



SDNY_GM_02771863

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258671

EFTA01338175

LAW OFFICES OF
GERALD B. LEFCOURT, P.C.
A PROFESSIONAL CORPORATION
148 EAST 78TH STREET
NEW YORK, NEW YORK 10021

GERALD B. LEFCOURT
[REDACTED]

TELEPHONE
[REDACTED]

FACSIMILE
[REDACTED]

SHERYL E. REICH
[REDACTED]

RENATO C. STABILE
[REDACTED]

FAITH A. FRIEDMAN
[REDACTED]

June 12, 2007

BY FEDERAL EXPRESS

A. Marie Villafaña, Esq.
Assistant United States Attorney
Office of the United States Attorney
Southern District of Florida
500 South Australian Avenue, Suite 400
West Palm Beach, Florida 33401

Subpoenas dated May 31, 2007, to J. Epstein Virgin Islands Foundation, Inc., J. Epstein & Co., Inc.; Epstein Interests; and Financial Trust Company, Inc.

Dear Ms. Villafana:

I write to respond to the subpoenas served on the above entities all dated May 31, 2007. Each of the subpoenas has a substantively identical Attachment to Subpoena describing the documents requested.

Be advised that J. Epstein & Co., Inc., executed a certificate of dissolution in December 2000 and therefore could not have any documents responsive to the subpoena. Please be further advised that no entity has any documents responsive to Request Nos. 1, 3, 4 and 5. We are still in the process of ascertaining whether documents responsive to Request No. 2 exist, and will provide them to you, assuming they do exist, as soon as we are able to do so. Finally, we have enclosed for your review all documents we believe to be responsive to Request No. 6, including a schedule of the corporate directors, board members and shareholders of each entity, to the extent the question is applicable to each entity.

The documents provided bear the following production numbers, which we note were placed on said documents for control purposes only and do not appear on the documents in the normal course:

Schedule of Corporate Directors, Board Members, Shareholders
J. Epstein Virgin Islands Foundation, Inc.

JEVIF 0001

SDNY_GM_02771864

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258672

EFTA01338176

A. Marie Villafaña, Esq.
Assistant United States Attorney
Office of the United States Attorney
Southern District of Florida
June 12, 2007
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| | |
|---|------------|
| IRS Form 1096 J. Epstein Virgin Islands Foundation, Inc. 2004 | JEVIF 0002 |
| IRS Form 1099 J. Epstein Virgin Islands Foundation, Inc. 2004 | JEVIF 0003 |
| IRS Form 1096 J. Epstein Virgin Islands Foundation, Inc. 2003 | JEVIF 0004 |
| IRS Form 1099 J. Epstein Virgin Islands Foundation, Inc. 2003 | JEVIF 0005 |

| | |
|---|--------------|
| Schedule of Corporate Directors, Board Members, Shareholders Epstein Interests | EI 0001 |
| IRS Forms W2 Epstein Interests 2006 | EI 0002-0003 |
| IRS Form W2 Epstein Interests 2005 | EI 0004 |
| IRS Form 1096 Epstein Interests 2005 | EI 0005 |
| IRS Form 1099 Epstein Interests 2005 | EI 0006 |

| | |
|---|---------------|
| Schedule of Corporate Directors, Board Members, Shareholders Financial Trust Co., Inc. | FTC 0001 |
| IRS Form W3 Financial Trust Co., Inc. 2006 | FTC 0002 |
| IRS Forms W2 Financial Trust Co., Inc. 2006 | FTC 0003-0008 |
| IRS Form W3 Financial Trust Co., Inc. 2005 | FTC 0009 |
| IRS Forms W2 Financial Trust Co., Inc. 2005 | FTC 0010-0015 |
| IRS Form W3 Financial Trust Co., Inc. 2004 | FTC 0016 |
| IRS Forms W2 Financial Trust Co., Inc. 2004 | FTC 0017-0022 |
| IRS Form W3 Financial Trust Co., Inc. 2003 | FTC 0023 |
| IRS Forms W2 Financial Trust Co., Inc. 2003 | FTC 0024-0030 |
| IRS Form 1096 Financial Trust Co., Inc. 2006 | FTC 0031 |
| IRS Forms 1099 Financial Trust Co., Inc. 2006 | FTC 0032-0033 |
| IRS Form 1096 Financial Trust Co., Inc. 2005 | FTC 0034 |
| IRS Forms 1099 Financial Trust Co., Inc. 2005 | FTC 0035-0036 |
| IRS Form 1096 Financial Trust Co., Inc. 2004 | FTC 0037 |
| IRS Forms 1099 Financial Trust Co., Inc. 2004 | FTC 0038-0041 |
| IRS Form 1096 Financial Trust Co., Inc. 2003 | FTC 0042 |
| IRS Forms 1099 Financial Trust Co., Inc. 2003 | FTC 0043-0045 |

LAW OFFICES OF
GERALD B. LEFCOURT, P.C.

A. Marie Villafaña, Esq.
Assistant United States Attorney
Office of the United States Attorney
Southern District of Florida
June 12, 2007
Page 3

If you have any questions, please do not hesitate to call.

Very truly yours,

Gerald B. Lefcourt

cc: Special Agent Nesbitt Kuyrkendall
Lilly Ann Sanchez, Esq.

SDNY_GM_02771866

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258674

EFTA01338178

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: J. Epstein Virgin Islands Foundation, Inc.

**SUBPOENA TO TESTIFY
BEFORE GRAND JURY**
FGJ 07-103(WPB)-Tues./No. OLY-51

SUBPOENA FOR:

PERSON

DOCUMENTS OR OBJECT[S]

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date and time specified below.

PLACE:

United States District Courthouse
701 Clematis Street
West Palm Beach, Florida 33401

ROOM:

Grand Jury Room

DATE AND TIME:

June 12, 2007
1:00 pm*

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

See attachments for the production of required documents.

***Please coordinate your compliance with this subpoena and confirm the date and time , and location of your appearance with Special Agent Nesbitt Kuyrkendall, Federal Bureau of Investigation, Telephone: (561) 822-5946.**

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

CLERK

(BY) DEPUTY CLERK



DATE:

May 31, 2007

This subpoena is issued upon application
of the United States of America

Name, Address and Phone Number of Assistant U.S. Attorney
Ann Marie C. Villafaña, Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235

Tel:

Fax:

*If not applicable, enter "none."

To be used in lieu of AO110

FORM ORD-227
JAN.86

SDNY_GM_02771867

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258675

EFTA01338179

ATTACHMENT TO SUBPOENA
J. EPSTEIN VIRGIN ISLANDS FOUNDATION, INC.

1. For the period of January 1, 2003 to the present, all calendars, agendas, daily diaries, or other records of appointments, travel, meetings and the like, kept by or on behalf of Jeffrey Epstein, [REDACTED], [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
2. For the period of January 1, 2003 to the present, all address books, contact lists, or other records of names, telephone numbers, addresses, and/or e-mail addresses kept by or on behalf of Jeffrey Epstein, [REDACTED], [REDACTED] Lesley Groff, and/or [REDACTED] a [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
3. For the period of January 1, 2003 to the present, all e-mails, instant messages, text messages, meeting invitations, and any other electronic communication sent by Jeffrey Epstein, [REDACTED], [REDACTED] Lesley Groff, and/or [REDACTED] to Jeffrey Epstein, [REDACTED], [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
4. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by J. Epstein Virgin Islands Foundation, Inc. to any bank account used for the maintenance of the property located at 358 El Brillo Way, Palm Beach, Florida, or for the payment of any person working at 358 El Brillo Way, Palm Beach, Florida.
5. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by J. Epstein Virgin Islands Foundation, Inc. to any bank account on which Janusz Banasiak and/or Alfredo Rodriguez had check-writing authority and/or access to via debit/ATM card.
6. For the period of January 1, 2003 to the present, the names of all employees, copies of all W-2s and/or 1099s for all employees, and the names of all corporate directors, board members, and shareholders.

SDNY_GM_02771868

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258676

EFTA01338180

Response to Request No. 6 to
Subpoena dated May 31, 2007, to J. Epstein Virgin Islands Foundation, Inc.

J. Epstein Virgin Islands Foundation, Inc.

Corporate Directors/Board Members: Jeffrey Epstein, Cecile De Jongh, Darren Indyke
No Shareholders

EVIFDDI

SDNY_GM_02771869

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258677

EFTA01338181

Do Not Staple **6769**

Form **1096** Annual Summary and Transmittal of U.S. Information Returns **2004**
 Department of the Treasury Internal Revenue Service

FILER'S name
ENHANCED EDUCATION (J. EPSTEIN VIRGIN ISLANDS FOUNDATION INC.)
 Street address (including room or suite number)
6100 RED HOOK QTRS B3
 City, state, and ZIP code
St. Thomas, USVI 00802-1348

Name of person to contact: **Jeanne Brennan** Telephone number: [REDACTED]
 Email address: [REDACTED] Fax number: [REDACTED]

1 Employer identification number: **66-0585379** 2 Social security number: [REDACTED]
 3 Total number of forms: **1** 4 Federal income tax withheld: \$ [REDACTED]
 5 Total amount reported with this Form 1096: \$ **25,000.00**

Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here.

| | | | | | | | | | | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--|
| W-2G 32 <input type="checkbox"/> | 1098 81 <input type="checkbox"/> | 1098-E 84 <input type="checkbox"/> | 1098-T 88 <input type="checkbox"/> | 1099-A 80 <input type="checkbox"/> | 1099-B 78 <input type="checkbox"/> | 1099-C 85 <input type="checkbox"/> | 1099-CAP 73 <input type="checkbox"/> | 1099-DIV 81 <input type="checkbox"/> | 1099-G 88 <input type="checkbox"/> | 1099-H 71 <input type="checkbox"/> | 1099-INT 92 <input type="checkbox"/> | 1099-LTC 80 <input type="checkbox"/> | 1099-MISC 95 <input checked="" type="checkbox"/> |
| 1099-MSA 94 <input type="checkbox"/> | 1099-OID 96 <input type="checkbox"/> | 1099-PATR 87 <input type="checkbox"/> | 1099-Q 31 <input type="checkbox"/> | 1099-R 90 <input type="checkbox"/> | 1099-S 76 <input type="checkbox"/> | 5498 28 <input type="checkbox"/> | 5498-ESA 72 <input type="checkbox"/> | 5498-MSA 27 <input type="checkbox"/> | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature  Title **PRESIDENT** Date **2/24/05**

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1099, 1098, 5498, and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person who acquires real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an Archer MSA (including a Medicare-Choice MSA); certain corporations; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by February 28, 2005. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2005.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address

- Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia
Austin, TX 73301
- Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia
Cincinnati, OH 45999
- Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin
Kansas City, MO 64999

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G.

41-1628061

Form 1096 (2004)

EVIF002

SDNY_GM_02771870

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258678

EFTA01338182

VOID CORRECTED

| | | | | | |
|--|--|---|--|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. UNHANCED EDUCATION (J. EPSTEIN VIRGINIA FOUNDATION INC.) 6100 RED HOOK ST., #2 ST. THOMAS, USVI 00062-1348 | | 1 Rents \$ | OMB No. 1545-0115 2004 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | | | |
| PAYER'S Federal identification number 66-0585379 | | 3 Other Income \$ | Copy C For Payer or State Copy | | |
| | | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | | 5 Fishing boat proceeds \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 6 Medical and health care payments \$ | | | |
| RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN P.C. <div style="background-color: black; width: 100px; height: 20px;"></div> | | 7 Nonemployee compensation \$ 25,000.00 | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 8 Substitute payments in lieu of dividends or interest \$ | | | |
| Account number (optional) 2nd TIN not <input type="checkbox"/> | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 10 Crop insurance proceeds \$ | | | |
| 15 | | 11 <div style="background-color: black; width: 100px; height: 15px;"></div> | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 12 <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |
| 13 Excess golden parachute payments \$ | | 13 Excess golden parachute payments \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 14 Gross proceeds paid to an attorney \$ | | | |
| 16 State tax withheld \$ | | 14 Gross proceeds paid to an attorney \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 15 State/Payer's state no. \$ | | | |
| 18 State income \$ | | 16 State tax withheld \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 17 State/Payer's state no. \$ | | | |
| 18 State income \$ | | 17 State/Payer's state no. \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 18 State income \$ | | | |

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

VOID CORRECTED

| | | | | | |
|--|--|---|--|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2004 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | | | |
| PAYER'S Federal identification number | | 3 Other Income \$ | Copy C For Payer or State Copy | | |
| | | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S identification number | | 5 Fishing boat proceeds \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 6 Medical and health care payments \$ | | | |
| RECIPIENT'S name, address, and ZIP code | | 7 Nonemployee compensation \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 8 Substitute payments in lieu of dividends or interest \$ | | | |
| Account number (optional) 2nd TIN not <input type="checkbox"/> | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 10 Crop insurance proceeds \$ | | | |
| 13 Excess golden parachute payments \$ | | 11 <div style="background-color: black; width: 100px; height: 15px;"></div> | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 12 <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |
| 16 State tax withheld \$ | | 13 Excess golden parachute payments \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 14 Gross proceeds paid to an attorney \$ | | | |
| 18 State income \$ | | 14 Gross proceeds paid to an attorney \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 15 State/Payer's state no. \$ | | | |
| 18 State income \$ | | 16 State tax withheld \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 17 State/Payer's state no. \$ | | | |
| 18 State income \$ | | 17 State/Payer's state no. \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. | | |
| | | 18 State income \$ | | | |

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

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SDNY_GM_02771871

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258679

EFTA01338183

| | | | | | | | |
|--|--------------------------|---|--------------------------|-------------------------------------|--------------------------|--|--------------------------|
| Form 1096 | | Annual Summary and Transmittal of U.S. Information Returns | | | | OMB No. 1545-0048 2003 | |
| Department of the Treasury Internal Revenue Service | | | | | | | |
| FILER'S name ENHANCED EDUCATION (J. EPSTEIN VIRGIN ISLANDS FOUNDATION INC.) Street address (including room or suite number) 6100 RED HOOK QTRS, B3 City, state, and ZIP code ST. THOMAS, USVI 00802-1348 | | | | | | | |
| Name of person to contact JEANNE BRENNAN | | | | Telephone number [REDACTED] | | | |
| E-mail address | | | | Fax number [REDACTED] | | | |
| 1 Employer identification number 66-0585379 | | 2 Social security number | | 3 Total number of forms 1 | | 4 Federal income tax withheld \$ | |
| 5 Total amount reported with this Form 1096 \$25,000.00 | | | | | | For Official Use Only [REDACTED] | |
| Enter an "X" in only one box below to indicate the type of form being filed. | | | | | | | |
| W-2G 02 | 1098 01 | 1099-R 04 | 1099-T 03 | 1099-A 00 | 1099-B 76 | 1099-C 95 | 1099-CAP 73 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-DIV 01 | 1099-D 96 | 1099-H 71 | 1099-INT 92 | 1099-LTO 93 | 1099-MISC 05 | <input checked="" type="checkbox"/> | |
| 1099-MGA 94 | 1099-CID 98 | 1099-PATR 97 | 1099-Q 01 | 1099-R 98 | 1099-G 75 | 5498 04 | 5498-ESA 72 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5498-MSA 07 | | | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature *[Signature]* Title *President* Date *2/11/04*

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit information magnetically. For magnetic media, see Form 4804, Transmittal of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1096, 1099, 5498 and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an Archer MSA (including a Medicare+Choice MSA); certain corporations; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by March 1, 2004. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2004.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address:

- Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia **Austin, TX 7330**
- Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia **Cincinnati, OH 4598**
- Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin **Kansas City, MO 6495**

EVIF004

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

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EFTA01338184

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| | | | | | | |
|--|--|--|--|-------------------------|------------------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. ENHANCED EDUCATION (J. CRISTOPHER VIRGIN ISLANDS FOUNDATION INC.) 5100 RED DOCK STRS, 05 ST. THOMAS, U.S.V.I. 00802-1348 | | 1 Rents | OMB No. 1545-0115 | | 2003 Form 1099-MISC | Miscellaneous Income |
| | | 2 Royalties | | | | |
| PAYER'S Federal identification number 66-0535379 | | RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | | 3 Other income | 4 Federal income tax withheld | State Copy or Extra File Copy |
| | | | | 5 Fishing boat proceeds | 6 Medical and health care payments | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code PAUL HOFFMAN P.C. <div style="background-color: black; width: 100%; height: 20px;"></div> | | 7 Nonemployee compensation | 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 | | | |
| Account number (optional) | | 11 | 12 | | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | | |
| | | \$ | \$ | \$ | | |

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

VOID CORRECTED

| | | | | | | |
|--|--|--|--|-------------------------|------------------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | | 2003 Form 1099-MISC | Miscellaneous Income |
| | | 2 Royalties | | | | |
| PAYER'S Federal identification number | | RECIPIENT'S identification number | | 3 Other income | 4 Federal income tax withheld | State Copy or Extra File Copy |
| | | | | 5 Fishing boat proceeds | 6 Medical and health care payments | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code | | 7 Nonemployee compensation | 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 | | | |
| Account number (optional) | | 11 | 12 | | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | | |
| | | \$ | \$ | \$ | | |

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

EVIF005

SDNY_GM_02771873

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258681

EFTA01338185

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: J. Epstein & Company, Inc.

SUBPOENA TO TESTIFY
BEFORE GRAND JURY
FGJ 07-103(WPB)-Tues./No. OLY-52

SUBPOENA FOR:

PERSON

DOCUMENTS OR OBJECT[S]

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date and time specified below.

| | |
|---|--|
| PLACE: United States District Courthouse 701 Clematis Street West Palm Beach, Florida 33401 | ROOM: Grand Jury Room |
| | DATE AND TIME: June 12, 2007 1:00 pm* |

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

See attachments for the production of required documents.

***Please coordinate your compliance with this subpoena and confirm the date and time, and location of your appearance with Special Agent Nesbitt Kuyrkendall, Federal Bureau of Investigation, Telephone: (561) 822-5946.**

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

| | | |
|-------------------|--|--------------|
| CLERK |  | DATE: |
| (BY) DEPUTY CLERK | | May 31, 2007 |

This subpoena is issued upon application of the United States of America



Name, Address and Phone Number of Assistant U.S. Attorney
Ann Marie C. Villafaña, Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235
Tel: [REDACTED]
Fax: [REDACTED]

*If not applicable, enter "none."

To be used in lieu of AO110

FORM ORD-227
JAN.86

SDNY_GM_02771874

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258682

EFTA01338186

ATTACHMENT TO SUBPOENA
J. EPSTEIN & COMPANY, INC.

1. For the period of January 1, 2003 to the present, all calendars, agendas, daily diaries, or other records of appointments, travel, meetings and the like, kept by or on behalf of Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
2. For the period of January 1, 2003 to the present, all address books, contact lists, or other records of names, telephone numbers, addresses, and/or e-mail addresses kept by or on behalf of Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
3. For the period of January 1, 2003 to the present, all e-mails, instant messages, text messages, meeting invitations, and any other electronic communication sent by Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED] to Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
4. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by J. Epstein & Company, Inc. to any bank account used for the maintenance of the property located at 358 El Brillo Way, Palm Beach, Florida, or for the payment of any person working at 358 El Brillo Way, Palm Beach, Florida.
5. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by J. Epstein & Company, Inc. to any bank account on which Janusz Banasiak and/or Alfredo Rodriguez had check-writing authority and/or access to via debit/ATM card.
6. For the period of January 1, 2003 to the present, the names of all employees, copies of all W-2s and/or 1099s for all employees, and the names of all corporate directors, board members, and shareholders.

SDNY_GM_02771875

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258683

EFTA01338187

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: Epstein Interests

**SUBPOENA TO TESTIFY
BEFORE GRAND JURY**
FGJ 07-103(WPB)-Tues./No. OLY-53

SUBPOENA FOR:

PERSON

DOCUMENTS OR OBJECT[S]

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date and time specified below.

| | |
|---|--|
| PLACE: United States District Courthouse 701 Clematis Street West Palm Beach, Florida 33401 | ROOM: Grand Jury Room |
| | DATE AND TIME: June 12, 2007 1:00 pm* |

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

See attachments for the production of required documents.

***Please coordinate your compliance with this subpoena and confirm the date and time , and location of your appearance with Special Agent Nesbitt Kyrkendall, Federal Bureau of Investigation, Telephone: (561) 822-5946.**

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

| | | |
|-------------------|--|--------------|
| CLERK |  | DATE: |
| (BY) DEPUTY CLERK | | May 31, 2007 |

This subpoena is issued upon application of the United States of America



Name, Address and Phone Number of Assistant U.S. Attorney
Ann Marie C. Villafaña, Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235
Tel: [REDACTED]
Fax: [REDACTED]

*If not applicable, enter "none."

To be used in lieu of AO110

FORM ORD-227
JAN.86

SDNY_GM_02771876

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258684

EFTA01338188

ATTACHMENT TO SUBPOENA
EPSTEIN INTERESTS

1. For the period of January 1, 2003 to the present, all calendars, agendas, daily diaries, or other records of appointments, travel, meetings and the like, kept by or on behalf of Jeffrey Epstein, Sarah Kellen, Adriana Ross, Lesley Groff, and/or Nadia Marcinkova. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
2. For the period of January 1, 2003 to the present, all address books, contact lists, or other records of names, telephone numbers, addresses, and/or e-mail addresses kept by or on behalf of Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
3. For the period of January 1, 2003 to the present, all e-mails, instant messages, text messages, meeting invitations, and any other electronic communication sent by Jeffrey Epstein [REDACTED] Lesley Groff, and/or [REDACTED] to Jeffrey Epstein [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
4. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by Epstein Interests to any bank account used for the maintenance of the property located at 358 El Brillo Way, Palm Beach, Florida, or for the payment of any person working at 358 El Brillo Way, Palm Beach, Florida.
5. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by Epstein Interests to any bank account on which Janusz Banasiak and/or Alfredo Rodriguez had check-writing authority and/or access to via debit/ATM card.
6. For the period of January 1, 2003 to the present, the names of all employees, copies of all W-2s and/or 1099s for all employees, and the names of all corporate directors, board members, and shareholders.

SDNY_GM_02771877

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258685

EFTA01338189

Response to Request No. 6 to
Subpoena dated May 31, 2007, to Epstein Interests

Epstein Interests
No Shareholders, Board Members or Corporate Directors

1001

SDNY_GM_02771878

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258686

EFTA01338190

| | | | |
|--|----------------------------|--|---|
| b. Employer identification number (EIN) 13-3643429 | | 1 Wages, tips, other compensation 60000.00 | 2 Federal income tax withheld 6065.04 |
| c. Employer's name, address, and ZIP code EPSTEIN INTERESTS 457 MADISON AVENUE NEW YORK, NY 10022 | | 3 Social security wages 60000.00 | 4 Social security tax withheld 3720.00 |
| | | 5 Medicare wages and tips 60000.00 | 6 Medicare tax withheld 870.00 |
| | | 7 Social security tips | 8 Allocated tips |
| d. Employee's social security number | | 9 Advance EIC payment | 10 Dependent care benefits |
| e. Employee's first name and initial Last name Suffix. | | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Self-emp. disc. pay <input type="checkbox"/> | 12b |
| | | 14 Other | 12c |
| | | | 12d |
| f. Employee's address and ZIP code | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| | | | 19 Local income tax |
| | | | 20 Locally named |

Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

***** TOTALS *****

For: Batch No. 2006/4/00859
For: Company 66/LMB
1 FORMS

1 TOTAL EMPLOYEES
31.20 NYDD (Box 14)
60,000.00 State Wages (Box 16)
3,063.96 State Income Tax (Box 17)

1002

SDNY_GM_02771879

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258687

EFTA01338191

| | | | | | |
|---|--|---|--|---|--|
| 0001 00/LMB | | OMB No. 1545-0008 LMB | | 0001 | |
| b Employer identification number (EIN) 13-3643429 | | 1 Wages, tips, other compensation 60000.00 | | 2 Federal income tax withheld 6065.04 | |
| c Employer's name, address, and ZIP code EPSTEIN INTERESTS 457 MADISON AVENUE NEW YORK, NY 10022 | | 3 Social security wages 60000.00 | | 4 Social security tax withheld 3720.00 | |
| | | 5 Medicare wages and tips 60000.00 | | 6 Medicare tax withheld 870.00 | |
| | | 7 Social security tips | | 8 Allocated tips | |
| d Employee's social security number | | 9 Advance EIC payment | | 10 Dependent care benefits | |
| e Employee's first name and initial LESLEY | | Last name GROFF | | Suff. | |
| f Employee's address and ZIP code | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| | | 14 Other 31.20 NYDD | | 12c 12d | |
| 15 State Employer's state ID number NY 13-3643429 | | 16 State wages, tips, etc. 60000.00 | | 17 State income tax 3063.96 | |
| | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | 20 Locality name | |

Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

| | | | | | |
|--|--|---|--|---------------------------------|--|
| a Control number | | Void <input checked="" type="checkbox"/> | | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| c Employer's name, address, and ZIP code | | 3 Social security wages | | 4 Social security tax withheld | |
| | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | 7 Social security tips | | 8 Allocated tips | |
| d Employee's social security number | | 9 Advance EIC payment | | 10 Dependent care benefits | |
| e Employee's first name and initial | | Last name | | Suff. | |
| f Employee's address and ZIP code | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| | | 14 Other | | 12c 12d | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | |
| | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | 20 Locality name | |

W-2 Wage and Tax Statement
For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

1003

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

SDNY_GM_02771880

EFTA_00258688

EFTA01338192

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| a. Control number 0001 66/LMB | | Void <input type="checkbox"/> | | OMB No. 1545-0008 LMB | | 0001 | |
| b. Employer identification number (EIN) 13-3643429 | | | | 1 Wages, tips, other compensation 60000.00 | | 2 Federal income tax withheld 6834.27 | |
| c. Employer's name, address, and ZIP code EPSTEIN INTERESTS 457 MADISON AVENUE NEW YORK, NY 10022 | | | | 3 Social security wages 60000.00 | | 4 Social security tax withheld 3720.00 | |
| | | | | 5 Medicare wages and tips 60000.00 | | 6 Medicare tax withheld 870.00 | |
| | | | | 7 Social security tips | | 8 Allocated tips | |
| d. Employee's social security number [REDACTED] | | | | 9 Advance EIC payment | | 10 Dependent care benefits | |
| e. Employee's first name and initial LESLEY Last name GROFF [REDACTED] | | | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | | | 13 Salaried employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| | | | | 14 Other 28.80 NYDD | | 12c | |
| f. Employee's address and ZIP code | | | | 12d | | [REDACTED] | |
| 15 State Employer's state ID number NY 13-3643429 | | 16 State wages, tips, etc. 60000.00 | | 17 State income tax 3173.41 | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |

Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

| | | | | | | | |
|--|--|-------------------------------|--|--|--|---------------------------------|--|
| a. Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0008 | | | |
| b. Employer identification number (EIN) | | | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| c. Employer's name, address, and ZIP code | | | | 3 Social security wages | | 4 Social security tax withheld | |
| | | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | | 7 Social security tips | | 8 Allocated tips | |
| d. Employee's social security number | | | | 9 Advance EIC payment | | 10 Dependent care benefits | |
| e. Employee's first name and initial Last name | | | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | | | 13 Salaried employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| | | | | 14 Other | | 12c | |
| f. Employee's address and ZIP code | | | | 12d | | [REDACTED] | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |

Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

1004

SDNY_GM_02771881

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258689

EFTA01338193

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TAXPAYERS' COPY

| | | | | | | | | | | | | | | | |
|--|--------------------------|---|--------------------------|-------------------------------------|--------------------------|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Form 1096 Department of the Treasury Internal Revenue Service | | Annual Summary and Transmittal of U.S. Information Returns | | | | OMB No. 1545-0108 2005 (Rev. March 2005) | | | | | | | | | |
| FILER'S name EPSTEIN INTERESTS | | | | | | | For Official Use Only <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Street address (including room or suite number) 457 MADISON AVENUE | | | | | | | | | | | | | | | |
| City, state, and ZIP code NEW YORK, NY 10022 | | | | | | | | | | | | | | | |
| Name of person to contact | | | | Telephone number () | | | | | | | | | | | |
| Email address | | | | Fax number () | | | | | | | | | | | |
| 1 Employer identification number 13-3643429 | | 2 Social security number | | 3 Total number of forms 1 | | 4 Federal income tax withheld \$ 0.00 | | | | | | | | | |
| 5 Total amount reported with this Form 1096 \$ 6673.00 | | | | | | | | | | | | | | | |
| Enter an "X" in only one box below to indicate the type of form being filed. | | | | | | | If this is your final return, enter an "X" here . . . <input type="checkbox"/> | | | | | | | | |
| W-2G 32 | 1098 81 | 1098-C 78 | 1098-E 84 | 1098-T 83 | 1098-A 80 | 1099-B 79 | 1099-C 85 | 1099-CAP 73 | 1099-DIV 91 | 1099-G 86 | 1099-H 71 | 1099-INT 82 | 1099-LTC 93 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1099-MISC 95 | 1099-CID 96 | 1099-PATR 97 | 1099-Q 31 | 1099-R 98 | 1099-S 75 | 1099-SA 94 | 5498 28 | 5498-ESA 72 | 5498-SA 27 | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1099, 1098, 5498 and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preadressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by February 28, 2006. File Form 1096 with Forms 5498, 5498-ESA, and 5498-SA by May 31, 2006.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

| If your principal business, office or agency, or legal residence in the case of an individual, is located in | Use the following Internal Revenue Service Center address |
|--|---|
| Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia | Austin, TX 73301 |
| Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia | Cincinnati, OH 45999 |
| Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin | Kansas City, MO 64999 |

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.

48-0971237

Form 1096 (Rev. 3-2005)

1005

SDNY_GM_02771882

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258690

EFTA01338194

9595

VOID

CORRECTED

| | | | | | |
|--|---|--|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. EPSTEIN INTERESTS 457 MADISON AVENUE NEW YORK, NY 10022 | | 1 Rents \$ | OMB No. 1545-0115 2005 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | | | |
| | | 3 Other income \$ | 4 Federal income tax withheld \$ | Copy A For Internal Revenue Service Center File with Form 1096. | |
| PAYER'S Federal identification number 13-3643429 | RECIPIENT'S identification number 13-2842281 | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | | |
| RECIPIENT'S name GEORGE V. DELSON ASSOCIATES | | 7 Nonemployee compensation \$ 6673.00 | 8 Substitute payments in lieu of dividends or interest \$ | | For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G. |
| Street address (including apt. no.) 110 EAST 59TH STREET | | 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 \$ | | |
| City, state, and ZIP code NEW YORK, NY 10022 | | 11 | 12 | | |
| Account number (see instructions) | 2nd TIN not <input type="checkbox"/> | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

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9595

VOID

CORRECTED

| | | | | | |
|--|--------------------------------------|--|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2005 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | | | |
| | | 3 Other income \$ | 4 Federal income tax withheld \$ | Copy A For Internal Revenue Service Center File with Form 1096. | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation \$ | 8 Substitute payments in lieu of dividends or interest \$ | | For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G. |
| Street address (including apt. no.) | | 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 \$ | | |
| City, state, and ZIP code | | 11 | 12 | | |
| Account number (see instructions) | 2nd TIN not <input type="checkbox"/> | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

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1006

SDNY_GM_02771883

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258691

EFTA01338195



U.S. Department of Justice

*United States Attorney
Southern District of Florida*

*A. Marie Villafaña
500 S. Australian Ave, 4th Floor
West Palm Beach, Florida 33401
(561) 820-8711
Facsimile (561) 820-8777*

FACSIMILE COVER SHEET

TO: Gerald Lefcourt, Esq.

DATE: June 19, 2007

FAX NO. [REDACTED]

OF PAGES: 11

PHONE NO. [REDACTED]

RE: Epstein Corporations

FROM: A. MARIE VILLAFANA, Assistant U.S. Attorney

PHONE NO. [REDACTED]

COMMENTS: Dear Gerry: I apologize. I thought this letter had gone out last week. Can you get back to me regarding the New York Strategy Group, Inc.? Thank you.

SDNY_GM_02771884

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258692

EFTA01338196



U.S. Department of Justice

*United States Attorney
Southern District of Florida*

500 South Australian Avenue, Suite 400
West Palm Beach, Florida 33401-6235
Tel: [REDACTED]
Fax: [REDACTED]

19
June 14, 2007

Gerald Lefcourt, Esq.
148 East 78th Street
New York, NY 10021-0406

Re: Subpoenas to J. Epstein Virgin Islands Foundation, Inc., J. Epstein & Co., Inc.,
Epstein Interests; and Financial Trust Company, Inc.

Dear Mr. Lefcourt:

Thank you for your prompt response to the subpoenas issued to J. Epstein Virgin Islands Foundation, Inc., J. Epstein & Co., Inc., Epstein Interests; and Financial Trust Company, Inc.

I understand that you are still searching for documents responsive to request number 2 for each subpoena.

Either at this time or when you have finished your review, please ask the Custodian(s) of Record for each corporation to prepare a certification under penalty of perjury authenticating the documents produced and delimiting those items for which no documents exist.

Thank you again for your assistance.

Sincerely,

R. ALEXANDER ACOSTA
UNITED STATES ATTORNEY

By: A. MARIE VILLAFANA
Assistant United States Attorney

SDNY_GM_02771885

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258693

EFTA01338197

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

IN RE FEDERAL GRAND JURY SUBPOENA
OLY-51 ADDRESSED TO
J. EPSTEIN VIRGIN ISLANDS FOUNDATION, INC.
_____ /

**CERTIFICATION REGARDING DOMESTIC RECORDS
OF REGULARLY CONDUCTED ACTIVITY**

I, the undersigned, _____, declare that I am employed by/associated with J. Epstein Virgin Islands Foundation, Inc., in the position of _____, and, by reason of my position, am authorized and qualified to make this declaration.

1. Through my employment/association with J. Epstein Virgin Islands Foundation, Inc., I am familiar with the business records it maintains.

2. I certify that the records attached to this certification:

- (a) were made at or near the time of the occurrence of the matters set forth therein, by or from information transmitted by, a person with knowledge of those matters;
- (b) were kept in the course of regularly conducted business activity; and
- (c) were made by the regularly conducted activity as a regular practice.

2. Among the records so maintained are the attached records itemized in Appendix A (Document Inventory).

3. I further certify that the documents attached hereto are responsive to the Grand Jury

Subpoena served upon J. Epstein Virgin Islands Foundation, Inc.

4. I further certify that J. Epstein Virgin Islands Foundations, Inc. has no documents responsive to request number(s) _____ in Grand Jury Subpoena number OLY-51. [Fill in or strike out as appropriate.]

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____, 2007.

Place of execution: _____

Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

IN RE FEDERAL GRAND JURY SUBPOENA
OLY-53 ADDRESSED TO
EPSTEIN INTERESTS
_____ /

**CERTIFICATION REGARDING DOMESTIC RECORDS
OF REGULARLY CONDUCTED ACTIVITY**

I, the undersigned, _____, declare that I am employed
by/associated with Epstein Interests, in the position of _____, and,
by reason of my position, am authorized and qualified to make this declaration.

1. Through my employment/association with Epstein Interests, I am familiar with the
business records it maintains.

2. I certify that the records attached to this certification:

- (a) were made at or near the time of the occurrence of the matters set forth
therein, by or from information transmitted by, a person with knowledge of
those matters;
- (b) were kept in the course of regularly conducted business activity; and
- (c) were made by the regularly conducted activity as a regular practice.

2. Among the records so maintained are the attached records itemized in Appendix A
(Document Inventory).

3. I further certify that the documents attached hereto are responsive to the Grand Jury
Subpoena served upon Epstein Interests.

Page 1 of 2

SDNY_GM_02771889

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258697

EFTA01338201

4. I further certify that Epstein Interests has no documents responsive to request number(s) _____ in Grand Jury Subpoena number OLY-53. [Fill in or strike out as appropriate.]

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____, 2007.

Place of execution: _____

Signature

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

IN RE FEDERAL GRAND JURY SUBPOENA
OLY-54 ADDRESSED TO
FINANCIAL TRUST COMPANY, INC.
_____ /

**CERTIFICATION REGARDING DOMESTIC RECORDS
OF REGULARLY CONDUCTED ACTIVITY**

I, the undersigned, _____, declare that I am employed by/associated with Financial Trust Company, Inc., in the position of _____, and, by reason of my position, am authorized and qualified to make this declaration.

1. Through my employment/association with Financial Trust Company, Inc., I am familiar with the business records it maintains.

2. I certify that the records attached to this certification:

- (a) were made at or near the time of the occurrence of the matters set forth therein, by or from information transmitted by, a person with knowledge of those matters;
- (b) were kept in the course of regularly conducted business activity; and
- (c) were made by the regularly conducted activity as a regular practice.

2. Among the records so maintained are the attached records itemized in Appendix A (Document Inventory).

3. I further certify that the documents attached hereto are responsive to the Grand Jury

Subpoena served upon Financial Trust Company, Inc.

4. I further certify that Financial Trust Company, Inc., has no documents responsive to request number(s) _____ in Grand Jury Subpoena number OLY-54. [Fill in or strike out as appropriate.]

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____, 2007.

Place of execution: _____

Signature

* * * TRANSMISSION RESULT REPORT (JUN.19.2007 3:23PM) * * *

TTI USAO WPB FL

| DATE | TIME | ADDRESS | MODE | TIME | PAGE | RESULT | PERS. NAME | FILE |
|----------|--------|-------------|------|-------|------|--------|------------|------|
| JUN. 19. | 3:21PM | 12129886192 | TES | 2'15" | P.11 | OK | | 097 |

: BATCH
 L : SEND LATER
 : STANDARD
 T : ASYNC MODE

C : CONFIDENTIAL
 @ : FORWARDING
 D : DETAIL
 1- : MIL_STD MODE

P : POLLING
 E : ECM
 F : FINE
 G- : RICOH-MG3/COMPATIBLE MODE

M : MEMORY
 > : REDUCTION

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

United States District Court
SOUTHERN DISTRICT OF FLORIDA

TO: Financial Trust Company, Inc.

SUBPOENA TO TESTIFY
BEFORE GRAND JURY
FGJ 07-103(WPB)-Tues./No. OLY-54

SUBPOENA FOR:

PERSON

DOCUMENTS OR OBJECT[S]

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date and time specified below.

| | |
|--|---|
| PLACE: United States District Courthouse 701 Clematis Street West Palm Beach, Florida 33401 | ROOM: Grand Jury Room |
| | DATE AND TIME: June 12, 2007 1:00 pm* |

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

See attachments for the production of required documents.

***Please coordinate your compliance with this subpoena and confirm the date and time, and location of your appearance with Special Agent Nesbitt Kuyrkendall, Federal Bureau of Investigation, Telephone: (561) 822-5946.**

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

| | | |
|-------------------|--|--------------|
| CLERK |  | DATE: |
| (BY) DEPUTY CLERK | | May 31, 2007 |

This subpoena is issued upon application of the United States of America



Name, Address and Phone Number of Assistant U.S. Attorney
Ann Marie C. Villafaña, Assistant U.S. Attorney
500 So. Australian Avenue, Suite 400
West Palm Beach, FL 33401-6235
Tel: [REDACTED]
Fax: [REDACTED]

*If not applicable, enter "none."

To be used in lieu of AO110

FORM ORD-227
JAN.86

SDNY_GM_02771896

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258704

EFTA01338208

ATTACHMENT TO SUBPOENA
FINANCIAL TRUST COMPANY, INC.

1. For the period of January 1, 2003 to the present, all calendars, agendas, daily diaries, or other records of appointments, travel, meetings and the like, kept by or on behalf of Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
2. For the period of January 1, 2003 to the present, all address books, contact lists, or other records of names, telephone numbers, addresses, and/or e-mail addresses kept by or on behalf of Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
3. For the period of January 1, 2003 to the present, all e-mails, instant messages, text messages, meeting invitations, and any other electronic communication sent by Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED] to Jeffrey Epstein, [REDACTED] Lesley Groff, and/or [REDACTED]. This request includes information that is kept in physical "hard copy" and/or electronic form, whether stored on a personal computer, database server, cellular telephone, "Blackberry" unit, personal digital assistant ("PDA") or other handheld electronic device, or in any other electronic form, and all metadata included within the electronic/physical files.
4. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by Financial Trust Company, Inc. to any bank account used for the maintenance of the property located at 358 El Brillo Way, Palm Beach, Florida, or for the payment of any person working at 358 El Brillo Way, Palm Beach, Florida.
5. For the period of January 1, 2003 to the present, all documents and information referring or relating to the transfer of funds from any account owned by Financial Trust Company, Inc. to any bank account on which Janusz Banasiak and/or Alfredo Rodriguez had check-writing authority and/or access to via debit/ATM card.
6. For the period of January 1, 2003 to the present, the names of all employees, copies of all W-2s and/or 1099s for all employees, and the names of all corporate directors, board members, and shareholders.

SDNY_GM_02771897

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258705

EFTA01338209

Response to Request No. 6 to
Subpoena dated May 31, 2007, to Financial Trust Company, Inc.

Financial Trust Company, Inc.

Corporate Directors/Board Members: Jeffrey Epstein, Cecile DeJongh, Ghislaine
Maxwell

Shareholders: Jeffrey Epstein

TC0001

SDNY_GM_02771898

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258706

EFTA01338210

DO NOT STAPLE OR FOLD

| | | | |
|--|---|---|---|
| a Control number 33333 | | For Official Use Only OMB No. 1545-0008 | |
| b Kind of Payer <input type="checkbox"/> 941-SS <input type="checkbox"/> Hold. emp. <input type="checkbox"/> Military <input type="checkbox"/> Medicare gov't emp. <input type="checkbox"/> 943 <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> 944-SS | 1 Wages, tips, other compensation 770439.00 | 2 Income tax withheld 128484.00 | |
| | 3 Social security wages 587136.84 | 4 Social security tax withheld 36402.49 | |
| c Total number of Forms W-2 11 | d Establishment number | 5 Medicare wages and tips 810384.62 | 6 Medicare tax withheld 11750.58 |
| e Employer identification number (EIN) 66-0567418 | | 7 Social security tips | 8 |
| f Employer's name FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I., 00802 | | 9 Advance EIC payments | 10 |
| g Employer's address and ZIP code | | 11 Nonqualified plans | 12 Deferred compensation 39945.62 |
| h Other EIN used this year | | 13 For third-party sick pay use only | |
| i Employer's federal ID number | | 14 Income tax withheld by payer of third-party sick pay | |
| Contact person JEANNE BRENNAN | | Telephone number | For Official Use Only |
| E-mail address | | Fax number | |

Copy 1 - For Local Tax Department

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title **PRESIDENT**

Date

Form **W-3SS** Transmittal of Wage and Tax Statements **2006** Department of the Treasury Internal Revenue Service

Contact the Division of Revenue and Taxation, Commonwealth of the Northern Mariana Islands, for the address to send Copy 1 of Forms W-2CM and W-3SS.

Extension to furnish Forms W-2 to employees. You may request an extension of time to furnish Forms W-2 to employees by sending a letter to:

IRS Enterprise Computing Center—Martinsburg
Information Reporting Program
Attn: Extension of Time Coordinator
240 Mural Drive
Keameysville, WV 25430

Shipping and mailing. If you file more than one type of form, please group forms of the same type with a separate Form W-3SS for each type. For example, send Forms W-2GU with one Form W-3SS and Forms W-2AS with a second Form W-3SS. Forms W-2AS, W-2GU, W-2CM, or W-2VI are printed two forms to a page. Send the whole page of Copies A and 1 even if one of the forms is blank or void. Prepare and file Forms W-2 either alphabetically by employee names or numerically by employees' social security numbers. Do not staple or tape the forms together and do not fold them. Staple the forms in a flat mailing.

Mail your letter on or before the due date for furnishing Forms W-2 to employees. It must include:

- Your name and address,
- Your employer identification number (EIN),
- A statement that you are requesting an extension to furnish "Forms W-2" to employees,
- Reason for delay, and
- Your signature or that of your authorized agent.

General Instructions for Forms W-2AS, W-2GU, W-2CM, and W-2VI

Furnishing Copies B and C to employees. Furnish Copies B and C of Forms W-2AS, W-2GU, W-2CM, and W-2VI to your employees by January 31, 2007. If employment ends before December 31, 2006, you may furnish the copies any time after employment ends but no later than January 31, 2007. If the employee asks for the form, furnish him or her the completed copies within 30 days of the request or within 30 days of the last wage payment, whichever is later. If an employee loses a form, write "REISSUED STATEMENT" on the new copy (unless it was furnished electronically), but do not send Copy A of the reissued statement to the SSA. Employees are not prohibited (by the Internal Revenue Code) from charging a fee for the issuance of a duplicate Form W-2AS, W-2GU, W-2CM, or W-2VI.

Undeliverable forms. Keep for 4 years any employee copies of Forms W-2AS, W-2GU, W-2CM, or W-2VI that you tried to deliver but could not. Do not send undeliverable Forms W-2 to the SSA.

Calendar year basis. Base all entries on Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS on a calendar year. Use the correct year form.

Electronic reporting. If you are required to file 250 or more Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must file them electronically. You can get specifications for filing this information electronically by visiting Social Security's Employer Reporting Instructions and Information website at www.socialsecurity.gov/employer or by contacting an SSA Employer Services Liaison Officer (ESLO) at 218-264-1117 for the U.S. Virgin Islands or 810-970-8247 for Guam and American Samoa. SSA will no longer accept any type of physical media (magnetic tape, cartridge, diskette, etc.) submissions of Form W-2 reports.

TC0002

SDNY_GM_02771899

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258707

EFTA01338211

| | | | | | |
|---|--|---|---|--|---|
| a Control number 2222 | | Void <input type="checkbox"/> | OMB No. 1545-0008 | | |
| b Employer identification number (EIN) 66-0567418 | | 1 Wages, tips, other compensation 95701.00 | 2 VI Income tax withheld 10920.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages 94200.00 | 4 Social security tax withheld 5840.40 | | |
| | | 5 Medicare wages and tips 105701.00 | 6 Medicare tax withheld 1532.66 | | |
| | | 7 Social security tips | 8 | | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | | |
| e Employee's first name and initial JEANNE | | Last name BRENNAN | Suff. S | 11 Nonqualified plans | 12a See Form W-385 instructions S 10000.00 |
| f Employee's address and ZIP code | | | | 13 Statutory employee <input type="checkbox"/> | 13a |
| | | 14 Other | 12c | | |
| | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-385.

| | | | | | |
|---|--|---|---|--|--|
| a Control number 2222 | | Void <input type="checkbox"/> | OMB No. 1545-0008 | | |
| b Employer identification number (EIN) 66-0567418 | | 1 Wages, tips, other compensation 44771.16 | 2 VI Income tax withheld 4649.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages 49713.02 | 4 Social security tax withheld 3082.21 | | |
| | | 5 Medicare wages and tips 49713.02 | 6 Medicare tax withheld 720.84 | | |
| | | 7 Social security tips | 8 | | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | | |
| e Employee's first name and initial LEON A | | Last name CASEY, SR. | Suff. S | 11 Nonqualified plans | 12a See Form W-385 instructions S 4941.86 |
| f Employee's address and ZIP code | | | | 13 Statutory employee <input type="checkbox"/> | 13a |
| | | 14 Other | 12c | | |
| | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-385.

TC0003

SDNY_GM_02771900

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258708

EFTA01338212

| | | | | | |
|---|--|-------|---|---|-------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 36501.04 | 2 VI income tax withheld 5365.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 39716.53 | 4 Social security tax withheld 2462.42 | |
| | | | 5 Medicare wages and tips 39716.53 | 6 Medicare tax withheld 575.89 | |
| d Employee's social security number | | | 7 Social security tips | 8 | |
| e Employee's first name and initial JAMIE I | | | Last name CORNELIUS | | Suff. |
| f Employee's address and ZIP code | | | 9 Advance EIC payment | 10 | |
| | | | 11 Nonqualified plans | | |
| f Employee's address and ZIP code | | | 13 Disability employee <input type="checkbox"/> Retiree <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 53.17 | |
| | | | 14 Other | | |
| f Employee's address and ZIP code | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

| | | | | | |
|---|--|-------|---|---|-------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 149125.48 | 2 VI income tax withheld 28186.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 94200.00 | 4 Social security tax withheld 5840.40 | |
| | | | 5 Medicare wages and tips 159125.48 | 6 Medicare tax withheld 2307.32 | |
| d Employee's social security number | | | 7 Social security tips | 8 | |
| e Employee's first name and initial CECILE R | | | Last name DE JONGH | | Suff. |
| f Employee's address and ZIP code | | | 9 Advance EIC payment | 10 | |
| | | | 11 Nonqualified plans | | |
| f Employee's address and ZIP code | | | 13 Disability employee <input type="checkbox"/> Retiree <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b S 10000.00 | |
| | | | 14 Other | | |
| f Employee's address and ZIP code | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

TC0004

SDNY_GM_02771901

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258709

EFTA01338213

| | | | | | |
|---|--|----------------------|--|---|--|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 241021.30 | 2 VI income tax withheld 65182.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 94200.00 | 4 Social security tax withheld 5840.40 | |
| | | | 5 Medicare wages and tips 241021.30 | 6 Medicare tax withheld 3494.81 | |
| | | | 7 Social security tips | 8 | |
| d Employee's social security number [REDACTED] | | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial JEFFREY E | | Last name EPSTEIN | Suff. | 11 Nonqualified plans | 12a See Form W-395 instructions C 1021.28 |
| C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802 | | | 13 Retiree annuity <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b | |
| f Employee's address and ZIP code | | | 14 Other | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-395.

| | | | | | |
|---|--|------------------------|--|---|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 20380.75 | 2 VI income tax withheld 2264.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 20380.75 | 4 Social security tax withheld 1263.61 | |
| | | | 5 Medicare wages and tips 20380.75 | 6 Medicare tax withheld 295.52 | |
| | | | 7 Social security tips | 8 | |
| d Employee's social security number [REDACTED] | | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial TEQUASI O | | Last name HENDRICKS | Suff. | 11 Nonqualified plans | 12a See Form W-395 instructions |
| [REDACTED] | | | 13 Retiree annuity <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b | |
| f Employee's address and ZIP code | | | 14 Other | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-395.

TC0005

SDNY_GM_02771902

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258710

EFTA01338214

| | | | | | |
|---|--|-------|---|---|--|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 22766.07 | 2 VI income tax withheld 2108.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 24063.91 | 4 Social security tax withheld 1491.96 | |
| | | | 5 Medicare wages and tips 24063.91 | 6 Medicare tax withheld 348.93 | |
| | | | 7 Social security tips | 8 | |
| | | | 9 Advance EIC payment | 10 | |
| d Employee's social security number [REDACTED] | | | 11 Nonqualified plans | | 12a See Form W-3SS Instructions S 1297.84 |
| e Employee's first name and initial Last name Suff. LORETTA [REDACTED] MCDONALD MORRELL | | | 13 Disability pay <input type="checkbox"/> | Retirement pay <input checked="" type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |
| | | | 14 Other | | 12b |
| | | | | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

| | | | | | |
|---|--|-------|---|---|--|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | | 1 Wages, tips, other compensation 45986.10 | 2 VI income tax withheld 1657.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | | 3 Social security wages 47613.99 | 4 Social security tax withheld 2952.07 | |
| | | | 5 Medicare wages and tips 47613.99 | 6 Medicare tax withheld 690.40 | |
| | | | 7 Social security tips | 8 | |
| | | | 9 Advance EIC payment | 10 | |
| d Employee's social security number [REDACTED] | | | 11 Nonqualified plans | | 12a See Form W-3SS Instructions S 1627.89 |
| e Employee's first name and initial Last name Suff. UNA R [REDACTED] PASCAL | | | 13 Disability pay <input type="checkbox"/> | Retirement pay <input checked="" type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |
| | | | 14 Other | | 12b C 40.82 |
| | | | | | 12c |
| | | | | | 12d |
| f Employee's address and ZIP code | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

TC0006

SDNY_GM_02771903

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258711

EFTA01338215

| | | | | | |
|--|--|---|-------------------------------|-----------------------------------|--------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| | | | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | |
| ANN M | | RODRIGUEZ | | 12a See Form W-358 Instructions | |
| [REDACTED] | | [REDACTED] | | S 1245.89 | |
| | | | | 12b C 7.15 | |
| f Employee's address and ZIP code | | [REDACTED] | | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-358.

| | | | | | |
|--|--|---|-------------------------------|-----------------------------------|--------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| | | | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | |
| JERMAINE A | | RUAN | | 12a See Form W-358 Instructions | |
| [REDACTED] | | [REDACTED] | | S 3101.20 | |
| | | | | 12b C 28.34 | |
| f Employee's address and ZIP code | | [REDACTED] | | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-358.

TC0007

SDNY_GM_02771904

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258712

EFTA01338216

| | | | | | |
|---|--|-------------------------------|-----------------------------------|---------------------------------|------------|
| a Control number | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | | |
| b Employer identification number (EIN) | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld | |
| c Employer's name, address, and ZIP code | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I., 00802 | | 3 Social security wages | 4 Social security tax withheld | |
| | | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | | | 7 Social security tips | 8 | |
| | | | 9 Advance EIC payment | 10 | |
| d Employee's social security number | [REDACTED] | | 11 Nonqualified plans | 12a See Form W-3SS instructions | |
| e Employee's first name and initial Last name Suff. | DAPHNE L | WALLACE | [REDACTED] | 12a | \$ 4515.45 |
| | | | | 12b | C 33.61 |
| | | | | 12c | |
| | | | | 12d | |
| f Employee's address and ZIP code | [REDACTED] | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

| | | | | | |
|---|------------|-------------------------------|-----------------------------------|---------------------------------|--|
| a Control number | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | | |
| b Employer identification number (EIN) | | | 1 Wages, tips, other compensation | 2 VI income tax withheld | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | 4 Social security tax withheld | |
| | | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | | | 7 Social security tips | 8 | |
| | | | 9 Advance EIC payment | 10 | |
| d Employee's social security number | | | 11 Nonqualified plans | 12a See Form W-3SS instructions | |
| e Employee's first name and initial Last name Suff. | | | | 12a | |
| | | | | 12b | |
| | | | | 12c | |
| | | | | 12d | |
| f Employee's address and ZIP code | [REDACTED] | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-3SS.

TC0008

SDNY_GM_02771905

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258713

EFTA01338217

DO NOT STAPLE OR FOLD

| | | | |
|--|---|---|--|
| a Control number 33333 | | For Official Use Only - OMB No. 1545-0048 | |
| b Kind of Payer <input type="checkbox"/> 941-SS <input type="checkbox"/> Mchhd. emp. <input type="checkbox"/> Military <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> 943 <input type="checkbox"/> Third-party sick pay | 1 Wages, tips, other compensation 717905.56 | 2 Income tax withheld 116884.00 | |
| | 3 Social security wages 583483.31 | 4 Social security tax withheld 36175.97 | |
| c Total number of Forms W-2 12 | d Establishment number | 5 Medicare wages and tips 751782.06 | |
| e Employer identification number (EIN) 66-0567418 | | 6 Medicare tax withheld 10900.85 | |
| f Employer's name FINANCIAL TRUST COMPANY, INC. | | 7 Social security tips | |
| g Employer's address and ZIP code 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 8 | |
| h Other EIN used this year | | 9 Advance EIC payments | |
| i Employer's territorial ID number | | 10 | |
| Contact person JEANNE BRENNAN | | 11 Nonqualified plans | |
| E-mail address | | 12 Deferred compensation 33876.50 | |
| Telephone number (340) 775-2525 | | 13 For third-party sick pay use only | |
| Fax number (340) 775-2528 | | 14 Income tax withheld by payor of third-party sick pay | |

Copy 1-For Local Tax Department

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title **PRESIDENT**

Date **2/7/06**

Form W-3SS Transmittal of Wage and Tax Statements 2005

Department of the Treasury
Internal Revenue Service

General Instructions for Forms W-2AS, W-2GU, W-2CM, and W-2VI

Furnishing Copies B and C to employees. Furnish Copies B and C of Forms W-2AS, W-2GU, W-2CM, and W-2VI to your employees by January 31, 2006. If employment ends before December 31, 2005, you may furnish the copies any time after employment ends but no later than January 31, 2006. If the employee asks for the form, furnish him or her the completed copies within 30 days of the request or within 30 days of the last wage payment, whichever is later. If an employee loses a form, write "REISSUED STATEMENT" on the new copy (unless it was furnished electronically), but do not send Copy A of the reissued form to the SSA. Employers are not prohibited (by the Internal Revenue Code) from charging a fee for the issuance of a duplicate Form W-2AS, W-2GU, W-2CM, or W-2VI.

Extension to furnish Forms W-2 to employees. You may request an extension of time to provide Forms W-2 to employees by sending a letter to:

IRS Enterprise Computing and Information Reporting Program
Attn: Extension of Time Coordinator
240 Murall Drive
Kearneysville, WV 25430

Mail your letter on or before the due date for furnishing Forms W-2 to employees. It must include:

- Your name and address,
- Your employer identification number (EIN),
- A statement that you are requesting an extension to furnish Forms W-2 to employees,
- Reason for delay, and
- Your signature or that of your authorized agent.

Undeliverable forms. Keep for 4 years any employee copies of Forms W-2AS, W-2GU, W-2CM, or W-2VI that you tried to deliver but could not. Do not send undeliverable forms to the SSA.

Calendar year basis. Base all entries on Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS on a calendar year. Use the current year form.

Magnetic media/electronic reporting. If you file 250 or more Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must file them on magnetic media or electronically. You can get specifications for filing this information on magnetic media or electronically by visiting Social Security's Employer Reporting Instructions and Information website at www.socialsecurity.gov/employer or by contacting an SSA Employer Services Liaison Officer (ESLO) at 787-766-5574 for the U.S. Virgin Islands or 310-970-8247 for Guam and American Samoa. SSA will not accept magnetic tape and cartridge submissions beginning with the 2005 Form W-2 reports that are due to SSA in calendar year 2006.

If you file on magnetic diskette or electronically, do not file the same returns on paper.

Note: You are encouraged to file on magnetic diskette or electronically even if you file fewer than 250 Forms W-2.

You may request a waiver on Form 8508, Request for Waiver From Filing Information Returns Magnetically. Submit Form 8508 to the IRS at least 45 days before the due date of Form W-2. See Form 8508 for filing information.

Taxpayer identification numbers. Employers use an employer identification number (EIN) (00-0000000). Employees use a social security number (SSN) (000-00-0000). When you list a number, separate the nine digits properly to show the kind of number.

Social security numbers are used to record employee earnings for future social security and Medicare benefits. You must show the correct social security number in box d on the Form W-2AS, W-2GU, or W-2VI.

TC0009

SDNY_GM_02771906

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

| | | | | | |
|--|--|-------------------------------|-------------------------------|---|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. | | 3 Social security wages | 4 Social security tax withheld |
| | | 6100 RED HOOK QUARTER B-3 | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | ST. THOMAS U.S.V.I., 00802 | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | 12a See Form W-385 Instructions |
| DALE | | BASTIAN GORDON | | 13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Minors <input type="checkbox"/> Non-party stock sale | 12b 3939.11 |
| f Employee's address and ZIP code | | [REDACTED] | | 14 Other | 12c |
| | | | | | 12d |
| | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-385.

| | | | | | |
|--|--|-------------------------------|-------------------------------|---|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. | | 3 Social security wages | 4 Social security tax withheld |
| | | 6100 RED HOOK QUARTER B-3 | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | ST. THOMAS U.S.V.I., 00802 | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | 12a See Form W-385 Instructions |
| JEANNE | | BRENNAN | | 13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Minors <input type="checkbox"/> Non-party stock sale | 12b 5462.19 |
| f Employee's address and ZIP code | | [REDACTED] | | 14 Other | 12c |
| | | | | | 12d |
| | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-385.

TC0010

SDNY_GM_02771907

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258715

EFTA01338219

| | | | | | |
|---|--|--|-------------------------------|-----------------------------------|--------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | | 4 Social security tax withheld | |
| | | 48390.99 | | 3000.24 | |
| | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | 48390.99 | | 701.67 | |
| d Employee's social security number | | 7 Social security tips | | 8 | |
| e Employee's first name and initial | | Last name | | 9 Advance EIC payment | |
| LEON A | | CASEY, SR. | | 10 | |
| f Employee's address and ZIP code | | 11 Nonqualified plans | | 12a See Form W-3SS instructions | |
| | | 13 Statutory employee <input type="checkbox"/> Retiree <input checked="" type="checkbox"/> Non-staff sick pay <input type="checkbox"/> | | 12b | |
| | | 14 Other | | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-3SS.

| | | | | | |
|---|--|--|-------------------------------|-----------------------------------|--------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | | 4 Social security tax withheld | |
| | | 44630.48 | | 2767.09 | |
| | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | 44630.48 | | 647.14 | |
| d Employee's social security number | | 7 Social security tips | | 8 | |
| e Employee's first name and initial | | Last name | | 9 Advance EIC payment | |
| JAMIE I | | CORNELIUS | | 10 | |
| f Employee's address and ZIP code | | 11 Nonqualified plans | | 12a See Form W-3SS instructions | |
| | | 13 Statutory employee <input type="checkbox"/> Retiree <input checked="" type="checkbox"/> Non-staff sick pay <input type="checkbox"/> | | 12b | |
| | | 14 Other | | 12c | |
| | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-3SS.

TC0011

SDNY_GM_02771908

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258716

EFTA01338220

| | | | | | |
|--|--|-------------------------------|-------------------------------|---|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. | | 3 Social security wages | 4 Social security tax withheld |
| | | 6100 RED HOOK QUARTER B-3 | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | ST. THOMAS U.S.V.I, 00802 | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | 12a See Form W-3SS instructions |
| CECILE R | | DE JONGH | | | S 6880.76 |
| f Employee's address and ZIP code | | [REDACTED] | | 13 Salaried employee <input type="checkbox"/> | 12b |
| | | [REDACTED] | | Retirement plan <input checked="" type="checkbox"/> | 177.95 |
| | | [REDACTED] | | Third-party sick pay <input type="checkbox"/> | 12c |
| | | [REDACTED] | | 14 Other | 12d |

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement **2005** Department of the Treasury—Internal Revenue Service
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.

| | | | | | |
|--|--|-------------------------------|-------------------------------|---|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. | | 3 Social security wages | 4 Social security tax withheld |
| | | 6100 RED HOOK QUARTER B-3 | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | ST. THOMAS U.S.V.I, 00802 | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIC payment | 10 |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | 12a See Form W-3SS instructions |
| JEFFREY E | | EPSTEIN | | | C 1021.28 |
| f Employee's address and ZIP code | | C/O AMERICAN YACHT HARBOR | | 13 Salaried employee <input type="checkbox"/> | 12b |
| | | 6100 RED HOOK, SUITE 2 | | Retirement plan <input type="checkbox"/> | 12c |
| | | ST. THOMAS, VI, 00802 | | Third-party sick pay <input type="checkbox"/> | 12d |
| | | [REDACTED] | | 14 Other | |

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement **2005** Department of the Treasury—Internal Revenue Service
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.

TC0012

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

SDNY_GM_02771909

EFTA_00258717

EFTA01338221

| | | | | | |
|--|--|---|-------------------------------|-----------------------------------|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI Income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| d Employee's social security number | | [REDACTED] | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| e Employee's first name and initial | | Last name | | 7 Social security tips | 8 |
| TEQUASI O | | HENDRICKS | | 9 Advance EIC payment | 10 |
| f Employee's address and ZIP code | | [REDACTED] | | 11 Nonqualified plans | 12a See Form W-385 instructions |
| | | | | 13 Statutory employee | 12b |
| | | | | Retirement plan | 12c |
| | | | | Disability pay | 12d |
| | | | | 14 Other | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-385.

| | | | | | |
|--|--|---|-------------------------------|-----------------------------------|---------------------------------|
| a Control number | | 22222 | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI Income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| d Employee's social security number | | [REDACTED] | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| e Employee's first name and initial | | Last name | | 7 Social security tips | 8 |
| LORETTA | | MCDONALD MORRELL | | 9 Advance EIC payment | 10 |
| f Employee's address and ZIP code | | [REDACTED] | | 11 Nonqualified plans | 12a See Form W-385 instructions |
| | | | | 13 Statutory employee | 12b |
| | | | | Retirement plan | 12c |
| | | | | Disability pay | 12d |
| | | | | 14 Other | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-385.

TC0013

SDNY_GM_02771910

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258718

EFTA01338222

| | | | | |
|---|--|--|--|--|
| a Control number 22222 | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | 1 Wages, tips, other compensation 41893.44 | 2 VI income tax withheld 1052.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages 43126.06 | 4 Social security tax withheld 2673.82 | |
| | | 5 Medicare wages and tips 43126.06 | 6 Medicare tax withheld 625.33 | |
| d Employee's social security number [REDACTED] | | 7 Social security tips | 8 [REDACTED] | |
| e Employee's first name and initial UNA R | | 9 Advance EIC payment | 10 [REDACTED] | |
| Last name PASCAL | | 11 Nonqualified plans | 12a See Form W-385 instructions 1232.62 | |
| [REDACTED] | | 13a Statutory <input type="checkbox"/> | 13b 37.32 | |
| | | 13b Retiree <input checked="" type="checkbox"/> | | |
| f Employee's address and ZIP code | | 14 Other | 12c | |
| | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-385.

| | | | | |
|---|--|--|---|--|
| a Control number 22222 | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 66-0567418 | | 1 Wages, tips, other compensation 29819.87 | 2 VI income tax withheld 4.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages 30695.54 | 4 Social security tax withheld 1903.12 | |
| | | 5 Medicare wages and tips 30695.54 | 6 Medicare tax withheld 445.09 | |
| d Employee's social security number [REDACTED] | | 7 Social security tips | 8 [REDACTED] | |
| e Employee's first name and initial ANN M | | 9 Advance EIC payment | 10 [REDACTED] | |
| Last name RODRIGUEZ | | 11 Nonqualified plans | 12a See Form W-385 instructions 875.67 | |
| [REDACTED] | | 13a Statutory <input type="checkbox"/> | 13b 5.03 | |
| | | 13b Retiree <input checked="" type="checkbox"/> | | |
| f Employee's address and ZIP code | | 14 Other | 12c | |
| | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-385.

TC0014

SDNY_GM_02771911

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258719

EFTA01338223

| | | | | | |
|--|--|---|--------------------------------|-----------------------------------|--------------------------------|
| a Control number | | 22222 | Valid <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| | | | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIO payment | 10 |
| e Employee's first name and initial | | Last name JERMAINE A RUAN | | 11 Nonqualified plans | |
| | | | | 12a See Form W-3SS instructions | |
| f Employee's address and ZIP code | | [REDACTED] | | 13a | 12b |
| | | | | 13b | 12c |
| | | | | 14 Other | 12d |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-3SS.

| | | | | | |
|--|--|---|--------------------------------|-----------------------------------|--------------------------------|
| a Control number | | 22222 | Valid <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number (EIN) | | 66-0567418 | | 1 Wages, tips, other compensation | 2 VI income tax withheld |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.V.I, 00802 | | 3 Social security wages | 4 Social security tax withheld |
| | | | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 7 Social security tips | 8 |
| d Employee's social security number | | [REDACTED] | | 9 Advance EIO payment | 10 |
| e Employee's first name and initial | | Last name DAPHNE L WALLACE | | 11 Nonqualified plans | |
| | | | | 12a See Form W-3SS instructions | |
| f Employee's address and ZIP code | | [REDACTED] | | 13a | 12b |
| | | | | 13b | 12c |
| | | | | 14 Other | 12d |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

2005

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-3SS.

TC0015

SDNY_GM_02771912

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258720

EFTA01338224

DO NOT STAPLE OR FOLD

| | | | |
|--|--|---|---|
| a Control number 3333 | | For Official Use Only OMB No. 1545-0008 | |
| b Kind of Payer <input type="checkbox"/> 841-SS <input type="checkbox"/> 843 | <input type="checkbox"/> Military | 1 Wages, tips, other compensation 732788.09 | 2 Income tax withheld 113360.00 |
| | <input type="checkbox"/> Hehd. emp. <input type="checkbox"/> Medicare gov't emp. <input type="checkbox"/> Third-party sick pay | 3 Social security wages 600413.96 | 4 Social security tax withheld 37225.68 |
| c Total number of Forms W-2 12 | d Establishment number | 5 Medicare wages and tips 767808.04 | 6 Medicare tax withheld 11133.22 |
| e Employer identification number 66-0567418 | | 7 Social security tips | 8 |
| f Employer's name FINANCIAL TRUST COMPANY, INC. | | 9 Advance EIC payments | 10 |
| g Employer's address and ZIP code 6100 RED HOOK QUARTER B-3 ST. THOMAS, USVI 00802 | | 11 Nonqualified plans | 12 Deferred compensation 35019.95 |
| h Other EIN used this year | | 13 For third-party sick pay use only | |
| i Employer's territorial ID number | | 14 Income tax withheld by payer of third-party sick pay | |
| j | | 15 Check the appropriate box Type of Form <input type="checkbox"/> W-2AS <input type="checkbox"/> W-2CM <input type="checkbox"/> W-2GU <input type="checkbox"/> W-2VI | |
| k Contact person Jeanne Brennan | | Telephone number | For Official Use Only |
| l E-mail address | | Fax number | |

Copy A—For Social Security Administration

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature Jeanne Brennan Title Controller Date 2/15/05

Form **W-3SS Transmittal of Wage and Tax Statements 2004** Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Forms W-2AS, W-2GU, W-2CM, or W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send any remittance (cash, checks, money orders, etc.) with Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS.

Instructions for Forms W-2AS, W-2GU, W-2CM, and W-3SS

Section references are to the Internal Revenue Code unless otherwise noted.

Forms To Note

Form size for 2004 Forms W-2AS, W-2GU, W-2VI, and W-3SS. Forms W-2AS, W-2GU, W-2VI, and W-3SS were reformatted to conform with the margins used in the substitute black and white laser Forms W-2 and W-3 shown in Exhibits E and F of the May 2003 revision of Pub. 1141, General Rules and Specifications for Substitute Forms W-2 and W-3. This change allows programmers to write universal code for data entry on both the official and the ser-printed versions of the forms. Make certain that Copy A of your paper forms W-2AS, W-2GU, W-2VI, and W-3SS reflects these changes.

Removal of dollar signs and shading. The dollar signs and shading have been removed from Copy A of Forms W-2AS, W-2GU, W-2VI, and W-3SS to provide more space. Do not show dollar signs (\$) when reporting money amounts.

New reporting code for box 12. A new code (Code W—Employer's contribution on an employee's Health Savings Account) has been added for use in box 12 of Forms W-2AS, W-2GU, and W-2VI. See page 5 for details.

However, if you file electronically, you may file by March 31, 2005. See the SSA website at www.socialsecurity.gov/employer/ for electronic filing options.

Extension to file. You may request an extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI by sending Form 8809, Application for Extension of Time To File Information Returns, to the address shown on that form. You must request the extension by the due date of the forms for your request to be considered. You will have an additional 30 days to file. See Form 8809 for details.

Caution: Even if you receive an extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must still furnish the forms to your employees by January 31, 2005. But see Extension to furnish Forms W-2 to employees on page 3.

Where To File Copy A

Send the entire first page of this form (Copy A) with the entire Copy A page of Form W-2AS, W-2GU, W-2CM, or W-2VI to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 16789-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Circular E (Pub. 15), Employer's Tax Guide, for a list of IRS-approved private delivery services.

Also see Where to file Copy 1 and Shipping and mailing on page 2.

Cat. No. 101175

TC0016

SDNY_GM_02771913

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258721

EFTA01338225

| | | | | | |
|---|--|--|--|-------------------|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 59341.18 | 2 VI income tax withheld 6418.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 65841.18 | 4 Social security tax withheld 4082.15 | | |
| | | 5 Medicare wages and tips 65841.18 | 6 Medicare tax withheld 954.70 | | |
| | | 7 Social security tips | 8 | | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | | |
| e Employee's first name and initial Last name DALE BASTIAN GORDON | | 11 Nonqualified plans | 12a See Form W-353 instructions S 6500.00 | | |
| | | 13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay | 12b C 91.22 | | |
| | | 14 Other | 12c 12d | | |
| f Employee's address and ZIP code | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-353

| | | | | | |
|---|--|--|--|-------------------|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 81917.11 | 2 VI income tax withheld 8022.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 87137.22 | 4 Social security tax withheld 5402.51 | | |
| | | 5 Medicare wages and tips 87137.22 | 6 Medicare tax withheld 1263.49 | | |
| | | 7 Social security tips | 8 | | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | | |
| e Employee's first name and initial Last name JEANNE BRENNAN | | 11 Nonqualified plans | 12a See Form W-353 instructions S 5220.11 | | |
| | | 13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay | 12b C 137.25 | | |
| | | 14 Other | 12c 12d | | |
| f Employee's address and ZIP code | | | | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-353

TC0017

SDNY_GM_02771914

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258722

EFTA01338226

| | | | | |
|---|--|--|--|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0009 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 42312.73 | 2 VI Income tax withheld 4328.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 46990.63 | 4 Social security tax withheld 2913.42 | |
| | | 5 Medicare wages and tips 46990.63 | 6 Medicare tax withheld 681.36 | |
| d Employee's social security number | | 7 Social security tips | 8 | |
| e Employee's first name and initial LEON A | | 9 Advance EIC payment | 10 | |
| Last name CASEY, SR. | | 11 Nonqualified plans | 12a See Form W-3SS instructions S 4677.90 | |
| f Employee's address and ZIP code | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 211.63 | |
| | | 14 Other | 12c 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-35

| | | | | |
|---|--|--|--|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0009 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 47313.38 | 2 VI Income tax withheld 6911.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 51249.78 | 4 Social security tax withheld 3177.49 | |
| | | 5 Medicare wages and tips 51249.78 | 6 Medicare tax withheld 743.12 | |
| d Employee's social security number | | 7 Social security tips | 8 | |
| e Employee's first name and initial JAMIE I | | 9 Advance EIC payment | 10 | |
| Last name CORNELIUS | | 11 Nonqualified plans | 12a See Form W-3SS instructions S 3936.40 | |
| f Employee's address and ZIP code | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 44.78 | |
| | | 14 Other | 12c 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-35

TC0018

SDNY_GM_02771915

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258723

EFTA01338227

| | | | | |
|---|--|--|--|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 97072.89 | 2 VI income tax withheld 13099.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 87900.00 | 4 Social security tax withheld 5449.80 | |
| | | 5 Medicare wages and tips 102172.80 | 6 Medicare tax withheld 1481.51 | |
| | | 7 Social security tips | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial Last name CECILE R DE JONGH [REDACTED] | | 11 Nonqualified plans | 12a See Form W-388 instructions S 5099.91 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 172.78 | |
| | | 14 Other | 12c | |
| | | | 12d | |
| f Employee's address and ZIP code | | [REDACTED] | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-388

| | | | | |
|--|--|---|--|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 241021.28 | 2 VI income tax withheld 65884.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 87900.00 | 4 Social security tax withheld 5449.80 | |
| | | 5 Medicare wages and tips 241021.28 | 6 Medicare tax withheld 3494.81 | |
| | | 7 Social security tips | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial Last name JEFFREY E EPSTEIN C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802 | | 11 Nonqualified plans | 12a See Form W-388 instructions C 1021.26 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b | |
| | | 14 Other | 12c | |
| | | | 12d | |
| f Employee's address and ZIP code | | [REDACTED] | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-388

TC0019

SDNY_GM_02771916

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258724

EFTA01338228

| | | | | |
|---|--|---|--|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 2074.00 | 2 VI income tax withheld 175.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 2074.00 | 4 Social security tax withheld 128.59 | |
| | | 5 Medicare wages and tips 2074.00 | 6 Medicare tax withheld 30.07 | |
| | | 7 Social security tips | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial Last name TEQUAS L O HENDRICKS [Redacted] | | 11 Nonqualified plans | 12a See Form W-395 instructions | |
| | | 13 <input type="checkbox"/> Secondary employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay | 12b | |
| | | 14 Other | 12c | |
| | | | 12d | |
| f Employee's address and ZIP code | | [Redacted] | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3S

| | | | | |
|---|--|---|---|--|
| a Control number | | Void <input type="checkbox"/> | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 21460.81 | 2 VI income tax withheld 1005.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 22108.99 | 4 Social security tax withheld 1370.76 | |
| | | 5 Medicare wages and tips 22108.99 | 6 Medicare tax withheld 320.58 | |
| | | 7 Social security tips | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | 10 | |
| e Employee's first name and initial Last name LORETTA MCDONALD MORRELL [Redacted] | | 11 Nonqualified plans | 12a See Form W-395 instructions S 648.18 | |
| | | 13 <input type="checkbox"/> Secondary employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay | 12b | |
| | | 14 Other | 12c | |
| | | | 12d | |
| f Employee's address and ZIP code | | [Redacted] | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3S

TC0020

SDNY_GM_02771917

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258725

EFTA01338229

| | | | | | |
|---|--|--|--|-------------------|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0006 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 40047.86 | 2 VI income tax withheld 1586.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 41285.35 | 4 Social security tax withheld 2559.69 | | |
| | | 5 Medicare wages and tips 41285.35 | 6 Medicare tax withheld 598.64 | | |
| d Employee's social security number | | 7 Social security tips | 8 | | |
| e Employee's first name and initial UNA R | | 9 Advance EIC payment | 10 | | |
| Last name PASCAL | | 11 Nonqualified plans | 12a See Form W-355 Instructions S 1237.49 | | |
| f Employee's address and ZIP code | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 35.38 | | |
| | | 14 Other | 12c | | |
| | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-35

| | | | | | |
|---|--|--|---|-------------------|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0006 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 27935.72 | 2 VI income tax withheld 9.00 | | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 28753.16 | 4 Social security tax withheld 1782.70 | | |
| | | 5 Medicare wages and tips 28753.16 | 6 Medicare tax withheld 416.92 | | |
| d Employee's social security number | | 7 Social security tips | 8 | | |
| e Employee's first name and initial ANN M | | 9 Advance EIC payment | 10 | | |
| Last name RODRIGUEZ | | 11 Nonqualified plans | 12a See Form W-355 Instructions S 817.44 | | |
| f Employee's address and ZIP code | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b C 3.21 | | |
| | | 14 Other | 12c | | |
| | | | 12d | | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and Instructions, see Form W-35

TC0021

SDNY_GM_02771918

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258726

EFTA01338230

| | | | | | |
|---|--|--|--|--|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 35326.30 | | 2 VI income tax withheld 2832.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 37983.56 | | 4 Social security tax withheld 2354.98 | |
| | | 5 Medicare wages and tips 37983.56 | | 6 Medicare tax withheld 550.76 | |
| | | 7 Social security tips | | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | | 10 | |
| e Employee's first name and initial JERMAINE A Last name RUAN | | 11 Nonqualified plans | | 12a See Form W-355 instructions S 2657.26 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b C 23.00 | |
| | | 14 Other | | 12c | |
| f Employee's address and ZIP code | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-355

| | | | | | |
|---|--|--|--|--|--|
| a Control number | | Void <input type="checkbox"/> | | OMB No. 1545-0008 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation 36964.83 | | 2 VI income tax withheld 3091.00 | |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages 41190.09 | | 4 Social security tax withheld 2553.79 | |
| | | 5 Medicare wages and tips 41190.09 | | 6 Medicare tax withheld 597.26 | |
| | | 7 Social security tips | | 8 | |
| d Employee's social security number | | 9 Advance EIC payment | | 10 | |
| e Employee's first name and initial DAPHNE J Last name WALLACE | | 11 Nonqualified plans | | 12a See Form W-355 instructions S 4225.26 | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b C 29.12 | |
| | | 14 Other | | 12c | |
| f Employee's address and ZIP code | | | | 12d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy D - For Employer

2004

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice
and instructions, see Form W-355

TC0022

SDNY_GM_02771919

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258727

EFTA01338231

DO NOT STAPLE OR FOLD

| | | | |
|--|---|--|--|
| a Control number 33333 | | For Official Use Only OMB No. 1545-0008 | |
| b Kind of Payer 941-SS <input type="checkbox"/> Military <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare gov. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 1 Wages, tips, other compensation \$ 710836.58 | 2 Income tax withheld \$ 116848.00 | |
| | 3 Social security wages \$ 574878.61 | 4 Social security tax withheld \$ 35642.47 | |
| c Total number of Forms W-2 14 | d Establishment number | 5 Medicare wages and tips \$ 743059.78 | |
| e Employer identification number 66-0567418 | | 6 Medicare tax withheld \$ 10774.36 | |
| f Employer's name FINANCIAL TRUST COMPANY, INC. | 7 Social security tips \$ | | |
| | 9 Advance EIC payments \$ | | |
| g Employer's address and ZIP code 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S. VIRGIN ISLANDS 00802 | 11 Nonqualified plans \$ | 12 Deferred compensation \$ 32223.20 | |
| | 13 For third-party sick pay use only | | |
| h Other EIN used this year | 14 Income tax withheld by payer of third-party sick pay | | |
| i Employer's territorial ID number | 15 Check the appropriate box Type of Form W-2AS <input type="checkbox"/> W-2CM <input type="checkbox"/> W-2GU <input type="checkbox"/> W-2VI <input type="checkbox"/> | | |
| Contact person Jeanne Brennan | Telephone number [REDACTED] | For Official Use Only | |
| E-mail address [REDACTED] | Fax number [REDACTED] | | |

Copy A—For Social Security Administration

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature *Jeanne Brennan*

Title *Controller*

Date *2/23/04*

Form **W-3SS Transmittal of Wage and Tax Statements 2003**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Forms W-2AS, W-2GU, W-2CM, or W-2VI to the Social Security Administration (SSA). Photocopies are not acceptable.

Do not send any remittance (cash, checks, money orders, etc) with Forms W-2AS, W-2GU, W-2CM, W-2VI, and W-3SS.

Instructions for Forms W-2AS, W-2GU, W-2VI, and W-3SS

Section references are to the Internal Revenue Code unless otherwise noted.

Items to Note

Reporting Code Q for box 12.

Recent legislation has eliminated the use of Code Q in box 12.

When To File

File Copy A of Form W-3SS with Copy A of Form W-2AS, W-2GU, W-2CM, or W-2VI by March 1, 2004. However, if you file electronically, you may file by March 31, 2004. See the SSA Web Site at www.ssa.gov/employer/ for electronic filing options.

Extension to file. You may request an extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI by sending Form 8809, Request for Extension of Time To File Information Returns, to the address shown on that form. You must request the extension by the due date of the forms for your request to be considered. If approved, you will have an additional 30 days to file. See Form 8809 for more details.

Caution: Even if you receive an extension of time to file Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must still furnish the forms to your employees by February 2, 2004. But see Extension to furnish Forms W-2 to employees on page 3.

Where To File Copy A

Send the entire first page of this form (Copy A) with the entire Copy A page of Form W-2AS, W-2GU, W-2CM, or W-2VI to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS approved private delivery service, add "W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7907." See Circular E, Employer's Tax Guide (Pub. 15) for a list of IRS approved private delivery services.

Also see Where to file Copy 1 and Shipping and mailing on page 2.

Notice to Employers in the Commonwealth of the Northern Mariana Islands

If you are an employer in the Commonwealth of the Northern Mariana Islands; you must contact the Division of Revenue and Taxation, Capital Hill, Saipan, MP 96950, to get Form W-2CM and the instructions for completing and filing that form.

General Instructions for Form W-3SS

Purpose of forms. Use Copy A of Form W-3SS to transmit Copy A of Form W-2AS, W-2GU, W-2CM, or W-2VI to the Social Security Administration. File Copy 1 of Form W-3SS and Copy 1 of Form W-2AS.

Cat. No. 101175

TC0023

SDNY_GM_02771920

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258728

EFTA01338232

| | | | |
|---|--|--|---|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 42709.71 | 2 VI income tax withheld \$ 4488.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages \$ 47095.73 | 4 Social security tax withheld \$ 2919.94 |
| d Employee's social security number [REDACTED] | | 5 Medicare wages and tips \$ 47095.73 | 6 Medicare tax withheld \$ 682.89 |
| e Employee's first name and initial LEON A | | 7 Social security tips \$ | 8 |
| Last name CASEY, SR. | | 9 Advance EIC payment \$ | 10 |
| f Employee's address and ZIP code [REDACTED] | | 11 Nonqualified plans \$ | 12a See Form W-882 instructions S \$ 4386.02 |
| | | 13a <input type="checkbox"/> Voluntary 13b <input checked="" type="checkbox"/> Dependent 13c <input type="checkbox"/> Excess 14 Other | 12b C \$ 197.37 |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy A For Social Security Administration - Send this entire
page with Copy A of Form W-882 to the Social Security
Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-882

OMB No. 1545-0048

Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page

| | | | |
|---|--|--|---|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 48924.67 | 2 VI income tax withheld \$ 6819.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages \$ 52736.75 | 4 Social security tax withheld \$ 3269.68 |
| d Employee's social security number [REDACTED] | | 5 Medicare wages and tips \$ 52736.75 | 6 Medicare tax withheld \$ 764.68 |
| e Employee's first name and initial JAMIE I | | 7 Social security tips \$ | 8 |
| Last name CORNELIUS | | 9 Advance EIC payment \$ | 10 |
| f Employee's address and ZIP code [REDACTED] | | 11 Nonqualified plans \$ | 12a See Form W-882 instructions S \$ 3812.08 |
| | | 13a <input type="checkbox"/> Voluntary 13b <input checked="" type="checkbox"/> Dependent 13c <input type="checkbox"/> Excess 14 Other | 12b C \$ 43.44 |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy A For Social Security Administration - Send this entire
page with Copy A of Form W-882 to the Social Security
Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-882

SDNY_GM_02771922

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258730

EFTA01338234

| | | | | |
|--|--|-------------------------------|---|--|
| a Control number 22222 | | Void <input type="checkbox"/> | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number 66-0567418 | | | 1 Wages, tips, other compensation \$ 5067.30 | 2 VI income tax withheld \$ 391.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | | 3 Social security wages \$ 5307.70 | 4 Social security tax withheld \$ 329.08 |
| d Employee's social security number [REDACTED] | | | 5 Medicare wages and tips \$ 5307.70 | 6 Medicare tax withheld \$ 76.96 |
| e Employee's first name and initial KHANIA M | | Last name DAWSON | 7 Social security tips \$ | 8 |
| f Employee's address and ZIP code [REDACTED] | | | 9 Advance EIC payment \$ | 10 |
| | | | 11 Nonqualified plans \$ | 12 See Form W-325 Instructions S 240.40 |
| | | | 13 Statutory employee <input type="checkbox"/> Annuity plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 13 |
| | | | 14 Other | 14 |

W-211 U.S. Virgin Islands
Form Wage and Tax Statement
Copy A For Social Security Administration - Send the entire page with Copy A of Form W-988 to the Social Security Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-988

Cat. No. 489770

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| | | | | |
|--|--|-------------------------------|---|---|
| a Control number 22222 | | Void <input type="checkbox"/> | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number 66-0567418 | | | 1 Wages, tips, other compensation \$ 96070.04 | 2 VI income tax withheld \$ 12741.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | | 3 Social security wages \$ 87000.00 | 4 Social security tax withheld \$ 5394.00 |
| d Employee's social security number [REDACTED] | | | 5 Medicare wages and tips \$ 100577.64 | 6 Medicare tax withheld \$ 1458.38 |
| e Employee's first name and initial CECILE R | | Last name DE JONGH | 7 Social security tips \$ | 8 |
| f Employee's address and ZIP code [REDACTED] | | | 9 Advance EIC payment \$ | 10 |
| | | | 11 Nonqualified plans \$ | 12 See Form W-320 Instructions S 4507.60 |
| | | | 13 Statutory employee <input type="checkbox"/> Annuity plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 13 |
| | | | 14 Other | 14 |

W-211 U.S. Virgin Islands
Form Wage and Tax Statement
Copy A For Social Security Administration - Send the entire page with Copy A of Form W-988 to the Social Security Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-988

Cat. No. 489770

SDNY_GM_02771923

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258731

EFTA01338235

| | | | |
|--|------------------------|---|---|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0006 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 241021.22 | 2 Federal income tax withheld \$ 67996.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802 | | 3 Social security wages \$ 87000.00 | 4 Social security tax withheld \$ 5394.00 |
| | | 5 Medicare wages and tips \$ 241021.22 | 6 Medicare tax withheld \$ 3494.81 |
| d Employer's social security number 090-44-3348 | | 7 Social security tips \$ | 8 Advance EIC payment \$ |
| e Employee's first name and initial JEFFREY E | f Last name EPSTEIN | 11 Nonqualified plans \$ | 12a See Form W-438 instructions C \$ 1021.20 |
| g Employee's address and ZIP code C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802 | | 13a \$ | 13b \$ |
| | | 13c \$ | 13d \$ |

Form **W-2VI** U.S. Virgin Islands **2003** Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-9SS to the Social Security Administration; photocopies are not acceptable.
 Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-438
 Cat. No. 49077C

Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page

| | | | |
|--|--------------------------|---|--|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0006 | |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 1458.92 | 2 VI income tax withheld \$ 133.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802 | | 3 Social security wages \$ 1458.92 | 4 Social security tax withheld \$ 90.45 |
| | | 5 Medicare wages and tips \$ 1458.92 | 6 Medicare tax withheld \$ 21.15 |
| d Employer's social security number [REDACTED] | | 7 Social security tips \$ | 8 Advance EIC payment \$ |
| e Employee's first name and initial TEQUASI O | f Last name HENDRICKS | 11 Nonqualified plans \$ | 12a See Form W-438 instructions \$ |
| g Employee's address and ZIP code [REDACTED] | | 13a \$ | 13b \$ |
| | | 13c \$ | 13d \$ |

Form **W-2VI** U.S. Virgin Islands **2003** Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-9SS to the Social Security Administration; photocopies are not acceptable.
 Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-438
 Cat. No. 49077C

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

| | | |
|---|--|--|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0048 |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 21277.44 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 2 Social security wages \$ 21903.98 |
| | | 3 Medicare wages and tips \$ 21903.98 |
| d Employee's social security number | | 4 Social security tips \$ |
| e Employee's first name and initial LORETTA | | 5 Advance EIC payment \$ |
| Last name MCDONALD MORRELL | | 6 Nonqualified plans \$ |
| f Employee's address and ZIP code | | 7a See Form W-9 instructions \$ 626.54 |
| | | 8 Other |

Form **W-2VI** U.S. Virgin Islands **2003** Department of the Treasury - Internal Revenue Service
Wage and Tax Statement (Rev. February 2002) For Privacy Act and Paperwork Reduction
 Copy A For Social Security Administration - Send this entire Notice and Instructions, see Form W-9
 page with Copy A of Form W-9SS to the Social Security Administration; photocopies are not acceptable. Oct. No. 49877C

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| | | |
|---|--|---|
| a Control number 22222 | | For Official Use Only OMB No. 1545-0048 |
| b Employer identification number 66-0567418 | | 1 Wages, tips, other compensation \$ 6070.00 |
| c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 2 VI income tax withheld \$ 292.01 |
| | | 3 Social security wages \$ 6250.00 |
| d Employee's social security number | | 4 Social security tax withheld \$ 387.51 |
| e Employee's first name and initial UNA R | | 5 Medicare wages and tips \$ 6250.00 |
| Last name PASCAL | | 6 Medicare tax withheld \$ 90.6 |
| f Employee's address and ZIP code | | 7 Social security tips \$ |
| | | 8 Advance EIC payment \$ |
| g Employee's first name and initial UNA R | | 9 Nonqualified plans \$ |
| Last name PASCAL | | 10a See Form W-9 instructions \$ 180.00 |
| f Employee's address and ZIP code | | 11 Other |
| | | 12 Other |

Form **W-2VI** U.S. Virgin Islands **2003** Department of the Treasury - Internal Revenue Service
Wage and Tax Statement (Rev. February 2002) For Privacy Act and Paperwork Reduction
 Copy A For Social Security Administration - Send this entire Notice and Instructions, see Form W-9
 page with Copy A of Form W-9SS to the Social Security Administration; photocopies are not acceptable. Oct. No. 49877C

TC0828

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

SDNY_GM_02771925

EFTA_00258733

EFTA01338237

| | | | | | | | |
|--|--|---|-------------------------------|--|-------------------------------------|---------------------------------|-------------|
| a Control number | | 2222 | Void <input type="checkbox"/> | For Official Use Only OMB No. 1545-0048 | | | |
| b Employer identification number | | 66-0567418 | | 1 Wages, tips, other compensation | \$ 15065.60 | 2 VI income tax withheld | \$ 181.00 |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages | \$ 15500.60 | 4 Social security tax withheld | \$ 961.04 |
| d Employee's social security number | | [REDACTED] | | 5 Medicare wages and tips | \$ 15500.60 | 6 Medicare tax withheld | \$ 224.76 |
| e Employee's first name and initial | | Last name | | 7 Social security tips | \$ | 8 | |
| ANN M | | RODRIGUEZ | | 9 Advance EIC payment | \$ | 10 | |
| [REDACTED] | | [REDACTED] | | 11 Nonqualified plans | \$ | 12a See Form W-958 instructions | S \$ 435.00 |
| [REDACTED] | | [REDACTED] | | 13a Voluntary deposits | <input type="checkbox"/> | 13b | C \$ 0.60 |
| [REDACTED] | | [REDACTED] | | 13b Retirement plan | <input checked="" type="checkbox"/> | 13c | |
| [REDACTED] | | [REDACTED] | | 13c Other | <input type="checkbox"/> | 13d | |
| [REDACTED] | | [REDACTED] | | 14 Other | \$ | 14a | |
| [REDACTED] | | [REDACTED] | | | \$ | 14b | |
| [REDACTED] | | [REDACTED] | | | \$ | 14c | |
| f Employee's address and ZIP code | | [REDACTED] | | | \$ | 14d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy A For Social Security Administration - Send this entire page with Copy A of Form W-398 to the Social Security Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notices and Instructions, see Form W-9

Cat. No. 49977C

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| | | | | | | | |
|--|--|---|-------------------------------|--|-------------------------------------|---------------------------------|--------------|
| a Control number | | 2222 | Void <input type="checkbox"/> | For Official Use Only OMB No. 1545-0048 | | | |
| b Employer identification number | | 66-0567418 | | 1 Wages, tips, other compensation | \$ 38393.23 | 2 VI income tax withheld | \$ 2889.00 |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802 | | 3 Social security wages | \$ 40902.75 | 4 Social security tax withheld | \$ 2535.97 |
| d Employee's social security number | | [REDACTED] | | 5 Medicare wages and tips | \$ 40902.75 | 6 Medicare tax withheld | \$ 593.01 |
| e Employee's first name and initial | | Last name | | 7 Social security tips | \$ | 8 | |
| JERMAINE A | | RUAN | | 9 Advance EIC payment | \$ | 10 | |
| [REDACTED] | | [REDACTED] | | 11 Nonqualified plans | \$ | 12a See Form W-958 instructions | S \$ 2509.52 |
| [REDACTED] | | [REDACTED] | | 13a Voluntary deposits | <input type="checkbox"/> | 13b | C \$ 20.96 |
| [REDACTED] | | [REDACTED] | | 13b Retirement plan | <input checked="" type="checkbox"/> | 13c | |
| [REDACTED] | | [REDACTED] | | 13c Other | <input type="checkbox"/> | 13d | |
| [REDACTED] | | [REDACTED] | | 14 Other | \$ | 14a | |
| [REDACTED] | | [REDACTED] | | | \$ | 14b | |
| [REDACTED] | | [REDACTED] | | | \$ | 14c | |
| f Employee's address and ZIP code | | [REDACTED] | | | \$ | 14d | |

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
Copy A For Social Security Administration - Send this entire page with Copy A of Form W-398 to the Social Security Administration; photocopies are not acceptable.

2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notices and Instructions, see Form W-9

Cat. No. 49977C

TC0028

SDNY_GM_02771926

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258734

EFTA01338238

| | | | | |
|--|--|--|--|-----------------------------------|
| a Control number | | 22222 | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number | | 66-0567418 | | 1 Wages, tips, other compensation |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802 | | 2 Social security wages |
| | | | | 3 Medicare wages and tips |
| | | | | 4 Social security tips |
| d Employee's social security number | | [REDACTED] | | 5 Advance EIC payment |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans |
| KIM | | VAN HOLTEN | | 12 See Form W-9 instructions |
| f Employee's address and ZIP code | | [REDACTED] | | 13 S |
| | | | | 660.48 |

W-2 U.S. Virgin Islands **2003** Department of the Treasury - Internal Revenue Service
 Form Wage and Tax Statement (Rev. February 2002) For Privacy Act and Paperwork Reduction Notice and Instructions, see Form W-3
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-998 to the Social Security Administration; photocopies are not acceptable. **02** Oct. No. 499770

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| | | | | |
|--|--|--|--|-----------------------------------|
| a Control number | | 22222 | For Official Use Only OMB No. 1545-0048 | |
| b Employer identification number | | 66-0567418 | | 1 Wages, tips, other compensation |
| c Employer's name, address, and ZIP code | | FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802 | | 2 Social security wages |
| | | | | 3 Medicare wages and tips |
| | | | | 4 Social security tips |
| d Employee's social security number | | [REDACTED] | | 5 Advance EIC payment |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans |
| DAPHNE L | | WALLACE | | 12 See Form W-9 instructions |
| f Employee's address and ZIP code | | [REDACTED] | | 13 S |
| | | | | 26.82 |

W-2 U.S. Virgin Islands **2003** Department of the Treasury - Internal Revenue Service
 Form Wage and Tax Statement (Rev. February 2002) For Privacy Act and Paperwork Reduction Notice and Instructions, see Form W-3
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-998 to the Social Security Administration; photocopies are not acceptable. **02** Oct. No. 499770

TC0030

SDNY_GM_02771927

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258735

EFTA01338239

Do Not Staple

| | | | | | | | |
|---|--------------------------|---|--------------------------|-------------------------------------|-------------------------------------|--|--------------------------|
| Form 1096 Department of the Treasury Internal Revenue Service | | Annual Summary and Transmittal of U.S. Information Returns | | | | OMB No. 1545-0108 2006 | |
| FILER'S name FINANCIAL TRUST COMPANY, INC. Street address (including room or suite number) 5100 RED HOOK CRES, B-3 City, state, and ZIP code ST. THOMAS, VGVI 00802 | | | | | | | |
| Name of person to contact JEANNE BRENNAN | | | | Telephone number [REDACTED] | | For Official Use Only [] [] [] [] [] [] [] [] | |
| Email address | | | | Fax number [REDACTED] | | | |
| 1 Employer identification number 00-0567418 | | 2 Social security number | | 3 Total number of forms 3 | | 4 Federal income tax withheld \$ | |
| | | | | | | 5 Total amount reported with this Form 1096 \$ 30,319.90 | |
| Enter an "X" in only one box below to indicate the type of form being filed. | | | | | | | |
| W-2G 38 | 1098 01 | 1098-C 78 | 1098-E 04 | 1098-T 03 | 1099-A 00 | 1099-B 78 | 1099-C 85 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-DIV 01 | 1099-G 00 | 1099-H 71 | 1099-INT 02 | 1099-LTC 00 | 1099-MISC 05 | 1099-OID 06 | 1099-PATH 07 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

FILE COPY

Signature ▶

Title ▶ **PRESIDENT**

Date ▶ **2/23/07**

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmittal of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and lender who acquires an interest in secured property or who reasons to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1099, 1098, or W-2G, file by February 28, 2007.
- With Forms 5498, 5498-ESA, or 5498-SA, file by May 31, 2007.

Where To File

Except for Form 1098-C, send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Austin, TX 73301

Alaska, California, Colorado, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Kansas City, MO 64999

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.

41-1026001

Form **1096** (Rev. 7-2006)

TC0031

SDNY_GM_02771928

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258736

EFTA01338240

VOID CORRECTED

| | | | | | |
|--|--|---|--|-------------------------------------|-------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, 2-3 ST. THOMAS, USVI 00802 | | 1 Rents \$ | OMB No. 1545-0115 2006 Form 1099-MISC | | Miscellaneous Income |
| PAYER'S federal identification number 66-0557418 | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS [REDACTED] | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| RECIPIENT'S identification number [REDACTED] | | 7 Nonemployee compensation \$ 795.64 | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Account number (see instructions) | | 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 \$ | | |
| 15a Section 409A deferrals \$ | | 11 [REDACTED] | 12 [REDACTED] | | |
| 15b Section 409A income \$ | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 16 State tax withheld \$ | | 17 State/Payer's state no. | 18 State income \$ | | |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

| | | | | | |
|--|--|---|--|-------------------------------------|-------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, 2-3 ST. THOMAS, USVI 00802 | | 1 Rents \$ | OMB No. 1545-0115 2006 Form 1099-MISC | | Miscellaneous Income |
| PAYER'S federal identification number 66-0567418 | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| RECIPIENT'S name, address, and ZIP code MARJORIE RAWLS ROBERTS [REDACTED] | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| RECIPIENT'S identification number [REDACTED] | | 7 Nonemployee compensation \$ 22,373.16 | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Account number (see instructions) | | 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 \$ | | |
| 15a Section 409A deferrals \$ | | 11 [REDACTED] | 12 [REDACTED] | | |
| 15b Section 409A income \$ | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 16 State tax withheld \$ | | 17 State/Payer's state no. | 18 State income \$ | | |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

TC0032

SDNY_GM_02771929

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258737

EFTA01338241

VOID CORRECTED

| | | | | | |
|---|--|---|-------------------|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QRS, N-3 VT. THOMAS, USVI 00862 | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2006 Form 1099-MISC | Miscellaneous Income |
| PAYER'S federal identification number 66-0567418 | | 3 Other income \$ | | State Copy or Extra File Copy | |
| RECIPIENT'S identification number [REDACTED] | | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S name, address, and ZIP code RANTON BOGGS LLP [REDACTED] | | 5 Fishing boat proceeds \$ | | State Copy or Extra File Copy | |
| Account number (see instructions) | | 6 Medical and health care payments \$ | | | |
| 15a Section 408A deferrals \$ | | 7 Nonemployee compensation \$ 7,150.00 | | State Copy or Extra File Copy | |
| 15b Section 409A income \$ | | 8 Substantive 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"/> \$ | | State Copy or Extra File Copy | |
| | | 10 Crop insurance proceeds \$ | | | |
| | | 11 [REDACTED] | | State Copy or Extra File Copy | |
| | | 12 [REDACTED] | | | |
| | | 13 Excess golden parachute payments \$ | | State Copy or Extra File Copy | |
| | | 14 Gross proceeds paid to an attorney \$ | | | |
| | | 16 State tax withheld \$ | | State Copy or Extra File Copy | |
| | | 17 State/Payer's state no. \$ | | | |
| | | 18 State income \$ | | State Copy or Extra File Copy | |
| | | 19 State/Payer's state no. \$ | | | |

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

VOID CORRECTED

| | | | | | |
|--|--|---|-------------------|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2006 Form 1099-MISC | Miscellaneous Income |
| PAYER'S federal identification number | | 3 Other income \$ | | State Copy or Extra File Copy | |
| RECIPIENT'S identification number | | 4 Federal income tax withheld \$ | | | |
| RECIPIENT'S name, address, and ZIP code | | 5 Fishing boat proceeds \$ | | State Copy or Extra File Copy | |
| Account number (see instructions) | | 6 Medical and health care payments \$ | | | |
| 15a Section 408A deferrals \$ | | 7 Nonemployee compensation \$ | | State Copy or Extra File Copy | |
| 15b Section 409A income \$ | | 8 Substantive 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"/> \$ | | State Copy or Extra File Copy | |
| | | 10 Crop insurance proceeds \$ | | | |
| | | 11 [REDACTED] | | State Copy or Extra File Copy | |
| | | 12 [REDACTED] | | | |
| | | 13 Excess golden parachute payments \$ | | State Copy or Extra File Copy | |
| | | 14 Gross proceeds paid to an attorney \$ | | | |
| | | 16 State tax withheld \$ | | State Copy or Extra File Copy | |
| | | 17 State/Payer's state no. \$ | | | |
| | | 18 State income \$ | | State Copy or Extra File Copy | |
| | | 19 State/Payer's state no. \$ | | | |

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

TC0033

SDNY_GM_02771930

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258738

EFTA01338242

VOID CORRECTED

| | | | | | |
|--|---|--|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, B3 ST. THOMAS, VI 00802 | | 1 Rents | OMB No. 1545-0115 2005 Form 1099-MISC | | Miscellaneous Income Copy For Payer or State Copy For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099 1098, 549 and W-2 |
| | | 2 Royalties | | | |
| 3 Other income | 4 Federal income tax withheld | Copy For Payer or State Copy | | | |
| 5 Fishing boat proceeds | 6 Medical and health care payments | | | | |
| PAYER'S Federal identification number 66-0567418 | RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | 7 Nonemployee compensation | 8 Substantia payments in lieu of dividends or interest | For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099 1098, 549 and W-2 | |
| RECIPIENT'S name, address, and ZIP code GERALD B. LEFCOURT, P.C. <div style="background-color: black; width: 150px; height: 30px;"></div> | | 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 | | |
| Account number (see instructions) | | 2nd TIN not <input type="checkbox"/> | 11 | 12 | |
| 15a Section 409A deferrals | 15b Section 409A income | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| \$ | \$ | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| \$ | \$ | \$ | \$ | \$ | |

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

VOID CORRECTED

| | | | | | |
|--|--|--|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, B3 ST. THOMAS, VI 00802 | | 1 Rents | OMB No. 1545-0115 2005 Form 1099-MISC | | Miscellaneous Income Copy For Payer or State Copy For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099 1098, 549 and W-2 |
| | | 2 Royalties | | | |
| 3 Other income | 4 Federal income tax withheld | Copy For Payer or State Copy | | | |
| 5 Fishing boat proceeds | 6 Medical and health care payments | | | | |
| PAYER'S Federal identification number 66-0567418 | RECIPIENT'S identification number 66-0473483 | 7 Nonemployee compensation | 8 Substantia payments in lieu of dividends or interest | For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099 1098, 549 and W-2 | |
| RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS 1340 TAARENBERG GARD CHARLOTTE AMALIE, VI 00802 | | 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 | | |
| Account number (see instructions) | | 2nd TIN not <input type="checkbox"/> | 11 | 12 | |
| 15a Section 409A deferrals | 15b Section 409A income | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| \$ | \$ | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| \$ | \$ | \$ | \$ | \$ | |

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

TC0035

SDNY_GM_02771932

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258740

EFTA01338244

VOID CORRECTED

| | | | | | |
|--|--|--|---|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS., B3 ST. THOMAS, VI 00802 | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2005 Form 1099-MISC | Miscellaneous Income |
| PAYER'S Federal identification number 66-0567418 | | 3 Other income \$ | 4 Federal income tax withheld \$ | Copy 1 For Payer or State Copy | |
| RECIPIENT'S identification number [REDACTED] | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | | For Privacy A and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099- 1098, 549 and W-2 |
| RECIPIENT'S name, address, and ZIP code MAJORIE RAWLS ROBERTS [REDACTED] | | 7 Nonemployee compensation \$ 13328.69 | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Account number (see instructions) | | 9 Payer made direct sale of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | | |
| 2nd TIN not <input type="checkbox"/> | | 11 [REDACTED] | 12 [REDACTED] | | |
| 13a Section 409A deferrals \$ | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15a Section 409A income \$ | | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

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

Instructions for Payers

General and specific form instructions are provided as separate products. The Form 1099-MISC are the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G and the 2005 Instructions for Form 1099-MISC. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, call 1-800-TAX-FORM (1-800-829-3676).

File Copy A of this form with the IRS by February 28, 2006. If you file electronically, the due date is March 31, 2006.

Due dates. Furnish Copy B of this form to the recipient by January 31, 2006.

File Copy A of this form with the IRS by February 28, 2006. If you file electronically, the due date is March 31, 2006.

1099-MISC / COPY C

TC0036

SDNY_GM_02771933

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258741

EFTA01338245

Form **1096** Annual Summary and Transmittal of U.S. Information Returns **2004**
 Department of the Treasury Internal Revenue Service

FILETFS name
FINANCIAL TRUST COMPANY, INC.
 Street address (including room or suite number)
6100 RED HOOK CTRS, B3
 City, state, and ZIP code
IST. THOMAS, USVI 00802-1348

Name of person to contact: **JEANNE BRENNAN** Telephone number: [REDACTED]
 Email address: [REDACTED] Fax number: [REDACTED]

1 Employer identification number: **66-0587418** 2 Social security number: [REDACTED]
 3 Total number of forms: **7** 4 Federal income tax withheld: \$ [REDACTED]
 5 Total amount reported with this Form 1096: \$ **187,892.70**

Enter an "X" in only one box below to indicate the type of form being filed.

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| W-2G 02 | 1098 01 | 1098-B 04 | 1098-T 03 | 1098-A 00 | 1099-R 78 | 1099-C 05 | 1099-CAP 73 | 1099-DIV 01 | 1099-G 09 | 1099-H 71 | 1099-INT 02 | 1099-LTC 03 | 1099-MISC 00 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1099-MSA 04 | 1099-CID 00 | 1099-PATR 97 | 1099-Q 01 | 1099-R 05 | 1099-S 75 | 5498 28 | 5498-ESA 72 | 5498-MSA 27 | | | | | |
| <input type="checkbox"/> | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

FILE COPY

Signature: [Signature] Title: **PRESIDENT** Date: **2/28/05**

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4004, Transmission of Information Returns Reported Magnetically; for electronic transmission, see Pub. 1220, Specifications for Filing Forms 1099, 1098, 5498, and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. Filers include a payer; a recipient of mortgage interest, reverse mortgage (reverse points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an Archer MSA (including a Medicare+Choice MSA); certain corporations; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by February 28, 2005. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2005.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue Service Center address

Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia
 Austin, TX 73301

Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia
 Cincinnati, OH 45999

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin
 Kansas City, MO 64999

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G. Form 1096 (2004)

TC0037

SDNY_GM_02771934

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258742

EFTA01338246

VOID CORRECTED

| | | | | | |
|--|---|--|--|-------------------------------------|-------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, B3 ST. THOMAS, USVI 00802-1348 | | 1 Rents \$ | OMB No. 1545-0115 2004 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| PAYER'S Federal identification number 66-0567419 | RECIPIENT'S identification number [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| RECIPIENT'S name, address, and ZIP code DARREN K. INDYKE, ESQ. [REDACTED] | | 7 Nonemployee compensation \$ 100,000.00 | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Account number (optional) [REDACTED] | | 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 [REDACTED] | 12 [REDACTED] | | |
| | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15 | | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

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

VOID CORRECTED

| | | | | | |
|--|---|--|--|-------------------------------------|-------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, B3 ST. THOMAS, USVI 00802-1348 | | 1 Rents \$ | OMB No. 1545-0115 2004 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| PAYER'S Federal identification number 66-0567419 | RECIPIENT'S identification number [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| RECIPIENT'S name, address, and ZIP code GERALD B. LEFCOURT, F.C. [REDACTED] | | 7 Nonemployee compensation \$ 2,500.45 | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Account number (optional) [REDACTED] | | 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 [REDACTED] | 12 [REDACTED] | | |
| | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15 | | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

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

TC0038

SDNY_GM_02771935

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258743

EFTA01338247

VOID CORRECTED

| | | | | | |
|--|--|---|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK CRTS, B3 ST. THOMAS, USVI 00802-1348 | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2004 Form 1099-MISC | Miscellaneous Income |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S Identification number 66-0473483 | | 3 Other Income \$ | 4 Federal income tax withheld \$ |
| RECIPIENT'S name, address, and ZIP code HODSE & FRANCOIS 1340 TAASBERG CADE CHARLOTTE ANAITE VI 00802 | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| Account number (optional) | | 7 Nonemployee compensation \$ 2670.65 | 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 \$ |
| 15 | | 11 | 12 | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ |
| 15 | | 16 State tax withheld \$ | 17 State/Payer's state no. \$ | 18 State Income \$ | |

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

VOID CORRECTED

| | | | | | |
|--|--|---|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK CRTS, B3 ST. THOMAS, USVI 00802-1348 | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2004 Form 1099-MISC | Miscellaneous Income |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S Identification number [REDACTED] | | 3 Other Income \$ | 4 Federal income tax withheld \$ |
| RECIPIENT'S name, address, and ZIP code MARGUERITE SANDS ROBERTS [REDACTED] | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | State Copy or Extra File Copy | |
| Account number (optional) | | 7 Nonemployee compensation \$ 1732.09 | 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 \$ |
| 15 | | 11 | 12 | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ |
| 15 | | 16 State tax withheld \$ | 17 State/Payer's state no. \$ | 18 State Income \$ | |

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

TC0039

SDNY_GM_02771936

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258744

EFTA01338248

VOID CORRECTED

| | | | | | | |
|---|--|---|-----------------------|--|------------------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, SS ST. THOMAS, USVI 00802-1348 | | 1 Rents | OMB No. 1545-0115 | | 2004 | Miscellaneous Income |
| | | 2 Royalties | Form 1099-MISC | | | |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S Identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | | 3 Other income | 4 Federal income tax withheld | State Copy or Extra File Copy |
| | | RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN, PC <div style="background-color: black; width: 100%; height: 20px;"></div> | | 5 Fishing boat proceeds | 6 Medical and health care payments | |
| Account number (optional) | | 7 Nonemployee compensation \$ 24000.00 | | 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 <div style="background-color: black; width: 100%; height: 15px;"></div> | | |
| | | | | 12 <div style="background-color: black; width: 100%; height: 15px;"></div> | | |
| | | 13 Excess golden parachute payments | | 14 Gross proceeds paid to an attorney | | |
| | | 15 | | 16 State tax withheld | | |
| | | | | | | |

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

VOID CORRECTED

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|---|--|---|-----------------------|--|------------------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, SS ST. THOMAS, USVI 00802-1348 | | 1 Rents | OMB No. 1545-0115 | | 2004 | Miscellaneous Income |
| | | 2 Royalties | Form 1099-MISC | | | |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S Identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | | 3 Other income | 4 Federal income tax withheld | State Copy or Extra File Copy |
| | | RECIPIENT'S name, address, and ZIP code ROBERT YONDELMAN, P.C. <div style="background-color: black; width: 100%; height: 20px;"></div> | | 5 Fishing boat proceeds | 6 Medical and health care payments | |
| Account number (optional) | | 7 Nonemployee compensation \$ 180.00 | | 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 <div style="background-color: black; width: 100%; height: 15px;"></div> | | |
| | | | | 12 <div style="background-color: black; width: 100%; height: 15px;"></div> | | |
| | | 13 Excess golden parachute payments | | 14 Gross proceeds paid to an attorney | | |
| | | 15 | | 16 State tax withheld | | |
| | | | | | | |

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

TC0040

SDNY_GM_02771937

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258745

EFTA01338249

VOID CORRECTED

| | | | | | | |
|---|-----------------------------------|--|--|-----------------|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED ROCK QTRS, E3 ST. THOMAS, USVI 00802-1336 | | 1 Rents | OMB No. 1545-0115 | | 2004 Form 1099-MISC | Miscellaneous Income |
| | | 2 Royalties | | | | |
| | | 3 Other Income | 4 Federal income tax withheld | | | |
| PAYER'S Federal Identification number | RECIPIENT'S Identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | | State Copy or Extra File Copy | |
| 66-0567410 | 13-1456110 | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | | |
| RECIPIENT'S name, address, and ZIP code WEIL, GOKSHAL & MANGES LLP 767 FIFTH AVENUE NEW YORK, NY 10157 | | 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 | | | |
| Account number (optional) | | 11 | 12 | | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | | |

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

VOID CORRECTED

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|--|-----------------------------------|--|--|-----------------|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | | 2004 Form 1099-MISC | Miscellaneous Income |
| | | 2 Royalties | | | | |
| | | 3 Other Income | 4 Federal income tax withheld | | | |
| PAYER'S Federal Identification number | RECIPIENT'S Identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | | State Copy or Extra File Copy | |
| RECIPIENT'S name, address, and ZIP code | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | | |
| Account number (optional) | | 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 | 12 | | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | | |

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

TC0041

SDNY_GM_02771938

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258746

EFTA01338250

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| | | | | | | | |
|--|--------------------------|---|--------------------------|-------------------------------------|-------------------------------------|---|--------------------------|
| Form 1096 Department of the Treasury Internal Revenue Service | | Annual Summary and Transmittal of U.S. Information Returns | | | | OMB No. 1545-0048 2003 | |
| FILER'S name FINANCIAL TRUST COMPANY, INC. | | | | | | | |
| Street address (including room or suite number) 6100 RED HOOK QTRS, B3 | | | | | | | |
| City, state, and ZIP code L ST. THOMAS, USVI 00802-1348 | | | | | | | |
| Name of person to contact FRANNE BRENNAN | | | | Telephone number [REDACTED] | | | |
| E-mail address | | | | Fax number [REDACTED] | | | |
| 1 Employer identification number 66-0567418 | | 2 Social security number | | 3 Total number of forms 6 | | 4 Federal income tax withheld \$ | |
| | | | | | | 5 Total amount reported with this Form 1096 \$ 303,053.33 | |
| Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here. <input type="checkbox"/> | | | | | | | |
| W-2G 22 | 1099-B 81 | 1099-E 84 | 1099-T 83 | 1099-A 80 | 1099-B 79 | 1099-C 85 | 1099-CAP 73 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-DIV 91 | 1099-G 88 | 1099-H 71 | 1099-INT 92 | 1099-LTC 83 | 1099-MISC 95 | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 1099-MSA 94 | 1099-PRR 86 | 1099-PATR 57 | 1099-Q 31 | 1099-R 98 | 1099-S 75 | 5498 25 | 5498-ESA 72 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Official Use Only



Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature: *[Signature]* Title: *President* Date: *2/10/04*

RECEIVED COLLECTION & DEPOSIT SECTION - No. 2 FEB 20 2004

Instructions

Purpose of form. This form is used to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1099, 1098, 5498 and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an Archer MSA (including a Medicare+Choice MSA); certain corporations; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preadressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by March 1, 2004. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2004.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

| | |
|--|---|
| <p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p> <p>Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia</p> <p>Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia</p> <p>Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin</p> | <p>Use the following Internal Revenue Service Center address</p> <p>Austin, TX 73301</p> <p>Cincinnati, OH 45999</p> <p>Kansas City, MO 64999</p> |
|--|---|

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G. Cat. No. 144000 Form 1096 (2003)

TC0042

SDNY_GM_02771939

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258747

EFTA01338251

VOID CORRECTED

| | | | | | |
|---|--|--|--|--|------------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B-2 St. Thomas U.S. Virgin Islands 00702 | | 1 Rents | OMB No. 1545-0118 2003 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties | | | |
| | | 3 Other income | | | |
| PAYER'S Federal identification number 76-0567410 | | RECIPIENT'S identification number [REDACTED] | | State Copy or Extra File Copy | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Paul Hoffman [REDACTED] | | 4 Federal income tax withheld | 5 Fishing boat proceeds | | 6 Medical and health care payments |
| | | 7 Nonemployee compensation | 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 | | |
| Account number (optional) | | 11 | 12 | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

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

VOID CORRECTED

| | | | | | |
|---|--|--|--|--|------------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B00 St. Thomas U.S. Virgin Islands 00802 | | 1 Rents | OMB No. 1545-0118 2003 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties | | | |
| | | 3 Other income | | | |
| PAYER'S Federal identification number 66-0567816 | | RECIPIENT'S identification number 13-1456110 | | State Copy or Extra File Copy | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Weil, Gotshal & Manges LLP 767 Fifth Avenue New York, NY 10153 | | 4 Federal income tax withheld | 5 Fishing boat proceeds | | 6 Medical and health care payments |
| | | 7 Nonemployee compensation | 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 | | |
| Account number (optional) | | 11 | 12 | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

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

TC0043

SDNY_GM_02771940

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258748

EFTA01338252

VOID CORRECTED

| | | | | | |
|---|--|---|---|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B-3 St. Thomas U.S. Virgin Islands 00802 | | 1 Rents | OMB No. 1545-0115 2003 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties | | | |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S identification number 53-0214922 | | State Copy or Extra File Copy | |
| | | | | | 3 Other income |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Arent Fox Kintner Plotkin & Kahn, PLLC 1675 Broadway, 25th Floor New York, NY 10019-5874 | | 5 Fishing boat proceeds | 8 Medical and health care payments 8 Substitute payments in lieu of dividends or interest | | |
| | | 7 Nonemployee compensation | | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> |
| Account number (optional) | | 11 | 12 | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |

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

VOID CORRECTED

| | | | | | |
|--|--|---|---|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B-3 St. Thomas U.S. Virgin Islands 00802 | | 1 Rents | OMB No. 1545-0115 2003 Form 1099-MISC | | Miscellaneous Income |
| | | 2 Royalties | | | |
| PAYER'S Federal Identification number 66-0567418 | | RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 15px;"></div> | | State Copy or Extra File Copy | |
| | | | | | 3 Other income |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Gerald R. Lefcourt, P.C. <div style="background-color: black; width: 150px; height: 30px;"></div> | | 5 Fishing boat proceeds | 8 Medical and health care payments 8 Substitute payments in lieu of dividends or interest | | |
| | | 7 Nonemployee compensation | | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> |
| Account number (optional) | | 11 | 12 | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15 | | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |

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

TC0044

SDNY_GM_02771941

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258749

EFTA01338253

VC CORRECTED

| | | | | | |
|--|---|--|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B-3 St. Thomas, U.S. Virgin Islands 00802 | | 1 Rents \$ | OMB No. 1545-0115 2003 Form 1099-MISC | | Miscellaneous Income |
| PAYER'S Federal identification number 66-0567418 | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Hodge 3 Francois 1340 Taarenberg Gate Charlotte Amalie, VI 00802 | RECIPIENT'S identification number 66-0473483 | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | 7 Nonemployee compensation \$ 23,494.70 | 8 Substitute payments in lieu of dividends or interest \$ |
| Account number (optional) | | 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 | 12 |
| 15 | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | 16 State tax withheld \$ | 17 State/Payer's state no. \$ |
| | | | | 18 State income \$ | |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

| | | | | | |
|---|---|--|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 6100 Red Hook Quarter B-3 St. Thomas U.S. Virgin Islands 00802 | | 1 Rents \$ | OMB No. 1545-0115 2003 Form 1099-MISC | | Miscellaneous Income |
| PAYER'S Federal identification number 66-0567418 | | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Marjorie Rawls Roberts [REDACTED] | RECIPIENT'S identification number [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | 7 Nonemployee compensation \$ 12,043.47 | 8 Substitute payments in lieu of dividends or interest \$ |
| Account number (optional) | | 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 | 12 |
| 15 | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | 16 State tax withheld \$ | 17 State/Payer's state no. \$ |
| | | | | 18 State income \$ | |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

TC0045

SDNY_GM_02771942

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00258750

EFTA01338254