

LEFCOURT CORP. RE: EPSTEIN CORP. RECORDS

LAW OFFICES OF
GERALD B. LEFCOURT, P.C.
A PROFESSIONAL CORPORATION
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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.

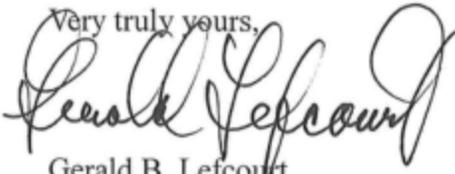
JEVIF 0001

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	
IRS Forms W2 Epstein Interests 2006	EI 0001
IRS Form W2 Epstein Interests 2005	EI 0002-0003
IRS Form 1096 Epstein Interests 2005	EI 0004
IRS Form 1099 Epstein Interests 2005	EI 0005
	EI 0006
Schedule of Corporate Directors, Board Members, Shareholders	
Financial Trust Co., Inc.	
IRS Form W3 Financial Trust Co., Inc. 2006	FTC 0001
IRS Forms W2 Financial Trust Co., Inc. 2006	FTC 0002
IRS Form W3 Financial Trust Co., Inc. 2005	FTC 0003-0008
IRS Forms W2 Financial Trust Co., Inc. 2005	FTC 0009
IRS Form W3 Financial Trust Co., Inc. 2004	FTC 0010-0015
IRS Forms W2 Financial Trust Co., Inc. 2004	FTC 0016
IRS Form W3 Financial Trust Co., Inc. 2003	FTC 0017-0022
IRS Forms W2 Financial Trust Co., Inc. 2003	FTC 0023
IRS Form 1096 Financial Trust Co., Inc. 2006	FTC 0024-0030
IRS Forms 1099 Financial Trust Co., Inc. 2006	FTC 0031
IRS Form 1096 Financial Trust Co., Inc. 2005	FTC 0032-0033
IRS Forms 1099 Financial Trust Co., Inc. 2005	FTC 0034
IRS Form 1096 Financial Trust Co., Inc. 2004	FTC 0035-0036
IRS Forms 1099 Financial Trust Co., Inc. 2004	FTC 0037
IRS Form 1096 Financial Trust Co., Inc. 2003	FTC 0038-0041
IRS Forms 1099 Financial Trust Co., Inc. 2003	FTC 0042
	FTC 0043-0045

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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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.

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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. ENHANCED EDUCATION (J. EPSTEIN VIRGIN ISLANDS FOUNDATION INC.) 3100 RED HOOK STRO, #2 ST. THOMAS, USVI 00062-1348		1 Rents \$	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number 66-0585379		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN P.C. [REDACTED] St. VI 00804-0870	RECIPIENT'S identification number 66-0436649	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy C For Payer or State Copy	
RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN P.C. [REDACTED] St. VI 00804-0870		7 Nonemployee compensation \$ 25,000.00	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 [REDACTED] 12 [REDACTED]	
2nd TIN not <input type="checkbox"/>		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.		1 Rents \$	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy C For Payer or State 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 [REDACTED] 12 [REDACTED]	
2nd TIN not <input type="checkbox"/>		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

FILER'S name
ENHANCED EDUCATION
(J. ERSTEIN 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 [REDACTED] **Telephone number**
(340) 775-2525

E-mail address **Fax number**
[REDACTED] **(340) 775-2528**

1 Employer identification number **2 Social security number** **3 Total number of forms** **4 Federal income tax withheld** **5 Total amount reported with this Form 1096**
66-0585379 **[REDACTED]** **1** **\$** **\$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 02	1099-B 01	1099-E 04	1099-T 03	1099-A 00	1099-S 79	1099-C 85	1099-CAP 73	1099-DIV 01	1099-G 06	1099-H 71	1099-INT 02	1099-LTD 03	1099-MISC 05
<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1099-MSA 04	1099-OID 08	1099-PATR 07	1099-Q 01	1099-R 05	1099-S 75	5498 04	5498-ESA 72	5498-MSA 07					
<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 **2/11/04**

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 electronically. 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 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, [REDACTED]</p> <p>Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West [REDACTED]</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 7330</p> <p>Cincinnati, OH 4599</p> <p>Kansas City, MO 6496</p> |
|---|--|

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. ENHANCED EDUCATION (J. WETSIV VIRGIN ISLANDS FOUNDATION INC.) 6100 RSD BOKK STRS, B3 ST. THOMAS, USVI 00802-1348		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number 66-0535379		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code PAUL HOFFMAN P.O. P.O. BOX 870 CHARLOTTE AMALIE, [REDACTED] 00804-0870		3 Other income \$	6 Medical and health care payments \$		State Copy or Extra File Copy
RECIPIENT'S identification number 66-0436649		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
Account number (optional)		7 Nonemployee compensation \$ 25,000.00	10 Crop insurance proceeds \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	11 [REDACTED]		
		13 Excess golden parachute payments \$	12 [REDACTED]		
		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
PAYER'S Federal identification number		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code		3 Other income \$	6 Medical and health care payments \$		State Copy or Extra File Copy
RECIPIENT'S identification number		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
Account number (optional)		7 Nonemployee compensation \$	10 Crop insurance proceeds \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	11 [REDACTED]		
		13 Excess golden parachute payments \$	12 [REDACTED]		
		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

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

Epstein Interests

No Shareholders, Board Members or Corporate Directors

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 Suff.		11 Nonqualified plans	12a See instructions for box 12			
		13 <input type="checkbox"/> Rostered 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						
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.

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)

0001 00/LAB		OMB No. 1545-0008 L213		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 451-11-5768		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial LESLEY 120 OAK STREET NEW CANAAN, CT 06840		Last name GROFF		11 Nonqualified plans			
		12a See instructions for box 12		12b			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c		12d	
		14 Other 31.20 NYDD					
f Employee's address and ZIP code							
15 State NY	Employer's state ID number 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		11 Nonqualified plans			
		12a See instructions for box 12		12b			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c		12d	
		14 Other					
f Employee's address and ZIP code							
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.

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)
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FILER'S name EPSTEIN INTERESTS 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 ()	For Official Use Only
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
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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	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 78	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	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-OID 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"/>												

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 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 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, 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:

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

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

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"/> 943 <input type="checkbox"/> 944-SS <input type="checkbox"/> Hohld. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	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	
e Employer identification number (EIN) 66-0567418	7 Social security tips	6 Medicare tax withheld 11750.58	
f Employer's name FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802	9 Advance EIC payments	8	
	11 Nonqualified plans	10	
	13 For third-party sick pay use only	12 Deferred compensation 39945.62	
	14 Income tax withheld by payer of third-party sick pay		
g Employer's address and ZIP code	h Other EIN used this year		
i Employer's territorial ID number	j		
Contact person JEANNE BRENNAN	Telephone number (340) 775-2525	For Official Use Only	
E-mail address	Fax number (340) 775-2528		

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-20M 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—Merfinsburg
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 employees' names or numerically by employees' social security numbers. Do not staple or tape the forms together and do not fold them. Send 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. 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.

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 [REDACTED] 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.

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 [REDACTED], 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
			9 Advance EIC payment		10
d Employee's social security number 150-46-4746			11 Nonqualified plans		12a See Form W-3SS instructions S 10000.00
e Employee's first name and initial JEANNE Last [REDACTED] Suff. 6501 RED HOOK PLAZA STE. PMB 201 ST. THOMAS, VI, 00802			13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b C 193.31
			14 Other		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 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 [REDACTED], 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
			9 Advance EIC payment		10
d Employee's social security number 580-03-9952			11 Nonqualified plans		12a See Form W-3SS instructions S 4941.86
e Employee's first name and initial LEON A Last name CASEY, SR. Suff. P.O. BOX 503032 ST. THOMAS, VI, 00805			13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b C 294.58
			14 Other		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.

FTC0003

EFTA00176014

a Control number 22222		Valid <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 [REDACTED], 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
		7 Social security tips		B
d Employee's social security number 580-13-4697		9 Advance EIC payment		10
e Employee's first name and initial JAMIE I Last name CORNELIUS Suff. 6501 RED HOOK PLAZA PMB 201 ST. THOMAS, VI, 00802		11 Nonqualified plans		12a See Form W-3SS Instructions S 3215.49
		13 Stationary employee <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 53.17
		14 Other		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		Valid <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 [REDACTED], 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
		7 Social security tips		8
d Employee's social security number 580-06-1538		9 Advance EIC payment		10
e Employee's first name and initial CECILE R Last name DE JONGH Suff. P.O. BOX 8361 ST. THOMAS, VI, 00801		11 Nonqualified plans		12a See Form W-3SS Instructions C 184.73
		13 Stationary employee <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b S 10000.00
		14 Other		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.

FTC0004

EFTA00176015

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 [REDACTED], 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			
			9 Advance EIC payment	10			
d Employee's social security number 090-44-3348			11 Nonqualified plans				
e Employee's first name and initial JEFFREY E Last name EPSTEIN C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802			12a See Form W-3SS instructions C 1021.28				
			13 Statutory employer <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
			14 Other			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 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 [REDACTED].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			
			9 Advance EIC payment	10			
d Employee's social security number 580-23-1452			11 Nonqualified plans				
e Employee's first name and initial TEQUASI O Last name HENDRICKS PO BOX 672 ST. JOHN, USVI, 00831			12a See Form W-3SS instructions				
			13 Statutory employer <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
			14 Other			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.

FTC0005

EFTA00176016

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 [REDACTED], 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	
d Employee's social security number 580-29-3823			9 Advance EIC payment	10	
e Employee's first name and initial LORETTA		Last name MCDONALD MORRELL	Suff.	11 Nonqualified plans	
PO BOX 306077 ST. THOMAS, VI, 00803			13 Salaried employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
f Employee's address and ZIP code			14 Other		12a See Form W-9SS instructions S 1297.84
					12b
					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-9SS.

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 [REDACTED], 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	
d Employee's social security number 580-11-2937			9 Advance EIC payment	10	
e Employee's first name and initial UNA R		Last name PASCAL	Suff.	11 Nonqualified plans	
HIDDEN VALLEY BLDG. 13 APT. 239 ST. THOMAS, VI, 00802			13 Salaried employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
f Employee's address and ZIP code			14 Other		12a See Form W-9SS instructions S 1627.89
					12b C 40.82
					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-9SS.

FTC0006

EFTA00176017

a Control number 22222		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number (EIN) 66-0567418			1 Wages, tips, other compensation 32443.47	2 VI income tax withheld 203.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802			3 Social security wages 33689.36	4 Social security tax withheld 2088.74	
			5 Medicare wages and tips 33689.36	6 Medicare tax withheld 488.50	
			7 Social security tips	8 [REDACTED]	
d Employee's social security number 066-64-1041			9 Advance EIC payment	10 [REDACTED]	
e Employee's first name and initial ANN M		Last name RODRIGUEZ		Suff.	
6014 ESTATE SMITHBAY ST. THOMAS, VI 00802			11 Nonqualified plans	12a See Form W-888 Instructions S 1245.89	
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 7.15	
			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-388.

a Control number 22222		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number (EIN) 66-0567418			1 Wages, tips, other compensation 40174.72	2 VI income tax withheld 3502.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802			3 Social security wages 43275.92	4 Social security tax withheld 2683.11	
			5 Medicare wages and tips 43275.92	6 Medicare tax withheld 627.50	
			7 Social security tips	8 [REDACTED]	
d Employee's social security number 580-15-5038			9 Advance EIC payment	10 [REDACTED]	
e Employee's first name and initial JERMAINE A		Last name RUAN		Suff.	
UVI FAC. E. APT.1 BLDG. 3. ST. THOMAS, VI, 00804			11 Nonqualified plans	12a See Form W-888 Instructions S 3101.20	
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 28.34	
			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-388.

FTC0007

EFTA00176018

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 [REDACTED] 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	580-17-3729	9 Advance EIC payment		10		
e Employee's first name and initial Last name Suff. DAPHNE L WALLACE P.O. BOX 11184 ST. THOMAS, USVI, 00801		11 Nonqualified plans		12a See Form W-3SS instructions		
		13 Statutory employee Retirement plan Third-party sick pay		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code		[REDACTED]				

Form **W-2VI** U.S. Virgin Islands **2006** Department of the Treasury—Internal Revenue Service
Wage and Tax Statement For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

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		
d Employee's social security number		9 Advance EIC payment		10		
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See Form W-3SS instructions		
		13 Statutory employee Retirement plan Third-party sick pay		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code		[REDACTED]				

Form **W-2VI** U.S. Virgin Islands **2006** Department of the Treasury—Internal Revenue Service
Wage and Tax Statement For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

FTC0008

EFTA00176019

DO NOT STAPLE OR FOLD

a Control number 33333		For Official Use Only P- OMB No. 1545-0008	
b Kind of Payer <input type="checkbox"/> 041-SS <input type="checkbox"/> Military <input type="checkbox"/> 043 <input type="checkbox"/> Hahld. emp. <input type="checkbox"/> Medicare govt. emp. <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	6 Medicare tax withheld 10900.85
e Employer identification number (EIN) 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 I, 00802		11 Nonqualified plans	12 Deferred compensation 33876.50
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	
Contact person JEANNE BRENNAN		Telephone number (340) 775-2525	For Official Use Only
E-mail address		Fax number (340) 775-2528	

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 statement to the SSA. Employers are not prohibited (by the Internal Revenue Service) 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 Center
Information Reporting Program
Attn: Extension of Time Coordinator
240 Mural Drive
Kearneysville, WV 25420

FEB 13 2006

VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE ST. THOMAS VI

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 2005.

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.

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1845-0008	
b Employer identification number (EIN) 66-0567418		1 Wages, tips, other compensation 35487.81	2 VI income tax withheld 3837.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802		3 Social security wages 39426.92	4 Social security tax withheld 2444.47	
		5 Medicare wages and tips 39426.92	6 Medicare tax withheld 571.69	
		7 Social security tips	8	
d Employee's social security number 580-06-2353		9 Advance EIC payment	10	
e Employee's first name and initial Last name DALE BASTIAN GORDON 13215 WHITE MOON COURT CHARLOTTE, NC 28213		11 Nonqualified plans	12a See Form W-3SS instructions \$ 3939.11	
		13 <input type="checkbox"/> Salary employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 35.82	
		14 Other	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

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 85718.27	2 VI income tax withheld 8549.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802		3 Social security wages 90000.00	4 Social security tax withheld 5580.00	
		5 Medicare wages and tips 91180.46	6 Medicare tax withheld 1322.12	
		7 Social security tips	8	
d Employee's social security number 150-46-4746		9 Advance EIC payment	10	
e Employee's first name and initial Last name JEANNE [REDACTED] 6501 RED HOOK PLAZA STE. PMB 201 ST. THOMAS, VI, 00802		11 Nonqualified plans	12a See Form W-3SS instructions \$ 5462.19	
		13 <input type="checkbox"/> Salary employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 145.04	
		14 Other	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

2005

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

FTC0010

EFTA00176021

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN) 66-0567418		1 Wages, tips, other compensation 43574.16	2 VI income tax withheld 4506.00	
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 48390.99	4 Social security tax withheld 3000.24	
		5 Medicare wages and tips 48390.99	6 Medicare tax withheld 701.67	
		7 Social security tips	8	
d Employee's social security number 580-03-9952		9 Advance EIC payment	10	
e Employee's first name and initial LEON A Last name CASEY, SR. P.O. BOX 503032 ST. THOMAS, VI, 00805		11 Nonqualified plans	12a See Form W-3SS Instructions 4816.83	
		13 <input type="checkbox"/> Salaried employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 222.21	
		14 Other	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

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 41913.27	2 VI income tax withheld 5754.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED].I, 00802		3 Social security wages 44630.48	4 Social security tax withheld 2767.09	
		5 Medicare wages and tips 44630.48	6 Medicare tax withheld 647.14	
		7 Social security tips	8	
d Employee's social security number 580-13-4697		9 Advance EIC payment	10	
e Employee's first name and initial JAMIE I Last name CORNELIUS 6501 RED HOOK PLAZA PMB 201 ST. THOMAS, VI, 00802		11 Nonqualified plans	12a See Form W-3SS Instructions 2717.21	
		13 <input type="checkbox"/> Salaried employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 48.10	
		14 Other	12c	
			12d	
f Employee's address and ZIP code				

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
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2005

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

FTCD0011

EFTA00176022

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN) 66-0567418		1 Wages, tips, other compensation 99216.23	2 VI income tax withheld 18661.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802		3 Social security wages 90000.00	4 Social security tax withheld 5580.00	
		5 Medicare wages and tips 106096.99	6 Medicare tax withheld 1538.41	
		7 Social security tips	8	
d Employee's social security number 580-06-1538		9 Advance EIC payment	10	
e Employee's first name and initial CECILE R P.O. BOX 8361 ST. THOMAS, VI, 00801		11 Nonqualified plans		12a See Form W-3SS instructions 6880.76
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b 177.95	
		14 Other		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

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 241021.30	2 VI income tax withheld 65631.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802		3 Social security wages 90000.00	4 Social security tax withheld 5580.00	
		5 Medicare wages and tips 241021.30	6 Medicare tax withheld 3494.81	
		7 Social security tips	8	
d Employee's social security number 090-44-3348		9 Advance EIC payment	10	
e Employee's first name and initial JEFFREY E C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802		11 Nonqualified plans		12a See Form W-3SS instructions 1021.28
		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				

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.

FTC0012

EFTA00176023

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	
66-0567418			650.00	68.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802			3 Social security wages	4 Social security tax withheld	
			650.00	40.30	
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			650.00	9.43	
			7 Social security tips		
e Employee's first name and initial			9 Advance EIC payment		
580-23-1452			10		
f Employee's address and ZIP code			11 Nonqualified plans		
TEQUASI O			12a See Form W-385 instructions		
Last name			12b		
HENDRICKS			12c		
PO BOX 672			12d		
ST. JOHN, USVI, 00831			13 Statutory employee <input type="checkbox"/>		
			Retirement plan <input type="checkbox"/>		
			Third-party sick pay <input type="checkbox"/>		
			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)			1 Wages, tips, other compensation	2 VI income tax withheld	
66-0567418			21670.14	1815.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802			3 Social security wages	4 Social security tax withheld	
			22396.74	1388.60	
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			22396.74	324.75	
			7 Social security tips		
e Employee's first name and initial			9 Advance EIC payment		
580-29-3823			10		
f Employee's address and ZIP code			11 Nonqualified plans		
LORETTA			12a See Form W-385 instructions		
Last name			12b		
MCDONALD MORRELL			12c		
PO BOX 306077			12d		
ST. THOMAS, VI, 00803			13 Statutory employee <input type="checkbox"/>		
			Retirement plan <input checked="" type="checkbox"/>		
			Third-party sick pay <input type="checkbox"/>		
			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.

FTC0013

EFTA00176024

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN) 66-0567418		1 Wages, tips, other compensation 38196.15	2 VI income tax withheld 3250.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED].I, 00802		3 Social security wages 41069.29	4 Social security tax withheld 2546.30	
		5 Medicare wages and tips 41069.29	6 Medicare tax withheld 595.50	
		7 Social security tips	8	
d Employee's social security number 580-15-5038		9 Advance EIO payment	10	
e Employee's first name and initial Last name JERMAINE A RUAN UVI FAC. E. APT.1 BLDG. 3. ST. THOMAS, VI, 00804		11 Nonqualified plans	12a See Form W-3SS instructions \$ 2873.14	
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay	12b \$ 24.03	
		14 Other	12c 12d	
f Employee's address and ZIP code				

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement 2005
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

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 38744.92	2 VI income tax withheld 3757.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS [REDACTED], 00802		3 Social security wages 43097.29	4 Social security tax withheld 2672.03	
		5 Medicare wages and tips 43097.29	6 Medicare tax withheld 624.91	
		7 Social security tips	8	
d Employee's social security number 580-17-3729		9 Advance EIO payment	10	
e Employee's first name and initial Last name DAPHNE L WALLACE P.O. BOX 11184 ST. THOMAS, USVI, 00801		11 Nonqualified plans	12a See Form W-3SS instructions \$ 4352.37	
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retiree <input type="checkbox"/> Third-party sick pay	12b \$ 30.29	
		14 Other	12c 12d	
f Employee's address and ZIP code				

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement 2005
 Copy 1-For VI Bureau of Internal Revenue or Copy D-For Employer

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

FTC0015

EFTA00176026

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"/> Hshld. emp. <input type="checkbox"/>	Military <input type="checkbox"/> Military <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>	943 <input type="checkbox"/> 943 <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	1 Wages, tips, other compensation 732788.09	2 Income tax withheld 113360.00
				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	
h Other EIN used this year				15 Check the appropriate box	
i Employer's territorial ID number				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 (340) 775-2525	For Official Use Only
E-mail address				Fax number (340) 775-2528	

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-2VI, and W-3SS. 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 18789-0001

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. 101176

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 580-06-2353		9 Advance EIC payment		10
e Employee's first name and initial DALE Last name BASTIAN GORDON P.O. BOX 115 ST. THOMAS, VI, 00804		11 Nonqualified plans		12a See Form W-388 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-388

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 150-46-4746		9 Advance EIC payment		10
e Employee's first name and initial JEANNE Last name [REDACTED] 6501 RED HOOK PLAZA STE. PMB 201 ST. THOMAS, VI, 00802		11 Nonqualified plans		12a See Form W-388 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-388

FTC0017

EFTA00176028

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	
		7 Social security tips		8	
d Employee's social security number 580-03-9952		9 Advance EIC payment		10	
e Employee's first name and initial LEON A Last name CASEY, SR. P.O. BOX 503032 ST. THOMAS, VI, 00805		11 Nonqualified plans		12a See Form W-3SS instructions S 4677.90	
		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	
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-3SS

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	
		7 Social security tips		8	
d Employee's social security number 580-13-4697		9 Advance EIC payment		10	
e Employee's first name and initial JAMIE I Last name CORNELIUS 6501 RED HOOK PLAZA PMB 201 ST. THOMAS, VI, 00802		11 Nonqualified plans		12a See Form W-3SS instructions S 3936.40	
		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	
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-3SS

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 580-06-1538		8 Advance EIC payment		10
e Employee's first name and initial CECILE R Last name DE JONGH P.O. BOX 8361 ST. THOMAS, VI, 00801		11 Nonqualified plans		12a See Form W-3SS Instructions S 5099.91
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b C 172.78
		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-3S

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 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 090-44-3348		9 Advance EIC payment		10
e Employee's first name and initial JEFFREY E Last name EPSTEIN C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802		11 Nonqualified plans		12a See Form W-3SS Instructions C 1021.26
		13 <input type="checkbox"/> Statutory 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				

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 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 580-23-1452		9 Advance EIC payment		10
e Employee's first name and initial TEQUASI O Last name HENDRICKS PO BOX 672 ST. JOHN, USVI, 00831		11 Nonqualified plans		12a See Form W-399 instructions
		13 <input type="checkbox"/> Statutory 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				

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-399

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 580-29-3823		9 Advance EIC payment		10
e Employee's first name and initial LORETTA Last name MCDONALD MORRELL PO BOX 306077 ST. THOMAS, VI, 00803		11 Nonqualified plans		12a See Form W-399 instructions S 648.18
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b
		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-399

FTC0020

EFTA00176031

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
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 580-11-2937		7 Social security tips		8
		9 Advance EIC payment		10
e Employee's first name and initial UNA R Last name PASCAL HIDDEN VALLEY BLDG. 13 APT. 239 CHARLOTTE AMALIE, VI, 00802		11 Nonqualified plans		12a See Form W-355 Instructions S 1237.49
		13 Statutory employment <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 35.38
f Employee's address and ZIP code		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. 1545-0008	
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 066-64-1041		7 Social security tips		8
		9 Advance EIC payment		10
e Employee's first name and initial ANN M Last name RODRIGUEZ 6014 ESTATE SMITHBAY ST. THOMAS, VI 00802		11 Nonqualified plans		12a See Form W-355 Instructions S 817.44
		13 Statutory employment <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 3.21
f Employee's address and ZIP code		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

FTC0021

EFTA00176032

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 580-15-5038		9 Advance EIC payment	10	
e Employee's first name and initial Last name JERMAINE A RUAN UVI FAC. E. APT.1 BLDG. 3. ST. THOMAS, VI, 00804		11 Nonqualified plans	12a See Form W-385 Instructions S 2657.26	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b C 23.00	
		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-385

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 580-17-3729		9 Advance EIC payment	10	
e Employee's first name and initial Last name DAPHNE J WALLACE P.O. BOX 11184 ST. THOMAS, USVI, 00801		11 Nonqualified plans	12a See Form W-385 Instructions S 4225.26	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b C 29.12	
		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-385

FTC0022

EFTA00176033

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"/> Hshld. emp. <input type="checkbox"/> Military <input type="checkbox"/> Medicare gov. emp. <input type="checkbox"/> 942 <input type="checkbox"/> Third-party sick pay	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	f Employer's name FINANCIAL TRUST COMPANY, INC.	6 Medicare tax withheld \$ 10774.36	
g Employer's address and ZIP code 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S. VIRGIN ISLANDS 00802		7 Social security tips \$	
h Other EIN used this year	i Employer's territorial ID number	8 Advance EIG payments \$	
j Contact person Jeanne Brennan		9 Advance EIG payments \$	
k E-mail address		10 Advance EIG payments \$	
l Telephone number (340) 775-2525		11 Nonqualified plans \$	
m Fax number (340) 775-2528		12 Deferred compensation \$ 32223.20	
n Other EIN used this year		13 For third-party sick pay use only	
o Other EIN used this year		14 Income tax withheld by payer of third-party sick pay	
p Other EIN used this year		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	

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 "18702-7007." 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. 10117S

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation	2 VI Income tax withheld
66-0567418				\$ 59388.04	\$ 6510.00
c Employer's name, address, and ZIP code				3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802				\$ 65471.10	\$ 4059.21
d Employer's social security number				5 Medicare wages and tips	6 Medicare tax withheld
580-06-2353				\$ 65471.10	\$ 949.33
e Employee's first name and initial		Last name		7 Social security tips	8 Advance EIC payment
DALE		BASTIAN GORDON		\$	\$
f Employee's address and ZIP code				11 Nonqualified plans	12a See Form W-388 instructions
P.O. BOX 115 ST. THOMAS, VI, 00804				\$	S \$ 6083.06
				13a Statutory employee	13b C \$ 86.00
				13b Nonstatutory employee	
				14 Other	

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-388 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
 Notice and Instructions, see Form W-2

Gen. No. 489770

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a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation	2 VI Income tax withheld
66-0567418				\$ 82943.75	\$ 8697.00
c Employer's name, address, and ZIP code				3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802				\$ 87000.00	\$ 5394.00
d Employer's social security number				5 Medicare wages and tips	6 Medicare tax withheld
150-46-4746				\$ 87582.31	\$ 1269.90
e Employee's first name and initial		Last name		7 Social security tips	8 Advance EIC payment
JEANNE		BRENNAN		\$	\$
f Employee's address and ZIP code				11 Nonqualified plans	12a See Form W-388 instructions
6501 RED HOOK PLAZA STE. PMB 201 ST. THOMAS, VI, 00802				\$	S \$ 4638.56
				13a Statutory employee	13b C \$ 123.50
				13b Nonstatutory employee	
				14 Other	

2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Notice and Instructions, see Form W-2

FTC0024

Gen. No. 489770

EFTA00176035

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048	
b Employer identification number				1 Wages, tips, other compensation	2 VI income tax withheld
66-0567418				\$ 42709.71	\$ 4488.00
c Employer's name, address, and ZIP code				3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN ; 00802				\$ 47095.73	\$ 2919.94
d Employee's social security number				5 Medicare wages and tips	6 Medicare tax withheld
580-03-9952				\$ 47095.73	\$ 682.89
e Employee's first name and initial		Last name		7 Social security tips	8 Advance EIC payment
LEON A		CASEY, SR.		\$	\$
f Employee's address and ZIP code				9 Nonqualified plans	10a See Form W-SSG instructions
P.O. BOX 503032 ST. THOMAS, VI, 00805				\$	S \$ 4386.02
				10b Statutory employee <input type="checkbox"/>	10c See Form W-SSG instructions
				10c Independent contractor <input checked="" type="checkbox"/>	C \$ 197.37
				10d Other <input type="checkbox"/>	\$
					\$

W-2VI U.S. Virgin Islands
Form Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-888 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-888

OMB No. 1545-0070

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a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048	
b Employer identification number				1 Wages, tips, other compensation	2 VI income tax withheld
66-0567418				\$ 48924.67	\$ 6819.00
c Employer's name, address, and ZIP code				3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802				\$ 52736.75	\$ 3269.68
d Employee's social security number				5 Medicare wages and tips	6 Medicare tax withheld
580-13-4697				\$ 52736.75	\$ 764.66
e Employee's first name and initial		Last name		7 Social security tips	8 Advance EIC payment
JAMIE I		CORNELIUS		\$	\$
f Employee's address and ZIP code				9 Nonqualified plans	10a See Form W-SSG instructions
6501 RED HOOK PLAZA PMB 201 ST. THOMAS, VI, 00802				\$	S \$ 3812.08
				10b Statutory employee <input type="checkbox"/>	10c See Form W-SSG instructions
				10c Independent contractor <input checked="" type="checkbox"/>	C \$ 43.44
				10d Other <input type="checkbox"/>	\$
					\$

2003
 (Rev. February 2002)

FTC0026

EFTA00176036

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-7000
b Employer identification number	66-0567418		
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802		
d Employee's social security number	580-15-0869		
e Employee's first name and initial	KHANIA M	Last name DAWSON	
f Employee's address and ZIP code			
P.O. BOX 907 ST. JOHN, USVI, 00831			
1	Wages, tips, other compensation	\$ 5067.30	2 \$ 391.00
3	Social security wages	\$ 5307.70	4 \$ 329.08
5	Medicare wages and tips	\$ 5307.70	6 \$ 76.96
7	Social security tips	\$	
9	Advance EIC payment	\$	
11	Nonqualified plans	\$	12 \$ 240.40
13	Military employer's plan	<input type="checkbox"/>	
	Employer's plan	<input checked="" type="checkbox"/>	
	Third-party plan	<input type="checkbox"/>	
14	Other		

Form **W-211** U.S. Virgin Islands
Wage and Tax Statement
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 (Rev. February 2002)

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

Cat. No. 48977C

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a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-7000
b Employer identification number	66-0567418		
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802		
d Employee's social security number	580-06-1538		
e Employee's first name and initial	CECILE R	Last name DE JONGH	
f Employee's address and ZIP code			
P.O. BOX 8361 ST. THOMAS, VI, 00801			
1	Wages, tips, other compensation	\$ 96070.04	2 \$ 12741.00
3	Social security wages	\$ 87000.00	4 \$ 5394.00
5	Medicare wages and tips	\$ 100577.64	6 \$ 1458.38
7	Social security tips	\$	
9	Advance EIC payment	\$	
11	Nonqualified plans	\$	12 \$ 4507.60
13	Military employer's plan	<input type="checkbox"/>	
	Employer's plan	<input checked="" type="checkbox"/>	
	Third-party plan	<input type="checkbox"/>	
14	Other		15 C 151.80

2003
 (Rev. February 2002)

FTC0026

a Control number 22222		Vol <input type="checkbox"/>	For Official Use Only OMB No. 1545-0040	
b Employer identification number 66-0567418			1 Wages, tips, other compensation \$ 241021.22	2 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 Employee's social security number 090-44-3348			7 Social security tips \$	8 Advance EIC payment \$
e Employee's first name and initial JEFFREY E		Last name EPSTEIN	11 Nonqualified plans \$	12a See Form W-935 instructions C \$ 1021.20
f Employee's address and ZIP code C/O AMERICAN YACHT HARBOR 6100 RED HOOK, SUITE 2 ST. THOMAS, VI, 00802			13a Statutory employees <input type="checkbox"/>	13b <input type="checkbox"/>
			13b Retiree annuity <input type="checkbox"/>	13c <input type="checkbox"/>
			14 Other <input type="checkbox"/>	13d <input type="checkbox"/>

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-935 to the Social Security Administration; photocopies are not acceptable.

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(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-935

Cat. No. 49977C

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a Control number 22222		Vol <input type="checkbox"/>	For Official Use Only OMB No. 1545-0040	
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 Employee's social security number 580-23-1452			7 Social security tips \$	8 <input type="checkbox"/>
e Employee's first name and initial TEQUASI O		Last name HENDRICKS	9 Advance EIC payment \$	10 <input type="checkbox"/>
f Employee's address and ZIP code PO BOX 672 ST. JOHN, USVI, 00831			11 Nonqualified plans \$	12a See Form W-935 instructions \$
			13a Statutory employees <input type="checkbox"/>	13b <input type="checkbox"/>
			13b Retiree annuity <input type="checkbox"/>	13c <input type="checkbox"/>
			14 Other <input type="checkbox"/>	13d <input type="checkbox"/>

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
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2003
(Rev. February 2002)

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act
Notice and Instructions, see Form W-935

Cat. No. 49977C

FTC 0027

a Control number		22222	For Official Use Only OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation	2 VI income tax withheld
66-0567418			\$ 21277.44	\$ 942.00
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802			\$ 21903.98	\$ 1358.05
d Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld
580-29-3823			\$ 21903.98	\$ 317.61
e Employee's first name and initial		Last name	7 Social security tips	
LORETTA		MCDONALD MORRELL	\$	
f Employee's address and ZIP code			8 Advance EIC payment	
PO BOX 306077 ST. THOMAS, VI, 00803			\$	
			11 Nonqualified plans	12a See Form W-4330 Instructions
			\$	\$ 626.54
			13a Statutory employee	13b
			<input type="checkbox"/>	\$
			13b Retired plan	13c
			<input checked="" type="checkbox"/>	\$
			13c Third-party disability	13d
			<input type="checkbox"/>	\$
			14 Other	14a
			\$	\$

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-433 to the Social Security Administration; photocopies are not acceptable.

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 (Rev. February 2002)

Department of the Treasury - Internal Revenue Service
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 Notice and Instructions, see Form W-2

Cat. No. 49877C

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a Control number		22222	For Official Use Only OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation	2 VI income tax withheld
66-0567418			\$ 6070.00	\$ 292.00
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN, 00802			\$ 6250.00	\$ 387.50
d Employee's social security number			5 Medicare wages and tips	6 Medicare tax withheld
580-11-2937			\$ 6250.00	\$ 90.60
e Employee's first name and initial		Last name	7 Social security tips	
UNA R		PASCAL	\$	
f Employee's address and ZIP code			8 Advance EIC payment	
HIDDEN VALLEY BLDG. 13 APT. 239 CHARLOTTE AMALIE, VI, 00802			\$	
			11 Nonqualified plans	12a See Form W-4330 Instructions
			\$	\$ 180.00
			13a Statutory employee	13b
			<input type="checkbox"/>	\$
			13b Retired plan	13c
			<input checked="" type="checkbox"/>	\$
			13c Third-party disability	13d
			<input type="checkbox"/>	\$
			14 Other	14a
			\$	\$

Form **W-2VI** U.S. Virgin Islands
Wage and Tax Statement
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2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Notice and Instructions, see Form W-2

Cat. No. 49877C

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0001	
b Employer identification number		66-0567418		1 Wages, tips, other compensation	\$ 15065.60
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	\$ 15500.60
d Employee's social security number		066-64-1041		3 Medicare wages and tips	\$ 15500.60
e Employee's first name and initial		ANN M		4 Social security tips	\$
Last name		RODRIGUEZ		5 Advance EIC payment	\$
f Employee's address and ZIP code		6014 ESTATE SMITHBAY ST. THOMAS, VI 00802		6 Nonqualified plans	\$
				7a Contributory employee	<input type="checkbox"/>
				7b Retirement plan	<input checked="" type="checkbox"/>
				7c Third-party sick pay	<input type="checkbox"/>
				7d Other	

2	VI income tax withheld	\$ 181.00
3	Social security tax withheld	\$ 961.04
4	Medicare tax withheld	\$ 224.76
10		
11a	See Form W-358 instructions	S \$ 435.00
12a		C \$ 0.60
13a		\$
13b		\$

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-358 to the Social Security Administration; photocopies are not acceptable.

2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Serv.
 For Privacy Act and Paperwork Reduction J
 Notices and Instructions, see Form W-3

Cat. No. 49977C

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a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008	
b Employer identification number		66-0567418		1 Wages, tips, other compensation	\$ 38393.23
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	\$ 40902.75
d Employee's social security number		580-15-5038		3 Medicare wages and tips	\$ 40902.75
e Employee's first name and initial		JERMAINE A		4 Social security tips	\$
Last name		RUAN		5 Advance EIC payment	\$
f Employee's address and ZIP code		UVI FAC. E. APT.1 BLDG. 3. ST. THOMAS, VI, 00804		6 Nonqualified plans	\$
				7a Contributory employee	<input type="checkbox"/>
				7b Retirement plan	<input checked="" type="checkbox"/>
				7c Third-party sick pay	<input type="checkbox"/>
				7d Other	

2	VI income tax withheld	\$ 2889.00
3	Social security tax withheld	\$ 2535.97
4	Medicare tax withheld	\$ 593.01
10		
11a	See Form W-358 instructions	S \$ 2509.52
12a		C \$ 20.96
13a		\$
13b		\$

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-358 to the Social Security Administration; photocopies are not acceptable.

2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Serv.
 For Privacy Act and Paperwork Reduction J
 Notices and Instructions, see Form W-3

Cat. No. 49977C

FTCO029

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048																																																						
b Employer identification number	66-0567418																																																								
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802																																																								
d Employee's social security number	580-13-7556																																																								
e Employee's first name and initial	KIM	Last name	VAN HOLTEN																																																						
f Employee's address and ZIP code	PO BOX 9583 ST. THOMAS, VI, 00801																																																								
<table border="1"> <tr> <td>1</td> <td>Wages, tips, other compensation</td> <td>\$ 14551.86</td> <td>2</td> <td>VI income tax withheld</td> <td>\$ 1451.00</td> </tr> <tr> <td>3</td> <td>Social security wages</td> <td>\$ 15212.34</td> <td>4</td> <td>Social security tax withheld</td> <td>\$ 943.15</td> </tr> <tr> <td>5</td> <td>Medicare wages and tips</td> <td>\$ 15212.34</td> <td>6</td> <td>Medicare tax withheld</td> <td>\$ 220.57</td> </tr> <tr> <td>7</td> <td>Social security tips</td> <td>\$</td> <td>9</td> <td>Advanced EIC payment</td> <td>\$</td> </tr> <tr> <td>11</td> <td>Nonqualified plans</td> <td>\$</td> <td>12a</td> <td>See Form W-9SS instructions</td> <td>C \$ 2.88</td> </tr> <tr> <td>13</td> <td>Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/></td> <td></td> <td>12b</td> <td>See Form W-9SS instructions</td> <td>S \$ 660.48</td> </tr> <tr> <td>14</td> <td>Other</td> <td></td> <td>13a</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>13b</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>13c</td> <td></td> <td></td> </tr> </table>				1	Wages, tips, other compensation	\$ 14551.86	2	VI income tax withheld	\$ 1451.00	3	Social security wages	\$ 15212.34	4	Social security tax withheld	\$ 943.15	5	Medicare wages and tips	\$ 15212.34	6	Medicare tax withheld	\$ 220.57	7	Social security tips	\$	9	Advanced EIC payment	\$	11	Nonqualified plans	\$	12a	See Form W-9SS instructions	C \$ 2.88	13	Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/>		12b	See Form W-9SS instructions	S \$ 660.48	14	Other		13a						13b						13c		
1	Wages, tips, other compensation	\$ 14551.86	2	VI income tax withheld	\$ 1451.00																																																				
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11	Nonqualified plans	\$	12a	See Form W-9SS instructions	C \$ 2.88																																																				
13	Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/>		12b	See Form W-9SS instructions	S \$ 660.48																																																				
14	Other		13a																																																						
			13b																																																						
			13c																																																						

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 Notice and instructions, see Form W-3
 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. Oct. No. 499770

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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																																																								
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802																																																								
d Employee's social security number	580-17-3729																																																								
e Employee's first name and initial	DAHPNE I	Last name	WALLACE																																																						
f Employee's address and ZIP code	P.O. BOX 11184 ST. THOMAS, USVI, 00801																																																								
<table border="1"> <tr> <td>1</td> <td>Wages, tips, other compensation</td> <td>\$ 37894.80</td> <td>2</td> <td>VI income tax withheld</td> <td>\$ 3318.00</td> </tr> <tr> <td>3</td> <td>Social security wages</td> <td>\$ 42038.74</td> <td>4</td> <td>Social security tax withheld</td> <td>\$ 2606.41</td> </tr> <tr> <td>5</td> <td>Medicare wages and tips</td> <td>\$ 42038.74</td> <td>6</td> <td>Medicare tax withheld</td> <td>\$ 609.51</td> </tr> <tr> <td>7</td> <td>Social security tips</td> <td>\$</td> <td>9</td> <td>Advanced EIC payment</td> <td>\$</td> </tr> <tr> <td>11</td> <td>Nonqualified plans</td> <td>\$</td> <td>12a</td> <td>See Form W-9SS instructions</td> <td>S \$ 4143.94</td> </tr> <tr> <td>13</td> <td>Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/></td> <td></td> <td>12b</td> <td>See Form W-9SS instructions</td> <td>C \$ 26.82</td> </tr> <tr> <td>14</td> <td>Other</td> <td></td> <td>13a</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>13b</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>13c</td> <td></td> <td></td> </tr> </table>				1	Wages, tips, other compensation	\$ 37894.80	2	VI income tax withheld	\$ 3318.00	3	Social security wages	\$ 42038.74	4	Social security tax withheld	\$ 2606.41	5	Medicare wages and tips	\$ 42038.74	6	Medicare tax withheld	\$ 609.51	7	Social security tips	\$	9	Advanced EIC payment	\$	11	Nonqualified plans	\$	12a	See Form W-9SS instructions	S \$ 4143.94	13	Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/>		12b	See Form W-9SS instructions	C \$ 26.82	14	Other		13a						13b						13c		
1	Wages, tips, other compensation	\$ 37894.80	2	VI income tax withheld	\$ 3318.00																																																				
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11	Nonqualified plans	\$	12a	See Form W-9SS instructions	S \$ 4143.94																																																				
13	Statutory employee <input type="checkbox"/> Independent contractor <input checked="" type="checkbox"/> Non-party security <input type="checkbox"/>		12b	See Form W-9SS instructions	C \$ 26.82																																																				
14	Other		13a																																																						
			13b																																																						
			13c																																																						

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 Notice and instructions, see Form W-3
 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. Oct. No. 499770

FTC0030

EFTA00176041

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
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FILER'S name FINANCIAL TRUST COMPANY, INC. Street address (including room or suite number) 5100 RED HOOK OAKS, B-3 City, state, and ZIP code ST. THOMAS, VGVI 00802													
Name of person to contact JEANNE BRENNAN						Telephone number (340) 775-2525			For Official Use Only <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>				
Email address						Fax number (340) 775-2528							
1 Employer identification number 65-0567418			2 Social security number			3 Total number of forms 3		4 Federal income tax withheld \$		5 Total amount reported with this Form 1096 \$ 30,313.90			
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 02	1099 01	1099-C 70	1099-E 04	1099-T 83	1099-A 80	1099-B 78	1099-D 85	1099-CAF 73	1099-DIV 91	1099-G 88	1099-H 71	1099-INT 82	1099-LTO 95
<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 05	1099-OID 90	1099-BATH 03	1099-Q 31	1099-R 08	1099-S 75	1099-SA 04	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.

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 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 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 1099-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, 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.

41-1028081

Form 1096 (Rev. 7-2006)

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRS, B-3 ST. THOMAS, USVI 00802		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 66-0567418		RECIPIENT'S identification number 66-0473483		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code WODGE & FRANCOIS 1340 YAARENSBERG GARD CHARLOTTE AMALIE, VI 00802		3 Other income \$	4 Federal income tax withheld \$		5 Fishing boat proceeds \$
Account number (see instructions)		7 Nonemployee compensation \$ 796.64	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"/> \$	
11		12		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

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, B-3 ST. THOMAS, USVI 00802		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 66-0567418		RECIPIENT'S identification number 66-0578959		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code MARJORIE RAWLS ROBERTS PO BOX 6347 ST. THOMAS, VI 00804-6347		3 Other income \$	4 Federal income tax withheld \$		5 Fishing boat proceeds \$
Account number (see instructions)		7 Nonemployee compensation \$ 22,373.16	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"/> \$	
11		12		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

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 CTRS, B-3 VT. THOMAS, VT 05662		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 RAYTON BOGGS LLP 2550 M. STREET, NW WASHINGTON, DC 20037-1350	RECIPIENT'S identification number 52-0749196	5 Fishing boat proceeds \$	6 Medical and health care payments \$	State Copy or Extra File Copy	
Account number (see instructions)		7 Nonemployee compensation \$ 7,150.00	8 Substitute payments in lieu of dividends or interest \$		
15a Section 409A deferrals \$	16b Section 409A income \$	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 \$			
15a Section 409A deferrals \$		16b 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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	State Copy or Extra File Copy	
Account number (see instructions)		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
15a Section 409A deferrals \$		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 \$			
15a Section 409A deferrals \$		16b 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

FTC0033

EFTA00176044

Form **1096**

Annual Summary and Transmittal of U.S. Information Returns

2005
(Rev. March 2005)

Department of the Treasury
Internal Revenue Service

FILER'S name

FINANCIAL TRUST COMPANY, INC.
Street address (including room or suite number)

6100 RED HOOK CRTS. B3

City, state, and ZIP code

ST. THOMAS, USVI 00802

For Official Use Only



Name of person to contact

JEANNE BRENNAN

Telephone number

(340) 775-2525

Email address

Fax number

(340) 775-2528

1 Employer identification number 66-0567418	2 Social security number	3 Total number of forms 3	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$34298.79
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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"/>	1099-81 81 <input type="checkbox"/>	1099-C 78 <input type="checkbox"/>	1099-E 04 <input type="checkbox"/>	1099-T 03 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 76 <input type="checkbox"/>	1099-C 05 <input type="checkbox"/>	1099-QAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>
1099-MISC 95 <input checked="" type="checkbox"/>	1099-OLD 85 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 08 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 91 <input type="checkbox"/>	5498 88 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 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 ▶

Title ▶

PRESIDENT

Date ▶

02/7/06

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 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 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, 2006. File Form 1096 with Forms 5498, 5498-ESA, and 5498-SA by May 31, 2006.

Where To File

Send all information returns filed electronically with Form 1096 to the following: **RECEIVED COLLECTIONS & DEPOSIT NO. 3**

If your principal business, office or agency, or legal residence in the case of an individual, is located in **FEB 21 2006** Use the following Internal Revenue Service Center address

VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE, ST. THOMAS, VI
Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Austin, TX 73301

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

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

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
PAYER'S Federal Identification number 66-0567418		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code GERALD B. LEFCOURT, P.C. 148 EAST 78TH STREET NEW YORK NY 10021	RECIPIENT'S identification number 13-3085114	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For Payer or State Copy	
Account number (see instructions)	2nd TIN no. <input type="checkbox"/>	7 Nonemployee compensation \$ 15070.01	8 Substitute payments in lieu of dividends or interest \$		
15a Section 409A deferrals \$	15b Section 409A income \$	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 \$		18 State income \$	
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
PAYER'S Federal Identification number 66-0567418		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS 1340 TAARENBERG GARD CHARLOTTE AMALIE, VI 00802	RECIPIENT'S identification number 66-0473483	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy For Payer or State Copy	
Account number (see instructions)	2nd TIN no. <input type="checkbox"/>	7 Nonemployee compensation \$ 5949.49	8 Substitute payments in lieu of dividends or interest \$		
15a Section 409A deferrals \$	15b Section 409A income \$	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 \$		18 State income \$	
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 OVERS., B3 ST. THOMAS, VI 00802		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number 66-0567418		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	Copy For Payer or State Copy
RECIPIENT'S Identification number 66-0578959		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, and ZIP code MAJORIE RAWLS ROBERTS PO BOX 6347 ST. THOMAS, VI 00804-6347		7 Nonemployee compensation \$ 13328.69	8 Substitute payments in lieu of dividends or interest \$	For Privacy and Paperwork Reduction Notice, see the 2005 General Instructions for Forms 1099, 1098, 549 and W-2	
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 \$		
2nd TIN not <input type="checkbox"/>		11	12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
18a Section 409A deferrals \$	15b 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).

Caution: Because paper forms are scanned during processing, you cannot file with the IRS Forms 1096, 1098, 1099, or 5498 that you print from the IRS website.
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

OMB No. 1545-0108
2004

Form **1096**
Department of the Treasury
Internal Revenue Service

**Annual Summary and Transmittal of
U.S. Information Returns**

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

Name of person to contact
JEANNE BRENNAN
Telephone number
(340) 775-2525
Fax number
(340) 775-2526

For Official Use Only

1 Employer identification number 66-0587418	2 Social security number	3 Total number of forms 7	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ 187,892.70
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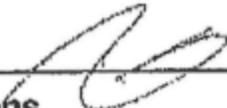
Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here. . . .

W-2G 02	1099-B 01	1099-B 04	1099-T 03	1099-A 00	1000-R 78	1099-O 05	1099-CAP 73	1099-DIV 01	1099-G 06	1099-H 71	1099-INT 02	1099-LTC 03	1099-MISC 05
<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1099-MSA 04	1099-OID 08	1099-PATR 07	1099-C 01	1099-R 08	1099-S 75	5498 20	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  Title **PRESIDENT** Date **2/2/05**

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 4904, Transmission of Information Returns Reported Magnetically; for electronic submission, 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, payment reduction (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.

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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, [redacted]

Austin, TX 73301

Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West [redacted]

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)

ID 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
PAYER'S Federal Identification number 65-0567418		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code PARRIN K. LODYKE, ESQ. 3 KEAN COURT FULTONSTOWN NY 12740		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S Identification number 09-8543596		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 100,000.00	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 \$	
		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
PAYER'S Federal Identification number 65-0567418		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code GERALD B. LEEFCOURT, S.C. 140 EAST 70TH STREET NEW YORK, NY 10021		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S Identification number 13-3085114		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 24,500.45	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

FTC0038

EFTA00176049

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRG, B3 ST. THOMAS, USVI 00802-1342		1 Rents \$	OMB No. 1545-0115 2004 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 RODGE & FRANCOIS 1340 TAARJENBERG GARD CHRISTOPHE ANAITE, VI 00802	RECIPIENT'S Identification number 66-0473489	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 2670.55	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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QTRG, B3 ST. THOMAS, USVI 00802-1342		1 Rents \$	OMB No. 1545-0115 2004 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 GAWLS ROBERTS PO BOX 8347 ST THOMAS, VI 00804-6247	RECIPIENT'S Identification number 66-0473489	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 17302.09	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

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
PAYER'S Federal Identification number 66-0567418		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN, PC PO BOX 870 CHARLOTTE AMALIE, VI 00834-0870		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S identification number 66-0436649		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ 24000.00	
Account number (optional)		8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	9 Substitute payments in lieu of dividends or interest \$	
		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

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
PAYER'S Federal Identification number 66-0567418		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code ROBERT YONDELMAN, P.C. 19 WEST 44TH STREET SUITE 711 NEW YORK, NY 10036		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S identification number 13-3117822		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ 8180.00	
Account number (optional)		8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	9 Substitute payments in lieu of dividends or interest \$	
		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

D CORRECTED

OMB No. 1545-0115

2004

Miscellaneous Income

Form 1099-MISC

PAYER'S name, street address, city, state, ZIP code, and telephone no.

FINANCIAL TRUST COMPANY, INC.
6100 RED COCK QTRS, E3
ST. THOMAS, OEVI 00802-1346

1 Rents

\$

2 Royalties

\$

3 Other income

\$

4 Federal income tax withheld

\$

State Copy or Extra File Copy

PAYER'S Federal Identification number

66-0567418

RECIPIENT'S identification number

13-1456111

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name, address, and ZIP code

WEIL, GORSHAL & MANEES LLP

767 FIFTH AVENUE

NEW YORK, NY 10157

7 Nonemployee compensation

\$ 10239.50

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

\$

10 Crop insurance proceeds

\$

11

12

Account number (optional)

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

OMB No. 1545-0115

2004

Miscellaneous Income

Form 1099-MISC

PAYER'S name, street address, city, state, ZIP code, and telephone no.

1 Rents

\$

2 Royalties

\$

3 Other income

\$

4 Federal income tax withheld

\$

State Copy or Extra File Copy

PAYER'S Federal Identification number

RECIPIENT'S identification number

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name, address, 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

\$

10 Crop insurance proceeds

\$

11

12

Account number (optional)

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

FTC0041

EFTA00176052

Do Not Staple

6969

OMB No. 1545-0048

Form **1096**

Annual Summary and Transmittal of U.S. Information Returns

2003

Department of the Treasury
Internal Revenue Service

FILER'S name
FINANCIAL TRUST COMPANY, 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
(340) 775-2525

E-mail address
Fax number
(340) 775-2528

For Official Use Only



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 . . .

W-2G 32	1098 81	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 81	1099-G 88	1099-H 71	1099-INT 82	1099-LTC 83	1099-MISC 85
<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1099-MSA 94	1099-CID 88	1099-PATR 87	1099-Q 81	1099-R 88	1099-S 75	5498 28	5108-ESA 72	5108-MGA 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.

RECEIVED
COLLECTION & DEPOSIT SECTION - No. 2

Signature

FEB 20 2004

Title

President

Date

2/11/04

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:

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, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Texas,

Austin, TX 78301

Arkansas, Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West

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 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Cat. No. 144000

Form **1096** (2003)

FTC0042

EFTA00176053

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 \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Paul Hoffman PO Box 870 Charlotte Amalie, VI 00804-0870		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S identification number 65-0435649		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 25000.00	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 \$	
		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 B03 St. Thomas U.S. Virgin Islands 00802		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 66-0567416		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Weil, Gotshal & Manges LLP 767 Fifth Avenue New York, NY 10153		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S identification number 13-1455110		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 22949.59	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

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 \$	4 Federal income tax withheld \$	
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		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S Identification number 53-0214927		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 66298.50	10 Crop insurance proceeds \$	
15		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	11	
		13 Excess golden parachute payments \$	12	
		16 State tax withheld \$	14 Gross proceeds paid to an attorney \$	
			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 \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Gerald A. Lafcortz, P.C. 148 East 73th Street New York, NY 10021		3 Other income \$	6 Medical and health care payments \$	State Copy or Extra File Copy
RECIPIENT'S Identification number 13-3085114		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (optional)		7 Nonemployee compensation \$ 151261.67	10 Crop insurance proceeds \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	11	
		13 Excess golden parachute payments \$	12	
		16 State tax withheld \$	14 Gross proceeds paid to an attorney \$	
			17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FTCO044

EFTA00176055

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 \$	4 Federal income tax withheld \$		
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Hodge 3 Francois 1340 Taatenberg Gate Charlottes Amalie, VI 00802		3 Other income \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S identification number 66-0473483		7 Nonemployee compensation \$ 23494.70	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 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 \$	4 Federal income tax withheld \$		
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Marjorie Rawls Roberts PO Box 6347 St. Thomas, VI 00804-6347		3 Other income \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S identification number 66-0578939		7 Nonemployee compensation \$ 12043.47	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



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401
(561) 820-8711
Facsimile: (561) 820-8777

June 1, 2007

VIA FACSIMILE

Gerald Lefcourt, Esq.
Gerald P. Lefcourt, P.C.
148 East 78th Street
New York, NY 10021

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

Dear Mr. Lefcourt:

It was a pleasure speaking with you and Ms. Sanchez. As we discussed, I have attached hereto the subpoenas to J. Epstein Virgin Islands Foundation, Inc., J. Epstein & Company Inc., Epstein Interests, and Financial Trust Company, Inc. I understand that you are representing these entities for the purpose of accepting service, but the entities may retain different counsel at a later date. None of these entities is a target of the grand jury investigation.

The subpoenas call for documentary and electronic information. I have set the date for the return of the items for Tuesday, June 12, 2007. If additional time is needed to complete the document collection, please let me know. If there are any categories for which no documents exist, please ask the Custodian of Records to provide a certificate of nonexistence of records.

Thank you again for your assistance.

Sincerely,

R. Alexander Acosta
United States Attorney

By:


A. Marie Villafaña
Assistant United States Attorney

cc: E. Nesbitt Kuyrkendall, FBI (with enclosures)

EFTA00176057

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4794
CONNECTION TEL 12129886192
SUBADDRESS
CONNECTION ID
ST. TIME 06/01 10:23
USAGE T 06 p2
PGS. SENT 22
RESULT OK

**United States Attorney's Office
Southern District of Florida
500 Australian Ave., Suite 400
West Palm Beach, FL 33401**



TO: *Mr. Gerald Lefcourt, Esq.*

Fax #: [REDACTED]

ORGANIZATION:

SUBJECT:

DATE: *June 1, 2007*

FROM: A. Marie Villafañá
Assistant United States Attorney
(561) 820-8711, Extension 3047
(561) 802-1787 (Fax)

NUMBER OF PAGES, INCLUDING THIS PAGE: 22

Villafana, Ann Marie C. (USAFLS)

From: Villafana, Ann Marie C. (USAFLS)
Sent: Tuesday, May 22, 2007 7:12 PM
To: GBL@lefcourtlaw.com
Subject: Representation of Financial Trust Company, Inc., J. Epstein & Company, Inc., and other corporate entities

Dear Gerry: I noticed that, at least as of July 2005, you have served as counsel to Financial Trust Company, Inc. in connection with litigation. Can you let me know if you still represent Financial Trust Company, Inc., and if you represent J. Epstein & Company, Inc., J. Epstein Virgin Islands Foundation, Inc., and/or Epstein Interests?

If you represent any or all of those entities, are you willing to accept service of subpoenas via fax?

Thank you for your assistance.

Marie

A. Marie Villafaña
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
Phone 561 209-1047
Fax 561 820-8777

Recipient

GBL@lefcourtlaw.com
Lourie, Andrew (USAFLS)
Atkinson, Karen (USAFLS)

Read

Read: 5/22/2007 7:28 PM
Read: 5/23/2007 9:01 AM



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401
(561) 820-8711
Facsimile: (561) 820-8777

May 24, 2007

VIA FACSIMILE

Gerald Lefcourt, Esq.
Gerald P. Lefcourt, P.C.
148 East 78th Street
New York, NY 10021

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

Dear Mr. Lefcourt:

It was a pleasure speaking with you and Ms. Sanchez today. As we discussed, I have attached hereto the subpoenas to J. Epstein Virgin Islands Foundation, Inc., J. Epstein & Company Inc., Epstein Interests, and Financial Trust Company, Inc. I understand that you are representing these entities for the purpose of accepting service, but the entities may retain different counsel at a later date. None of these entities is a target of the grand jury investigation.

The subpoenas call for documentary and electronic information. I have set the date for the return of the items for Tuesday, June 19, 2007. If additional time is needed to complete the document collection, please let me know. If there are any categories for which no documents exist, please ask the Custodian of Records to provide a certificate of nonexistence of records.

Thank you again for your assistance.

Sincerely,

R. Alexander Acosta
United States Attorney

By:

A. Marie Villafaña
Assistant United States Attorney

cc: E. Nesbitt Kuyrkendall, FBI (with enclosures)

EFTA00176061

Westlaw.

22279979393

Page 1

22279979393-LIT

LITIGATION PREPARATION RECORDS

Information Current Through:05-01-2007
Database Last Updated:05-14-2007
Update Frequency:MONTHLY
Current Date:05/14/2007
Source:AS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE

COMPANY INFORMATION

Name:ZORRO DEVELOPMENT CORP.

Address:110 E 59TH ST- G ■■■■■ ASSOC
NEW YORK, NY 10022

FILING INFORMATION

Filing Date:05/21/1993
State of Incorporation:DELAWARE
Date Incorporated:05/21/1993
Duration:PERPETUAL
Status:ACTIVE
Corporation Type:PROFIT
Business Type:CORPORATION
Address Type:MAILING
Registration ID #:1615137
Where Filed:NEW MEXICO PUBLIC REGULATION COMMISSION
1 STATE CAPITAL BUILDING
SANTA FE, NM 87503

REGISTERED AGENT INFORMATION

Agent Name:PRENTICE-■■■■ CORPORATION SYSTEM
Address:125 LINCOLN AVE STE 223
SANTA FE, NM 87501

PRINCIPAL INFORMATION

Name:EPSTEIN, JEFFREY
Title:PRESIDENT

Name:INDYKE, DARREN
Title:SECRETARY

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22279979393

Page 2

Name:JEFFREY EPSTEIN
Title:DIRECTOR

ADDITIONAL DETAIL INFORMATION

Filing Office Details:REPORT CODE:REG RPT/CLEARANCE BUSINESS PURPOSE: DEVELOPMENT

Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
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Information Current Through: 05-11-2007
Database Last Updated: 05-14-2007
Update Frequency: DAILY
Current Date: 05/14/2007
Source: NEW YORK CITY REGISTER

FILING/LIEN INFORMATION

Document Type: INITIAL UCC1
Document ID: FT_1970006745397
Filing Date: 08/12/1999
Filing Borough: MANHATTAN

DEBTOR INFORMATION

Debtor: FINANCIAL TRUST COMPANY, INC.
J. EPSTEIN & COMPANY, INC.
457 MADISON AVENUE
NEW YORK, NEW YORK 10022
UNITED STATES

SECURED PARTY INFORMATION

Secured Party: CITIBANK, N.A.
ST. JOHN & WAYNE, L.L.C.

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70 EAST 55TH STREET
NEW YORK, NEW YORK 10022
UNITED STATES

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Document ID: FT_1900008826990

Document ID: FT_1970006745397

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Page 1

1307306

CORPORATE RECORDS & BUSINESS REGISTRATIONS

This Record Last Updated: 04/04/2001
 Database Last Updated: 05-14-2007
 Update Frequency: WEEKLY
 Current Date: 05/14/2007
 Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE

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COMPANY INFORMATION

Company Name: J. EPSTEIN & COMPANY, INC.
 Process Name: GOLD & WACHTEL, ESQS
 Process Address: 10 EAST 53RD STREET
 NEW YORK, NY 10022
 County: NEW YORK

FILING INFORMATION

Identification Number: 1307306
 Filing Date: 11/18/1988
 State of Incorporation: NEW YORK
 Duration: PERPETUAL
 Status: INACTIVE
 Status Attained Date: 04/04/2001
 Corporation Type: PROFIT
 Business Type: DOMESTIC BUSINESS CORPORATION

Where Filed: DEPARTMENT OF STATE/DIVISION OF CORPORATIONS
 41 STATE STREET
 ALBANY, NY 12231

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1307306

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NAME INFORMATION

Former Name: JEFFREY E. EPSTEIN, INC.

AMENDMENT INFORMATION

Amendments: 04/04/2001 DISSOLUTION REFER TO MICROFILM NUMBER
010404000011
10/03/1997 NAME CHANGE REFER TO MICROFILM NUMBER
971003000402
02/22/1993 ERRONEOUS ENTRY REFER TO MICROFILM NUMBER
930222000039
09/23/1992 DISSOLUTION BY PROCLAMATION REFER TO
MICROFILM NUMBER DP-747315

STOCK INFORMATION

Stock: Authorized 200
Shares:

Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
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FEIN RECORD

Information Current Through: 03-11-2007
Database Last Updated: 03-13-2007
Update Frequency: QUARTERLY
Source: Copyright © 2007 by Dun & Bradstreet, Inc.
Current Date: 05/14/2007

BUSINESS INFORMATION

Company Name: J EPSTEIN FOUNDATION
Address: 457 MADISON AVE
NEW YORK, NY 10022
FEIN Number: 13-3643429
D&B Source: DEPARTMENT OF TREASURY - TAX EXEMPT
D&B Company Name: J EPSTEIN & CO INC
DUNS Number: 62-800-9623
SIC: 62829903 INVESTMENT COUNSELORS

EXECUTIVE INFORMATION

Executive Name: JEFFREY E EPSTEIN
Title: PRESIDENT
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FEIN RECORD

Information Current Through: 03-11-2007
 Database Last Updated: 03-13-2007
 Update Frequency: QUARTERLY
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 Current Date: 05/14/2007

BUSINESS INFORMATION

Company Name: J EPSTEIN VIRGIN ISLANDS FOUNDATION INC
 Address: 6100 RED HOOK QUARTER STE B-3
 ST THOMAS, VI 00802
 FEIN Number: 66-0585379
 D&B Source: DEPARTMENT OF TREASURY - TAX EXEMPT
 D&B Company Name: ISLAND RESOURCES FOUNDATION
 DUNS Number: 09-031-8080
 SIC: 87330203 EDUCATIONAL RESEARCH AGENCY

EXECUTIVE INFORMATION

Executive Name: BRUCE G POTTER
 Title: PRESIDENT
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EXECUTIVE AFFILIATION RECORD

Information Current Through: 04-13-2007
 Database Last Updated: 05-14-2007
 Update Frequency: WEEKLY
 Current Date: 05/14/2007
 Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL
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EXECUTIVE INFORMATION

Principal Name: EPSTEIN, JEFFREY
 Principal Title: PRESIDENT

Principal Name: INDYKE, DARREN
 Principal Title: SECRETARY

Principal Name: JEFFREY EPSTEIN
 Principal Title: DIRECTOR

Registered Agent: PRENTICE-█████ CORPORATION SYSTEM
 Registered Agent Address: 125 LINCOLN AVE STE 223
 SANTA FE, NM 87501
 BUSINESS INFORMATION

Business Name: ZORRO DEVELOPMENT CORP.
 Business Address: 110 E 59TH ST- G █ █████ ASSOC
 NEW YORK, NY 10022
 OTHER INFORMATION

Filing Date: 05/21/1993
 Status: ACTIVE
 Business/Filing Type: CORPORATION
 Identification No.: 1615137

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EXECUTIVE AFFILIATION RECORD

Information Current Through: 04-06-2007
 Database Last Updated: 05-14-2007
 Update Frequency: WEEKLY
 Current Date: 05/14/2007
 Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL
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EXECUTIVE INFORMATION

Principal Name: JEFFREY EPSTEIN
 Principal Title: AUTHORIZED REPRESENTATIVE

Principal Name: LESLIE H. WEXNER
 Principal Title: AUTHORIZED REPRESENTATIVE

Registered Agent: CT CORPORATION SYSTEM
 Registered Agent Address: 36 EAST SEVENTH STREET SUITE 2400
 CINCINNATI, OH 45202
 BUSINESS INFORMATION

Business Name: THE NEW ALBANY COMPANY LLC
 Business Address: 5906 E DUBLIN GRANVILLE RD
 NEW ALBANY, OH 43054
 OTHER INFORMATION

Filing Date: 09/21/1998
 Status: ACTIVE
 Business/Filing Type: FOREIGN LIMITED LIABILITY CO
 Identification No.: 1034132

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EXECUTIVE AFFILIATION RECORD

Database Last Updated: 05-02-2007
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EXECUTIVE INFORMATION

Executive Name: MR JEFFREY E EPSTEIN
Executive Title: PRESIDENT

BUSINESS INFORMATION

Business Name: J EPSTEIN & CO INC
Business Address: 457 MADISON AVE
NEW YORK, NY 10022-6843
County: NEW YORK
Phone: [REDACTED]

OTHER INFORMATION

DUNS: 62-800-9623 (Click for List of Available D&B Reports)
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