		
11	Investment interest. If required, attach Form 4952. See instructions	11			
12	Add lines 9a through 11	12			0.
Gifts to Charity (See instructions)		Caution: If you made a charitable contribution and received a benefit in return, see instructions.			
13	Contributions by cash or check	13		26,500.	
14	Other than by cash or check. If over \$500, you must attach Form B283	14			
15	Carryover from prior year	15			
16	Add lines 13 through 15	16	Limited		25,968.
17	Casualty or theft loss(es). Attach Form 4684. See instructions.	17			0.
18	Moving expenses. Attach Form 3903 or 3903F. See instructions	18			0.
Job Expenses and Most Other Miscellaneous Deductions (See instructions for expenses to deduct here.)		19	Unreimbursed employee expenses -- job travel, union dues, job education, etc. If required, you must attach Form 2106		
20	Other expenses -- investment, tax preparation, safe deposit box, etc). List type and amount	20			
21	Add lines 19 and 20	21			
22	Enter amt from Form 1040, line 32	22	51,935.		
23	Multiply line 22 above by 2% (.02)	23		1,039.	
24	Subtract line 23 from line 21. If zero or less, enter -0-	24			0.
25	Other -- from list in instructions. List type and amount	25			0.
26	Is the amount on Form 1040, line 32, more than \$105,250 (more than \$52,625 if married filing separately)?	26			
Total Itemized Deductions					27,686.

D181 For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1992

Schedule C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

1992

09

Department of the Treasury
Internal Revenue Service

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

Name of proprietor: **MOUSA ABUMARZOOK**

Social Security Number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions): **REAL ESTATE**

B Enter principal business code (from instructions): [REDACTED]

C Business name: **MOUSA ABUMARZOOK**

D Employer ID no. (Not SSN): [REDACTED]

E Business addr (include suite or room no., city, town or post office, state, & ZIP code): **5894 SOUTH 6TH FALLS CHURC, VA 22041**

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

G Method(s) used to value closing inventory: (1) Cost (2) Lower of cost or market (3) Other (attach explanation) (4) Does not apply (if checked, skip line H)

H Was there any change in determining quantities, costs, or valuations between opening & closing inventory? (If 'Yes,' attach expln) Yes No

I Did you 'materially participate' in the operation of this business during 1992? (If 'No,' see instructions for limitations on losses.) Yes No

J Was this business in operation at the end of 1992? Yes No

K How many months was this business in operation during 1992? **3**

L If this is the first Schedule C filed for this business, 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 the instructions and check here <input type="checkbox"/>	1	300,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1.	3	300,000.
4	Cost of goods sold (from line 40 on page 2)	4	251,443.
5	Gross Profit. Subtract line 4 from line 3	5	48,557.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross Income. Add lines 5 and 6	7	48,557.

Part II Expenses (Caution: Do not enter expenses for business use of your home on lines 8-27. Instead, see line 30.)

8	Advertising	8		21	Repairs and maintenance	21	
9	Bad debts from sales or services	9		22	Supplies (not included in Part III)	22	
10	Car and truck expenses (see instr — also attach Form 4562)	10		23	Taxes and licenses	23	
11	Commissions and fees	11		24	Travel, meals, and entertainment:	24 a	
12	Depreciation	12			a Travel		
13	Depreciation & section 179 expense deduction (not incl in Part III) (see instr)	13			b Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14			c Enter 20% of line 24b subject to limitations		
15	Insurance (other than health)	15			d Subtract line 24c from line 24b	24 d	
16	Interest:			25	Utilities	25	
	a Mortgage (paid to banks, etc)	16 a		26	Wages (less jobs credit)	26	
	b Other	16 b		27 a	Other expenses (list type and amount):		
17	Legal and professional services	17					
18	Office expense	18					
19	Pension & profit-sharing plans	19					
20	Rent or lease (see instructions):						
	a Vehicles, machinery, and equipment	20 a					
	b Other business property	20 b		27 b	Total other expenses	27 b	
28	Total expenses before expense for business use of home. Add lines 8 through 27b in columns	28	0.				
29	Tentative profit (loss). Subtract line 28 from line 7.	29	48,557.				
30	Expenses for business use of your home. Attach Form 8829	30					
31	Net profit or (loss). Subtract line 30 from line 29. If a profit, enter here and on Form 1040, line 12. Also, enter the net profit on Schedule SE, line 2 (statutory employees, see instructions). If a loss, you must go on to line 32 (fiduciaries, see instructions).	31	48,557.				
32	If you have a loss, you must check the box that describes your investment in this activity (see inst)	32 a	<input type="checkbox"/> All investment is at risk.				
	If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see instructions). If you checked 32b, you must attach Form 6198.	32 b	<input type="checkbox"/> Some investment is not at risk.				

Part 36 Cost of Goods Sold (See instructions.)

33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33	
34	Purchases less cost of items withdrawn for personal use	34	190,510.
35	Cost of labor. Do not include salary paid to yourself	35	42,711.
36	Materials and supplies	36	3,272.
37	Other costs	37	14,950.
38	Add lines 33 through 37.	38	251,443.
39	Inventory at end of year.	39	
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4.	40	251,443.

Schedule C (Form 1040) 1992

Schedule SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

1992

17

Department of the Treasury
Internal Revenue Service

▶ See instructions for Schedule SE (Form 1040)
▶ Attach to Form 1040

Name of person with SELF-EMPLOYMENT (as shown on Form 1040)

Social security number of person
with self-employment income ▶

MOUSA ABUMARZOOK

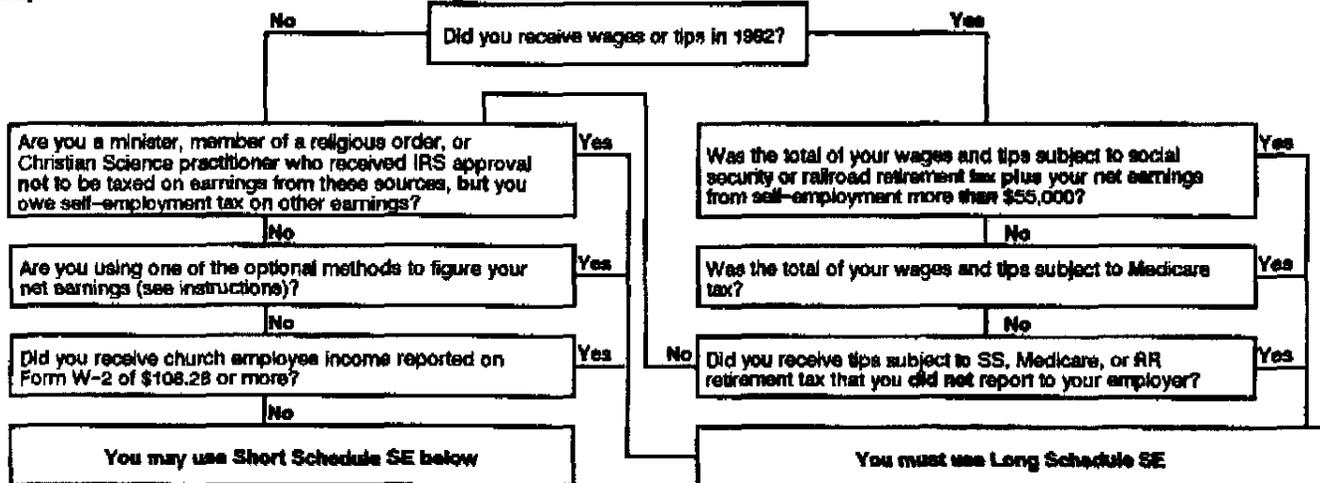
Who Must File Schedule SE

You must file Schedule SE if:

- Your wages (and tips) subject to social security and Medicare tax (or railroad retirement tax) were less than \$130,200; and
- Your net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were \$400 or more; or
- You had church employee income (as defined in the instructions) of \$108.28 or more.

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 47.

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 must use Long Schedule SE (Section B)

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a . . .	1	0.
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). See instructions for other income to report . . .	2	48,557.
3 Combine lines 1 and 2 . . .	3	48,557.
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	44,842.
5 Self-employment tax. If the amount on line 4 is: • \$55,500 or less, multiply line 4 by 15.3% (.153) and enter the result. • More than \$55,500 but less than \$130,200, multiply the amount in excess of \$55,500 by 2.9% (.029). Then, add \$8,491.50 to the result and enter the total. • \$130,200 or more, enter \$10,657.80 Also enter this amount on Form 1040, line 47 . . .	5	6,861.

Notes: Also enter one-half of the amount from line 5 on Form 1040, line 25.

D181 For Paperwork Reduction Act Notice, see instructions.

Schedule SE (Form 1040) 1992

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

Social security number of person with self-employment income

MOUSA ABUMARZOOK

Section B — Long Schedule SE

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

B If your only income subject to self-employment tax is church employee income and you are not a minister or a member of a religious order, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a.

Part I Self-Employment Tax

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note: Skip this line if you use the farm optional method. See requirements in Part II below and in instructions	1	0.
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). See page SE-2 for other income to report. Note: Skip this line if you use the nonfarm optional method. See requirements in Part II below and in instructions	2	0.
3	Combine lines 1 and 2	3	0.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter the amount from line 3 here	4a	
4b	If you elected one or both of the optional methods, enter the total of lines 17 and 19 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue.	4c	0.
5a	Enter your church employee income from Form W-2. Caution: See the instructions for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	0.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1992	7	55,500.00
8a	Total social security wages and tips (from Form(s) W-2) and railroad retirement (tier 1) compensation	8a	
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 12a	9	0.
10	Multiply the smaller of line 8 or line 9 by 12.4% (.124)	10	0.
11	Maximum amount of combined wages and self-employment earnings subject to Medicare tax or the 1.45% portion of the 7.65% railroad retirement (tier 1) tax for 1992	11	130,200.00
12a	Total Medicare wages and tips (from Form(s) W-2) and railroad retirement (tier 1) compensation	12a	
12b	Unreported tips subject to Medicare tax (from Form 4137, line 14)	12b	
12c	Add lines 12a and 12b	12c	
13	Subtract line 12c from line 11. If zero or less, enter -0- here and on line 14 and go to line 15	13	0.
14	Multiply the smaller of line 8 or line 13 by 2.9% (.029)	14	0.
15	Self-employment tax. Add lines 10 and 14. Enter the result here and on Form 1040, line 47.	15	0.

Note: Also enter one-half of the amount from line 15 on Form 1040, line 25.

Part II Optional Methods To Figure Net Earnings (See Who Can File Sch SE on page SE-1 and Optional Methods in instr)

Farm Optional Method. You may use this method only if (a) your gross farm income(1) was not more than \$2,400 or (b) Your gross farm income(1) was more than \$2,400 and your net farm profits(2) were less than \$1,733.

16	Maximum income for optional methods	16	1,600.00
17	Enter the smaller of: two-thirds (2/3) of gross farm income(1) or \$1,600. Also include this amount on line 4b above	17	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits(3) were less than \$1,733 and also less than 72.189% of your gross nonfarm income(4) and (b) You had net SE earnings of at least \$400 in 2 of the prior 3 years. Caution: You may use the nonfarm optional method no more than five times.

18	Subtract line 17 from line 16	18	
19	Enter the smaller of: two-thirds (2/3) of gross nonfarm income or the amount on line 18. Also include this amount on line 4b above	19	

(1) From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b
 (2) From Schedule F, line 37, and Schedule K-1 (Form 1065), line 15a

(3) From Schedule C, line 31, Schedule C-EZ, line 3 and Schedule K-1 (Form 1065), line 15a
 (4) From Schedule C, line 7, Schedule C-EZ, line 7 and Schedule K-1 (Form 1065), line 15c

Underpayment of Estimated Tax by Individuals and Fiduciaries

1992

06

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040A, Form 1040NR, or Form 1041.

Name(s) shown on tax return

Identifying number

MOUSA ABUMARZOOK & NADIA ELASHI

Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from line 20 or line 36 on the penalty line of your return, but do not attach Form 2210.

Part I

Reasons for Filing — If 1a, b, c or d below applies to you, you may be able to lower or eliminate your penalty. But you must check the boxes that apply and file Form 2210 with your tax return. If 1e or f below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none of the boxes apply, see the Note above):

- a You request a waiver. (In certain circumstances, the IRS will waive all or part of the penalty. See instructions for Waiver of Penalty.)
- b You use the annualized income installment method. (If your income varied during the year, this method may reduce the amount of one or more required installments. See instructions for Schedule B.)
- c You had federal income tax withheld from wages and you treat it as paid for estimated tax purposes when it was actually withheld instead of in equal amounts on the payment due dates. (See the instructions for line 22.)
- d (1) You made estimated tax payments for 1989, 1990, or 1991 (or were charged an estimated tax penalty for any of those years), and
(2) Your adjusted gross income (AGI) is more than \$75,000 (more than \$37,500 if married filing separately), and
(3) Your 1992 modified AGI exceeds your 1991 AGI by more than \$40,000 (more than \$20,000 if married filing separately), and
(4) Your 2nd, 3rd, or 4th required installment (column (b), (c), or (d) of line 21 is based on either your 1991 tax or 90% of your 1992 modified tax.
See instructions for Schedule A for more information.
- e Conditions (1), (2), and (4) (but not condition (3)) in box 1d apply to you, & your 1992 AGI exceeds your 1991 AGI by more than \$40,000 (more than \$20,000 if married filing separately). If you check this box, you must also attach a computation of your 1992 modified AGI.
- f One or more of your required installments (line 21) are based on your 1991 tax and you filed or are filing a joint return for either 1991 or 1992 but not for both years.

Part II

All Filers Must Complete this Part.

2 Enter your 1992 tax after credits (see instructions)	2	874.
3 Other taxes (see instructions)	3	6,861.
4 Add lines 2 and 3	4	7,735.
5 Earned income credit	5	
6 Credit for federal tax paid on fuels	6	
7 Add lines 5 and 6	7	
8 Current year tax. Subtract line 7 from line 4	8	7,735.
9 Multiply line 8 by 90% (.90)	9	6,962.
10 Withholding taxes. Do not include any estimated tax payments on this line (see instructions)	10	
11 Subtract line 10 from line 8. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty	11	7,735.
12 Prior year (1991) tax. (Caution: See instructions.)	12	2,089.
13 Enter the smaller of line 9 or line 12 (see instructions)	13	2,089.

Part III

Short Method (Caution: Read the instructions to see if you can use the short method. If you checked box 1b, c, or d in Part I, skip this part and go to Part IV.)

14 Enter the amount, if any, from line 10 above	14	
15 Enter the total amount, if any, of estimated tax payments you made	15	
16 Add lines 14 and 15	16	
17 Total underpayment for year. Subtract line 16 from line 13. (If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1e or f above.)	17	
18 Multiply line 17 by .04846	18	
19 *If the amount on line 17 was paid on or after 4/15/93, enter -0-. <input type="checkbox"/> If the amount on line 17 was paid before 4/15/93, make the following computation to find the amount to enter on line 19. <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Amount on line 17 X Number of days paid before 4/15/93 X .00019 </div>	19	
20 Penalty. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 65; Form 1040A, line 33; Form 1040NR, line 65; or Form 1041, line 28	20	

D181 For Paperwork Reduction Act Notice, see instructions.

Part I Regular Method (See the instructions if you are filing Form 1040NR.)

Section A -- Figure Your Underpayment	Payment Due Dates			
	(a) 4/15/92	(b) 5/15/92	(c) 9/15/92	(d) 1/15/93
21 Required installments. If box 1b applies, enter the amounts from Schedule B, line 26. If box 1d applies (but not box 1b), enter the amounts from Schedule A, line 5, 8, or 19, whichever applies. If neither box 1b nor box 1d applies, enter 1/4 of line 13 in each column.				2,089.
22 Estimated tax paid and tax withheld (see instructions). For column (a) only, also enter the amount from line 22 on line 28. (If line 22 is equal to or more than line 21 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part I.)				
23 Enter amount, if any, from line 29 of previous column.				
24 Add lines 22 and 23				
25 Add amounts on lines 27 and 28 of the previous column				
26 Subtract line 25 from line 24. If zero or less, enter -0-. For column (a) only, enter the amount from line 22				
27 If the amount on line 26 is zero, subtract line 24 from line 25. Otherwise, enter -0-				
28 Underpayment. If line 21 is equal to or more than line 26, subtract line 26 from line 21. Then go to line 23 of next column. Otherwise, go to line 29				2,089.
29 Overpayment. If line 26 is more than line 21, subtract line 21 from line 26. Then go to line 23 of next column				

Section B -- Figure the Penalty (Complete lines 30 through 35 of one column before going to the next column.)

RATE PERIOD	4/15/92				5/15/92				9/15/92				
	Days:				Days:				Days:				
1	April 16, 1992 - September 30, 1992				9/30/92				9/30/92				
	30 Number of days from the date shown above line 30 to the date the amount on line 28 was paid or 9/30/92, whichever is earlier				30				30				
	31 Underpayment on line 28 (see instructions) X $\frac{\text{Number of days on line 30}}{366}$ X .08				31				31				
2	October 1, 1992 - December 31, 1992				9/30/92				9/30/92				
	32 Number of days from the date shown above line 32 to the date the amount on line 28 was paid or 12/31/92, whichever is earlier				32				32				
	33 Underpayment on line 28 (see instructions) X $\frac{\text{Number of days on line 32}}{366}$ X .07				33				33				
3	January 1, 1993 - April 15, 1993				12/31/92				12/31/92				1/15/93
	34 Number of days from the date shown above line 34 to the date the amount on line 28 was paid or 4/15/93, whichever is earlier				34				34				90.
	35 Underpayment on line 28 (see instructions) X $\frac{\text{Number of days on line 32}}{366}$ X .07				35				35				36.
36 Penalty. Add all amounts on lines 31, 33 and 35 in all columns. Enter the total here and on Form 1040, line 66; Form 1040A, line 33; Form 1040NR, line 65; or Form 1041, line 28											36	36.	

10

SUPPORTING STATEMENTS
1992

MOUSA ABUMARZOOK & NADIA ELASHI

SSN: [REDACTED]

SCHEDULE

Schedule A, Other med & dental

HEALTH INS.....	4392.00
DOCTORS.....	220.00
TRANSPORTATION.....	36.00

Total	4648.00
	=====

SCHEDULE A

Schedule A, Contr by cash/chec

HOLY LAND FUND-RECEIPT ATTACHD	25000.00
DARAL-HIJRAH- RECEIPT ATTACHED	1500.00

Total	26500.00
	=====

SUPPORTING STATEMENTS
1992

MOUSA ABUMARZOOK & NADIA ELASHI

SSN: [REDACTED]

SCHEDULE C
Schedule C, Copy 1, Line 34

TAXPAYER PURCHASED AN OLDER
HOME FOR THE PURPOSE OF
FIXING IT UP AND SELLING IT
FOR PROFIT
COST OF HOUSE PER SETTLEMENT
SHEET..... 190510.00

Total 190510.00
=====

SCHEDULE C
Schedule C, Copy 1, Line 35

PAYMENTS TO CONTRACTOR PER
1099MISC ISSUED..... 42711.00

Total 42711.00
=====

SCHEDULE C
Schedule C, Copy 1, Line 37

ENGINEERING..... 14950.00

Total 14950.00
=====



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَمَا آتَاكُمْ مِنْهُنَّ يُلْفُتُونَ
"...And they spend out of what
We have bestowed upon them."
(Quran 2:3)

دار الهجرة
DAR AL-HIJRAH

3159 Row Street, Falls Church, Virginia 22044, U.S.A.
Tel.: 703-534-5155 • Telex: 908174 IGPS

Date 12/10/92 التاريخ
RECEIVED the amount of \$1500.00 وصلنا مبلغ
For Dar AlHijrah وذلك
F Name Moussa Abumarzook من السيد الفاضل
R Address: 5894 S. 6th street العنوان
O Falls Church VA 22041
M
Signature [Signature] التوقيع



Holy Land Foundation
For Relief and Development
1710 Firman Dr., Suite # 100
Richardson, TX 75081
(214) 699-9868

Receipt

ON 08/19/92

We received from Moussa Abou Marzook
The amount of \$25,000.00
Paid for Designated Project

Donations to HLF are tax-deductible. Tax ID # 95-4227517

PRELIMINARY CHANGE OF OWNERSHIP REPORT

Please answer, to the best of your knowledge, all applicable questions, sign and date. If a question does not apply, indicate with "N/A."

PART III: PURCHASE PRICE & TERMS OF SALE

A. CASH DOWN PAYMENT OR Value of Trade or Exchange (excluding closing cost) Amount \$ 300,000⁰⁰

B. FIRST DEED OF TRUST % interest for _____ years. Pymts./Mo. = \$ _____ (Prin. & Int. only) Amount \$ 0

FHA Fixed Rate New Loan
 Conventional Variable Rate Assumed Existing Loan Balance
 VA All Inclusive D.T. (\$) _____ (Wrapped) Bank or Savings & Loan
 Cal-Vet Loan Carried by Seller Finance Company

Balloon Payment Yes No Due Date _____ Amount \$ _____

C. SECOND DEED OF TRUST % interest for _____ years. Pymts./Mo. = \$ _____ (Prin. & Int. only) Amount \$ 0

Bank or Savings & Loan Fixed Rate New Loan
 Loan Carried by Seller Variable Rate Assumed Existing Loan Balance

Balloon Payment Yes No Due Date _____ Amount \$ _____

D. OTHER FINANCING: Is other financing involved not covered in (b) or (c) above? Yes No Amount \$ 0

Type _____ % interest for _____ years. Pymts./Mo. = \$ _____ (prin. & Int. only)

Bank or Savings & Loan Fixed Rate New Loan
 Loan Carried by Seller Variable Rate Assumed Existing Loan Balance

Balloon Payment Yes No Due Date _____ Amount \$ _____

E. IMPROVEMENT BOND Yes No Outstanding Balance: Amount \$ _____

F. TOTAL PURCHASE PRICE (or acquisition price, if traded or exchanged, included real estate commission, if paid.)
 Total Items A through E \$ 300,000⁰⁰

Please explain any special terms or financing and any other information that would help the Assessor understand the purchase price and terms of sale.

Price include approved plans to convert SFR to MFR (condos)
Buyer will reimburse seller for City fees and any improvements.

PART IV: PROPERTY INFORMATION

A. IS PERSONAL PROPERTY INCLUDED IN THE PURCHASE PRICE?
 (other than a mobile home subject to local property tax?) Yes No
 If yes, enter the value of the personal property included in the purchase price \$ _____ (Attach itemized list of personal property)

B. IS THIS PROPERTY INTENDED AS YOUR PRINCIPAL RESIDENCE? Yes No
 If yes, enter date of occupancy _____ / _____ / 19 _____ or intended occupancy _____ / _____ / 19 _____

C. TYPE OF PROPERTY TRANSFERRED:

Single-family residence with MFR plans Agricultural Timeshare
 Multiple-family residence (no. of units: _____) Co-op/Own-your-own Mobilehome
 Commercial/Industrial Condominium Unimproved lot
 Other (Description): _____

D. DOES THE PROPERTY PRODUCE INCOME? Yes No

E. IF THE ANSWER TO QUESTION D IS YES, IS THE INCOME FROM:
 Lease/Rent Contract Mineral rights Other - explain: _____

Enter here, or on an attached sheet, any other information that would assist the Assessor in determining value of the property such as the physical condition of the property, restrictions, etc.

I certify that the foregoing is true, correct and complete to the best of my knowledge and belief.

Signed gabriel bel-sain / President Date 12/8/92
 (New Owner/Legal Representative/Corporate Officer)

Please Print Name of New Owner/Legal Representative/Corporate Officer MECCA INVESTMENT INT. INC.
 Phone No. where you are available from 8:00 a.m. - 5:00 p.m. (714) 530-5072
 (NOTE: The Assessor may contact you for further information)

If a document evidencing a change of ownership is presented to the recorder for recordation without the concurrent filing of a preliminary change of ownership report, the recorder may charge an additional recording fee of twenty dollars (\$20). The additional fee shall not be charged if the document is accompanied by an affidavit that the transferee is not a resident of California.

AFFIDAVIT OF NON-RESIDENT TRANSFEREE

The Transferee (buyer) named above is a resident of _____ State _____ and not a resident of the State of California.

Signed _____ Date _____
 (New Owner/Legal Representative/Corporate Officer)

<p style="text-align: center;">U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p style="text-align: center; font-size: 1.2em;">SETTLEMENT STATEMENT</p>	<p>B. TYPE OF LOAN</p> <p>1 <input type="checkbox"/> FHA 2 <input type="checkbox"/> PMMA 3 <input type="checkbox"/> CONV. UNINS.</p> <p>4 <input type="checkbox"/> VA 5 <input type="checkbox"/> CONV. INS.</p> <hr/> <p>6. FILE NUMBER 18237988</p> <p>7. LOAN NUMBER</p> <hr/> <p>8. MORTGAGE INSURANCE CASE NUMBER</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "P.D.C." were paid outside the closing; they are shown here for informational purposes and are not included in the total.

D. NAME OF BORROWER Houss Abu-Marsook	E. NAME OF SELLER Ochman El-Sheikh Khadiga El-Sheikh
F. NAME OF LENDER	G. PROPERTY LOCATION 311 North Berendo Los Angeles, Ca.
H. SETTLEMENT AGENT San Vicente Escrow	I. SETTLEMENT DATE August 25, 1989
PLACE OF SETTLEMENT 11990 San Vicente Blvd. #101 Los Angeles, Ca. 90049-5004	

J. SUMMARY OF BORROWER'S TRANSACTION:	
100. GROSS AMOUNT DUE FROM BORROWER	
101. Contract sales price	190,000.00
102. Personal property	
103. Settlement charges to borrower (line 100)	510.00
104.	
105.	
<i>Adjustments for items paid by seller to advance</i>	
106. City/town taxes	to
107. County taxes	to
108. Assessments	to
109.	
110.	
120. GROSS AMOUNT DUE FROM BORROWER	190,510.00
200. AMOUNTS PAID BY OR ON BEHALF OF BORROWER	
201. Deposit or earnest money	190,435.00
202. Principal amount of new loan(s)	
203. Existing loan(s) taken subject to	
204. Second mortgage loan	
205.	
206.	
207.	
208.	
209.	
<i>Adjustments for items unpaid by seller</i>	
210. City/town taxes	7/1 to 8/25
211. County taxes	to
212. Assessments	to
213.	
214.	
215.	
216.	
217.	
220. TOTAL PAID BY/FOR BORROWER	190,641.82
300. CASH AT SETTLEMENT FROM OR TO BORROWER	
301. Gross amount due from borrower (line 120)	190,510.00
302. Less amount paid by/for borrower (line 220)	(190,641.82)
303. CASH (<input type="checkbox"/> FROM) (<input checked="" type="checkbox"/> TO) BORROWER	131.82

7575

 VOID CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code MECCA INVESTMENT INT. 9331 Chapman Ave. #211 Garden Grove, Ca 92641		1 Rents \$	OMB No. 1545-0115 1991	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1099. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Type or machine print RECIPIENT'S name Mohamed Benaissa		6 Medical and health care payments \$	7 Nonemployee compensation \$ 12231.65	
Street address (including apt. no.) 3420 W. Jefferson Blvd		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"/>	
City, state, and ZIP code LA, CA 90018		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form 1099-MISC

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service

7575

 VOID CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code MECCA INVESTMENT INT. 9331 Chapman Ave. #211 Garden Grove, Ca 92641		1 Rents \$	OMB No. 1545-0115 1991	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1099. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Type or machine print RECIPIENT'S name Mohammed Atik		6 Medical and health care payments \$	7 Nonemployee compensation \$ 3272.00	
Street address (including apt. no.) 503 Santa Catalina		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"/>	
City, state, and ZIP code Palm Spring, Ca 92262-1939		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form 1099-MISC

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service

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 VOID CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code Mohamed Benaissa 3420 W. Jefferson Blvd. La, Ca 90018		1 Rents \$	OMB No. 1545-0115 1991	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1099. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Type or machine print RECIPIENT'S name Gaddoor I. Saidi		6 Medical and health care payments \$	7 Nonemployee compensation \$ 4600.00	
Street address (including apt. no.) 9331 Chapman Ave. #211		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"/>	
City, state, and ZIP code Garden Grove, Ca 92641		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

SASSI CONSTRUCTION CO.

ARCHITECTS, ENGINEERS AND CONSTRUCTORS

Principal:

HASSAN SASSI
Ph.D. Civil Engineering
General Contractor

Associates:

TARIK FATHY
Ph.D. Urban Planning

IHAB HABBAK
M.S. Architecture

M. ABOU IALEB
B.S. Architecture

M. GANABA
Ph.D. Civil Eng.

M. BEN AISSA
M.S. Mechanical Eng

INVOICE

TO: Dr. Said
Mecoa Investment Inc.
P.O. box 5159
Anaheim, CA 92814

Date: 3/12/91

Job: 9 units
311 N. Arando

Address: Los Angeles

Invoice #: 0608a1

Description	Trans #	Amount	Additional	Balance
		paid	Charges	
				\$12,000.00
Paid 6/17/90		\$2,400.00		\$9,600.00
Paid 7/21		\$1,200.00		\$8,400.00
Paid 9/26	1094	\$3,400.00		\$5,000.00
Paid Oct-30	3346	\$2,600.00		\$2,400.00
Re-design drawings			\$1,950.00	\$4,350.00
Paid		\$1,200.00		\$3,150.00
TOTAL		\$10,600.00	\$1,950.00	\$3,150.00

Pay only the amount shown below:

Amount due:	completion of new design	\$1,950.00
-------------	--------------------------	------------

Terms: 5 days

17800 CASTLETON STREET, #170, CITY OF INDUSTRY, CA 91748
Tel.: (818) 913-4122 / FAX: (818) 964-1958

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code Moussa Abu-Marzook 5894 S. 6th st Falls Church, VA 22041		1 Rents \$	OMB No. 1545-0115 1992	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	6 Fishing boat proceeds \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name Gaddoor I. Saidi		6 Medical and health care payments \$	7 Nonemployee compensation \$ 42,711.00	
Street address (including apt. no.) 9331 Chapman Ave #211		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"/>	
City, state, and ZIP code Garden Grove, CA 92641		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number		

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Rents \$	OMB No. 1545-0115 1992	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	6 Fishing boat proceeds \$	Copy 2 To be filed with recipient's state income tax return when required
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Street address (including apt. no.)		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"/>	
City, state, and ZIP code		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number		

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Rents \$	OMB No. 1545-0115 1992	Miscellaneous Income
		2 Royalties \$		
		3 Prizes, awards, etc. \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	6 Fishing boat proceeds \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Street address (including apt. no.)		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"/>	
City, state, and ZIP code		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number		

SASSI CONSTRUCTION CO.

ARCHITECTS, ENGINEERS AND CONSTRUCTORS

Principal:

HASSAN SASSI
Ph.D. Civil Engineering
General Contractor

Associates:

ARIK FATHY
Ph.D. Urban Planning

HAB HABBAK
A.S. Architecture

M. ABOU TALEB
B.S. Architecture

M. GANABA
Ph.D. Civil Eng

M. BEN AISSA
M.S. Mechanical Eng.

To Dr. Gaddam ONLY

Mecca Investment Inc.
P. O. Box 5168
Anaheim, CA 92814

2/18/91

RE: 311 N Borendo st.

Dear Dr. Saidi:

Pursuant to our discussion, regarding the changes of the city and according to our meeting with the city engineer Mr. Carlos Villarreal, the following is the best proposal to change completely to a new design. Modifying the existing design requires extensive changes which will yield high construction cost. While changing completely to a new design will reduce the fees of the city, as well as the construction cost.

This is due to the fact that the City of Los Angeles has changed the code regarding handicap requirements. The new code requires a certain amount of flat units to have handicap facilities. In our case, it requires 3 of the 9 units to be accessible to the handicap. The change in the handicap requirements forces us to provide one elevator for at least three units, the others are exempt. Also the bathrooms in these three units must be handicap bathrooms. In our new design, we will be exempted from providing handicap facilities. This will sum to \$182,945.00 total savings at the end of construction.

Even though changing to a new design will call for extra hours of work from our staff, we will only charge you for the cost involved doing this work. We will not charge you for any overhead or profit. We have calculated the amount of work required to complete the new design to be \$2950.00. \$975 is required at this time and \$975 after the drawings are finished, and \$1000.00 at the beginning of construction.

Should you wish any additional information, please do not hesitate to call.

Sincerely,

H.S.

Dr. Hassan Sassi
Principal



Ihab El Habbak
Ms. Architecture



Department of the Treasury
Internal Revenue Service

PHILADELPHIA, PA 19255

In reply refer to: 2835422705
June 02, 1993 LTR 12C
9212 30 000
01902



MOUSA M ABUMARZOOK & NADIA M ELASHI
5894 S 6TH ST
FLS CHURCH VA 22041-2538-940

Social Security Number: [REDACTED]
28222-095-58411-3

Dear Taxpayer:

We received your Dec. 31, 1992 Federal income tax return, but we need more information to process your return accurately.

Your return doesn't show your signature(s). Please sign the declaration below and note the additional requirements that may apply to you:

1. If this is a joint return, both husband and wife must sign the declaration.
2. If you can't write your name, please sign your mark in the presence of two witnesses. The signatures of the witnesses are also required.
3. If you are signing as a parent of a minor child, you should sign both the child's name, and your name, writing "parent of a minor child" beside your name.
4. A court certificate is required in all other instances when someone other than the taxpayer is signing the return.

DECLARATION

Under penalties of perjury, I declare that I have examined the return (including any accompanying schedules and statements) referred to in this letter and, to the best of my knowledge and belief, it is true, correct, and complete.

MOUSA M. Abu marzook
Signature

6-26-93
Date

Nadia M Elashi
Spouse's Signature (both husband and wife must sign for a joint return)

6-26-93
Date

Signature of Witness #1

Date



Department of the Treasury
Internal Revenue Service

2835422705

June 02, 1993

LTR 12C

9212 30 000

01903

MOUSA M ABUMARZOOK & NADIA M ELASHI
5894 S 6TH ST
FLS CHURCH VA 22041-2538-940

Signature of Witness #2

Date

Please send us the information within 20 days from the date of this letter so we can finish processing your return. Please enclose only the information requested. DO NOT send a copy of your return. It will take about 6 to 8 weeks from the time we receive your response to issue any refund due you. Since we can give you credit for items only if you give us the information to support them, we may have to increase the tax you owe or reduce your refund if we do not hear from you.

If you have any questions about this letter, please write us at the address shown on the letter. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there can help you, but the office at the address shown on this letter is most familiar with your case.

Whenever you write, please include your telephone number, the hours you can be reached, and this letter. You also may want to keep a copy of this letter for your records.

Your Telephone Number: (703) 931 5127 Hours _____

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

Maryanne Borsuk

MARYANNE BORSUK
CHIEF, ERROR RESOLUTION SECTION

Enclosures:
Copy of this letter
Envelope
ERS/144

28222-095-58411-3

P.O. Box 1982
(Please print) Falls Church VA 22041 07/01/93
N2005-01



INTERNAL REVENUE SERVICE CENTER
PHILADELPHIA PA 19255

ERS-CORR





DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE-UR
PHILADELPHIA PA 19255

NOTICE NUMBER: CP-2000
DATE OF THIS NOTICE: 09/28/94
SOCIAL SECURITY NUMBER: [REDACTED]
TAX FORM: 1040 TAX YEAR: 1992
AUR CONTROL NUMBER: 50016-1407



MOUSA M ABUMARZOOK & NADIA M ELASHI
PO BOX 1912
FALLS CHURCH VA 22041-0912126

PLEASE RESPOND TO THIS NOTICE
BY COMPLETING THE LAST PAGE
AND SENDING IT TO US IN THE
ENVELOPE PROVIDED.

FOR GENERAL INFORMATION,
PLEASE CALL:

804-649-2361 LOCAL RICHMOND
1-800-829-1040 OTHER VA

WE'RE PROPOSING CHANGES TO YOUR 1992 TAX RETURN

WE ARE PROPOSING CHANGES TO YOUR 1992 TAX RETURN BECAUSE THE INFORMATION ON YOUR TAX RETURN ISN'T THE SAME AS THE INFORMATION REPORTED TO US BY YOUR EMPLOYERS, BANKS, AND OTHER PAYERS.

THIS NOTICE EXPLAINS WHAT TO DO IF YOU AGREE OR DISAGREE WITH OUR PROPOSED CHANGES. PAGE 2 SHOWS THE PROPOSED CHANGES TO YOUR 1992 ACCOUNT. WE PROPOSE TO INCREASE YOUR TAX. IF YOU AGREE WITH THIS CHANGE YOU WILL OWE US \$484.

PLEASE COMPARE YOUR RECORDS WITH THE PAYER INFORMATION SHOWN ON PAGE 3 OF THIS NOTICE. IF YOU AGREE WITH THE PROPOSED CHANGES ON PAGE 2:

- CHECK BOX A ON THE LAST PAGE OF THIS NOTICE,
- SIGN AND DATE THE CONSENT TO TAX INCREASE,
- ENCLOSE YOUR PAYMENT IN FULL, IF POSSIBLE, AND MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE INTERNAL REVENUE SERVICE, AND
- RETURN THE LAST PAGE OF THIS NOTICE ALONG WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

IF YOU DON'T AGREE WITH THE PROPOSED CHANGES ON PAGE 2:

- CHECK BOX B OR C ON THE LAST PAGE OF THIS NOTICE,
- ENCLOSE A SIGNED STATEMENT EXPLAINING WHY YOU DISAGREE,
- INCLUDE ANY SUPPORTING DOCUMENTS YOU WISH US TO CONSIDER, AND
- USE THE ENVELOPE ENCLOSED TO RETURN THE LAST PAGE OF THIS NOTICE WITH YOUR STATEMENT AND DOCUMENTS. PLEASE INCLUDE A TELEPHONE NUMBER, INCLUDING AN AREA CODE, AND THE BEST TIME TO CALL YOU.

IT IS IMPORTANT THAT WE RECEIVE YOUR COMPLETED RESPONSE WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE. YOU HAVE 60 DAYS TO RESPOND IF YOU LIVE OUTSIDE OF THE UNITED STATES. IF WE DON'T RECEIVE YOUR RESPONSE WITHIN THIS PERIOD, WE WILL CONCLUDE THAT THE PROPOSED CHANGES ARE CORRECT. WE WILL THEN ISSUE A NOTICE OF DEFICIENCY TO YOU, FOLLOWED BY A FINAL BILL FOR THE PROPOSED AMOUNT SHOWN ON PAGE 2. YOU MAY CONTEST THE NOTICE OF DEFICIENCY IN COURT IF YOU BELIEVE YOU DON'T OWE THE ADDITIONAL TAX.

PLEASE RESPOND TO US EVEN IF YOU DON'T UNDERSTAND OUR COMPUTATION OR CAN'T PAY THE PROPOSED TAX DUE. IF YOU DELAY YOUR RESPONSE, INTEREST ON ANY AMOUNT YOU OWE WILL INCREASE. INTEREST STOPS ONLY WHEN YOU PAY THE TOTAL AMOUNT YOU OWE. IF YOU SIGN THE CONSENT TO TAX INCREASE, FULL PAYMENT IS DUE WITHIN 15 DAYS AFTER WE RECEIVE YOUR SIGNED CONSENT. IF WE DON'T RECEIVE YOUR PAYMENT WITHIN THAT PERIOD, WE WILL SEND YOU A BILL. THIS BILL WILL INCLUDE YOUR TAX, ANY PENALTIES, AND ADDITIONAL INTEREST.

IF YOU AGREE WITH THE CHANGES WE PROPOSE, YOU DON'T HAVE TO FILE AN AMENDED 1992 FEDERAL INCOME TAX RETURN (FORM 1040X). HOWEVER, WE SEND INFORMATION TO YOUR STATE AND LOCAL TAX AGENCIES ABOUT ANY INCREASE OR DECREASE IN YOUR TAX AS A RESULT OF THIS NOTICE. IF THE CHANGE AFFECTS YOUR STATE INCOME TAX, FILE AN AMENDED STATE TAX RETURN WITHOUT DELAY.

PLEASE REVIEW YOUR RECORDS AND RETURNS FILED AFTER THE YEAR IDENTIFIED IN THIS NOTICE TO MAKE SURE YOU REPORTED ALL INCOME CORRECTLY. IF YOU DIDN'T REPORT ALL OF YOUR INCOME CORRECTLY, YOU SHOULD FILE AN AMENDED FEDERAL AND STATE TAX RETURN FOR EACH YEAR, AND PAY ANY ADDITIONAL TAX AND INTEREST YOU OWE. IT IS TO YOUR ADVANTAGE TO CORRECT YOUR TAX RETURNS AND PAY ANY ADDITIONAL TAX AND INTEREST AS SOON AS POSSIBLE TO AVOID PENALTIES AND ADDITIONAL INTEREST.

THE ENCLOSED PUBLICATION 1383 CONTAINS MORE INFORMATION ABOUT HOW TO RESPOND TO THIS NOTICE. PLEASE KEEP THIS NOTICE FOR YOUR RECORDS. THANK YOU FOR YOUR COOPERATION.

OUR PROPOSED CHANGES TO YOUR 1992 FORM 1040 INCOME TAX
(DETAILED INFORMATION FOR THESE CHANGES BEGINS ON PAGE 3)

CHANGED ITEM(S)	SHOWN ON RETURN	REPORTED TO IRS	INCREASE OR DECREASE
INTEREST	\$ 6,809	\$ 9,479	\$ 2,670.00

OUR PROPOSED CHANGES TO YOUR SCHEDULE A ITEMIZED DEDUCTIONS

	SHOWN ON RETURN	PROPOSED AMOUNTS	INCREASE OR DECREASE
MEDICAL DEDUCTION	\$ 753	\$ 553	\$ 200.00
TOTAL INCREASE			\$ 2,870.00

OUR PROPOSED CHANGES TO YOUR TAX COMPUTATION

	SHOWN ON RETURN	PROPOSED AMOUNTS	INCREASE OR DECREASE
1. TAXABLE INCOME, LINE 37	5,849.00	8,719.00	2,870.00
2. TAX, LINE 38	874.00	1,309.00	435.00
3. SELF-EMPLOYMENT TAX, LINE 47	6,861.00	6,861.00	0.00
4. TOTAL TAXES, LINE 53	7,735.00	8,170.00	435.00
5. NET TAX INCREASE.....			435.00
6. INTEREST FROM 4/15/93 TO 15 DAYS FROM THE DATE OF THIS NOTICE.....			49.00
7. PROPOSED AMOUNT YOU OWE IRS.....			\$ 484.00

(THE PROPOSED AMOUNT APPLIES TO THIS NOTICE ONLY. IT DOESN'T INCLUDE ANY ADDITIONAL AMOUNTS FOR TAX YEAR 1992 THAT YOU MAY OWE FROM A PREVIOUS IRS NOTICE.)



x 5 2 3 3 3 8 3 8 6 9 2 x

YOUR EMPLOYERS, BANKS, AND OTHER PAYERS REPORTED THIS INFORMATION:

PLEASE COMPARE YOUR TAX RECORDS WITH THE FOLLOWING LIST. IT SHOWS INCOME AMOUNTS REPORTED TO US BY YOUR PAYERS WHICH WE WERE UNABLE TO MATCH TO YOUR 1992 INCOME TAX RETURN. TO ASSIST YOU IN REVIEWING YOUR INCOME AMOUNTS, THE LIST MAY SHOW BOTH REPORTED AND UNREPORTED AMOUNTS FROM THE SAME PAYER. HOWEVER, ANY PROPOSED INCOME CHANGES SHOWN ON PAGE 2 OF THIS NOTICE ARE BASED ON THE UNREPORTED AMOUNTS ONLY.

WE HAVE ALREADY VERIFIED ANY DEDUCTION AMOUNT(S) THAT YOU SEE ON THIS LIST. HOWEVER, IF YOU DEDUCTED OTHER AMOUNTS ON YOUR RETURN THAT DON'T APPEAR ON THIS LIST, PLEASE SEND US PROOF THAT YOU ARE ENTITLED TO THOSE DEDUCTIONS, OR WE MAY HAVE TO DISALLOW THEM. (FOR EXAMPLE, IF THE LIST SHOWS SOME, BUT NOT ALL OF THE TOTAL MORTGAGE INTEREST DEDUCTION YOU CLAIMED IN VARIOUS PLACES ON YOUR RETURN, WE NEED YOU TO SEND US VERIFICATION OF ALL THE MORTGAGE INTEREST DEDUCTION AMOUNTS THAT YOU DON'T SEE ON THIS LIST.) ANY PROPOSED DEDUCTION CHANGES SHOWN ON PAGE 2 OF THIS NOTICE ARE BASED ON AMOUNTS YOU DEDUCTED THAT DON'T MATCH THE AMOUNT(S) YOUR LENDERS REPORTED TO US.

<p>1. NORTH AMERICAN ISL. TRUST ACCOUNT NUMBER 75819 EIN [REDACTED]</p>	<p>ISSUED FORM 1099-INT FOR INTEREST</p>	<p>TO [REDACTED]</p>	<p>\$ 177 0001</p>
<p>2. RUSTON STATE BANK ACCOUNT NUMBER 0076020000000397083 EIN [REDACTED]</p>	<p>ISSUED FORM 1099-INT FOR INTEREST</p>	<p>TO [REDACTED]</p>	<p>\$ 986 0003</p>
<p>3. RUSTON STATE BANK ACCOUNT NUMBER 0076020000000379212 EIN [REDACTED]</p>	<p>ISSUED FORM 1099-INT FOR INTEREST</p>	<p>TO [REDACTED]</p>	<p>\$ 1,507 0004</p>

LIMITED DISCLOSURE AUTHORIZATION STATEMENT

IF YOU WISH TO AUTHORIZE SOMEONE, IN ADDITION TO YOURSELF, TO DISCUSS THIS NOTICE WITH US, PLEASE COMPLETE THE LIMITED AUTHORIZATION STATEMENT ON THE LAST PAGE OF THIS NOTICE. PLEASE HAVE THE PERSON YOU AUTHORIZE:

- WRITE TO US AT THE ADDRESS SHOWN ON THIS NOTICE, AND
- SEND ANY SUPPORTING DOCUMENTS TO US.

ALSO, PLEASE HAVE THAT PERSON INCLUDE IN HIS OR HER LETTER A TELEPHONE NUMBER, AREA CODE, AND THE BEST TIME FOR US TO CALL IF WE NEED MORE INFORMATION. BECAUSE THIS IS A LIMITED AUTHORIZATION, WE WILL DISCUSS INFORMATION THAT PERTAINS ONLY TO THE TAX YEAR SHOWN ON THIS NOTICE WITH THE PERSON YOU SELECT TO WRITE TO US. THIS PERSON MAY NOT SIGN FOR YOU OR REPRESENT YOU IN AN INTERVIEW OR IN U.S. TAX COURT.

YOU MAY CHANGE OR CANCEL YOUR AUTHORIZATION BY SENDING A SIGNED STATEMENT TELLING US THE TAX YEAR FOR WHICH YOU WISH TO CHANGE OR CANCEL YOUR AUTHORIZATION. YOUR STATEMENT SHOULD INCLUDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON WHO IS NO LONGER AUTHORIZED TO DISCUSS THIS NOTICE. ALSO INCLUDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF ANY NEW PERSON YOU ARE AUTHORIZING.

EXPLANATION OF CHANGES

SCHEDULE A MEDICAL AND DENTAL EXPENSES

YOU CAN CLAIM ONLY YOUR MEDICAL AND DENTAL EXPENSES THAT ARE MORE THAN 7.5% OF YOUR ADJUSTED GROSS INCOME ON LINE 31 OF YOUR TAX RETURN. WE REFIGURED YOUR MEDICAL AND DENTAL EXPENSE DEDUCTION BECAUSE YOUR ADJUSTED GROSS INCOME CHANGED, THEREFORE YOUR 7.5% LIMIT CHANGED.

WITHHOLDING ON INTEREST AND DIVIDENDS

IN THIS NOTICE WE PROPOSED A TAX INCREASE BASED COMPLETELY OR PARTIALLY ON INTEREST OR DIVIDENDS YOU DIDN'T REPORT. IF YOU AGREE THAT THE INCOME SHOWN IN OUR PROPOSAL IS CORRECT, AND YOU DON'T PAY YOUR INCREASE, WE MAY NOTIFY YOUR PAYERS TO DEDUCT AND WITHHOLD 31% OF ANY PAYMENTS THEY MAKE TO YOU IN THE FUTURE. THIS IS CALLED BACKUP WITHHOLDING AND OCCURS WHEN YOU DON'T REPORT INTEREST OR DIVIDEND INCOME ON YOUR TAX RETURN, AS THE LAW REQUIRES.

INTEREST PERIOD

GENERALLY, WE FIGURE INTEREST ON THE PROPOSED TAX CHANGE IN THIS NOTICE FROM THE DUE DATE OF YOUR RETURN, APRIL 15, 1993, TO 15 DAYS AFTER THE DATE OF THIS NOTICE. IF WE RECEIVE YOUR FULL PAYMENT BY THEN, INTEREST STOPS. IF WE DON'T, INTEREST CONTINUES UNTIL YOU PAY YOUR BALANCE IN FULL.

IF YOU RECEIVED A REFUND(S) WITHOUT INTEREST FOR 1992 THAT WAS LESS THAN THE PROPOSED TAX CHANGE IN THIS NOTICE:

- WE FIGURED INTEREST FROM THE DATE YOUR REFUND(S) WAS ISSUED TO 15 DAYS AFTER THE DATE OF THIS NOTICE ON THAT PORTION OF THE PROPOSED TAX CHANGE THAT MATCHES YOUR REFUND(S).
- WE THEN FIGURED INTEREST FROM THE DUE DATE OF YOUR RETURN TO 15 DAYS AFTER THE DATE OF THIS NOTICE ON THAT PORTION OF THE PROPOSED TAX CHANGE THAT EXCEEDS YOUR REFUND(S).

IF YOU RECEIVED A REFUND(S) WITHOUT INTEREST FOR 1992 THAT WAS EQUAL TO OR GREATER THAN THE PROPOSED TAX CHANGE IN THIS NOTICE, WE FIGURED INTEREST FROM THE DATE YOUR REFUND(S) WAS ISSUED TO 15 DAYS AFTER THE DATE OF THIS NOTICE.

WE NEVER CHARGE INTEREST PRIOR TO THE DUE DATE OF THE RETURN REGARDLESS OF WHEN YOU RECEIVED YOUR REFUND(S).

MISIDENTIFIED INCOME

IF ANY OF THE INCOME SHOWN ON THIS NOTICE IS NOT YOURS:

- SEND TO US THE NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF THE PERSON WHO RECEIVED THE INCOME, OR
- SEND US A COPY OF THE INCOME TAX RETURN WHERE THE INCOME WAS REPORTED, IF YOU HAVE IT,
- CHECK BOX B OR C ON THE LAST PAGE OF THIS NOTICE, AND
- RETURN YOUR SUPPORTING DOCUMENTS AND THE LAST PAGE OF THIS NOTICE IN THE ENCLOSED ENVELOPE.

CHILDREN'S INCOME

IF THE INCOME BELONGS TO YOUR MINOR CHILD AND THE LAW DOESN'T REQUIRE YOUR CHILD TO FILE AN INCOME TAX RETURN:

- SEND A SIGNED STATEMENT TO US EXPLAINING THIS, AND
- NOTIFY THE PAYERS TO CORRECT THEIR RECORDS TO SHOW THE NAME AND SOCIAL SECURITY NUMBER OF THE PERSON WHO ACTUALLY RECEIVED THE INCOME, SO THAT FUTURE REPORTS TO US ARE ACCURATE.

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/764*

/160*

/170* ... /310*

FSC 2

/INT*00060/680*

55021-172A

RECEIVED
CLERICAL
12/28/94

RESPONSE TO OUR PROPOSED CHANGES TO YOUR 1992 INCOME TAX RETURN

PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOU AND RETURN THE ENTIRE PAGE IN THE ENVELOPE WE ENCLOSED. BE SURE THE INTERNAL REVENUE SERVICE ADDRESS SHOWS THROUGH THE WINDOW. IF YOU ARE MAKING A PAYMENT WITH THIS NOTICE, WRITE THE AMOUNT OF YOUR PAYMENT ON THIS LINE \$ 295.00. PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE INTERNAL REVENUE SERVICE AND INCLUDE YOUR SOCIAL SECURITY NUMBER.

CHECK ONE

A) TOTAL AGREEMENT TO TAX INCREASE - I CONSENT TO THE IMMEDIATE ASSESSMENT AND COLLECTION OF THE INCREASE IN TAX AND PENALTIES SHOWN, PLUS INTEREST. I UNDERSTAND THAT BY SIGNING THIS WAIVER, I WON'T BE ABLE TO CONTEST THESE CHANGES FOR THIS YEAR IN THE U.S. TAX COURT UNLESS ADDITIONAL TAX IS DETERMINED TO BE DUE FOR THIS TAX YEAR.

MOUSA ABUMARZOOK
SIGNATURE
DON'T SIGN IF YOU CHECKED BOX B OR C.

1-7-95
DATE

Nadia M. Elash
SPOUSE'S SIGNATURE
(REQUIRED ONLY IF YOU FILED A JOINT RETURN)

B) PARTIAL AGREEMENT WITH PROPOSED CHANGES - I AGREE TO PART OF THE PROPOSED CHANGES TO MY INCOME, DEDUCTIONS, TAXES AND/OR CREDITS SHOWN ON THIS NOTICE. I HAVE ATTACHED A SIGNED STATEMENT EXPLAINING WHICH ITEMS I DISAGREE WITH, WHY I DISAGREE, AND MY SUPPORTING DOCUMENTS.

C) TOTAL DISAGREEMENT WITH PROPOSED CHANGES - I DISAGREE WITH ALL OF THE PROPOSED CHANGES SHOWN ON THIS NOTICE. FOR EACH PROPOSED CHANGE, I HAVE ATTACHED A SIGNED STATEMENT AND SUPPORTING DOCUMENTS EXPLAINING WHY I DISAGREE.

LIMITED AUTHORIZATION STATEMENT

IF YOU WISH TO AUTHORIZE SOMEONE, IN ADDITION TO YOURSELF, TO CONTACT THE INTERNAL REVENUE SERVICE CONCERNING THIS NOTICE, PLEASE SIGN BELOW.

I AUTHORIZE _____ NAME _____ ADDRESS _____ TO DISCUSS INFORMATION WITH, AND PROVIDE INFORMATION TO, THE INTERNAL REVENUE SERVICE ABOUT THIS NOTICE.

SIGNATURE OF TAXPAYER

DATE



PLEASE DON'T DETACH

PLEASE BE SURE OUR ADDRESS SHOWS THROUGH THE WINDOW

523338386 KX ABUM 30 D 9212 640 00000049500



INTERNAL REVENUE SERVICE
PHILADELPHIA SERVICE CENTER
PHILADELPHIA PA 19255

523-33-8386 12/28/94 55021-172A

MOUSA M ABUMARZOOK & NADIA M ELASH
7802 FIELDCHRIST CT
FALLS VA 22042-3304028

RESPONSE TO OUR PROPOSED CHANGES TO YOUR 1992 INCOME TAX

PLEASE COMPLETE THE SECTION BELOW THAT APPLIES TO YOU AND RETURN THE ENTIRE PAGE IN THE ENVELOPE WE ENCLOSED. BE SURE THE INTERNAL REVENUE SERVICE ADDRESS SHOWS THROUGH THE WINDOW. IF YOU ARE MAKING A PAYMENT WITH THIS NOTICE, WRITE THE AMOUNT OF YOUR PAYMENT ON THIS LINE \$. PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE INTERNAL REVENUE SERVICE AND INCLUDE YOUR SOCIAL SECURITY NUMBER.

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A) [] TOTAL AGREEMENT TO TAX INCREASE - I CONSENT TO THE IMMEDIATE ASSESSMENT AND COLLECTION OF THE INCREASE IN TAX AND PENALTIES SHOWN, PLUS INTEREST. I UNDERSTAND THAT BY SIGNING THIS WAIVER, I WON'T BE ABLE TO CONTEST THESE CHANGES FOR THIS YEAR IN THE U.S. TAX COURT UNLESS ADDITIONAL TAX IS DETERMINED TO BE DUE FOR THIS TAX YEAR.

SIGNATURE _____ DATE _____ SPOUSE'S SIGNATURE _____
DON'T SIGN IF YOU CHECKED BOX B OR C. (REQUIRED ONLY IF YOU FILED A JOINT RETURN)

B) [] PARTIAL AGREEMENT WITH PROPOSED CHANGES - I AGREE TO PART OF THE PROPOSED CHANGES TO MY INCOME, DEDUCTIONS, TAXES AND/OR CREDITS SHOWN ON THIS NOTICE. I HAVE ATTACHED A SIGNED STATEMENT EXPLAINING WHICH ITEMS I DISAGREE WITH, WHY I DISAGREE, AND MY SUPPORTING DOCUMENTS.

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I AUTHORIZE _____ NAME _____ ADDRESS _____
TO DISCUSS INFORMATION WITH, AND PROVIDE INFORMATION TO, THE INTERNAL REVENUE SERVICE ABOUT THIS NOTICE.

SIGNATURE OF TAXPAYER _____

DATE _____



* 5 2 3 3 3 8 3 8 6 9 2 *

PLEASE DON'T DETACH

PLEASE BE SURE OUR ADDRESS SHOWS THROUGH THE WINDOW

523338386 KX ABUM 30 0 9212 640 00000048400



INTERNAL REVENUE SERVICE
PHILADELPHIA SERVICE CENTER
PHILADELPHIA PA 19255

09/28/94 50016-1407

MOUSA M ABUMARZOOK & NADIA M ELASH
PO BOX 1912
FALLS CHURCH VA 22041-0912126

MAVIA ABE MARZOUK
(Please print)
PO Box 1912
Falls Church VA 22041

01/18/95

