

[REDACTED])
From: [REDACTED]
Sent: Monday, September 17, 2007 9:43 AM
To: [REDACTED] 'Jay Lefkowitz'
Cc: [REDACTED]
Subject: Hearing before Judge Marra has been taken off the calendar

Roy and Jay – I received a call from Jenny, who is standing in as Judge Marra’s CRD. She spoke with the judge and he agreed to take the matter off the calendar. I told Jenny that if we are able to reach a plea agreement, we will withdraw the subpoena and Mr. Black will withdraw his motion to quash.

Please call if you have questions.

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

[REDACTED])
From: [REDACTED])
Sent: Friday, September 14, 2007 9:56 AM
To: 'Jay Lefkowitz'
Subject: RE: Follow up

Sorry, Jay. I just got this and have to run off to the hospital. I will revise and re-email you tomorrow or late tonight.

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

-----Original Message-----

From: Jay Lefkowitz [mailto:[REDACTED]]
Sent: Friday, September 14, 2007 9:40 AM
To: [REDACTED]
Subject: Follow up

Confidential

[REDACTED] - thanks very much for speaking this am. Have conferred with my client and I think we are on the same page. When you send me your draft today, would you please also include a paragraph with 403 in lieu of 1512. I want to understand better how you would characterize the 403 violation. (What was actually said?). I want to keep studying that avenue today as well. The other possible option is to charge three 113s. Also, one other idea. Can you look at 47 usc 227(b), which is another 6 month statute which might work for the 6 months. We could do three of them, and they seem to fit the facts well.

I will call you late this pm (if you leave me a number to reach you), and then we can plan on getting this done Monday.

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. It is the property of Kirkland & Ellis LLP or Kirkland & Ellis International LLP. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail or by e-mail to postmaster@kirkland.com, and destroy this communication and all copies thereof, including all attachments.

[REDACTED]

From: [REDACTED]
Sent: Friday, September 14, 2007 9:54 AM
To: [REDACTED]; 'Jay Lefkowitz'
Subject: Plea documents

Hi Jay – I'm not sure which of those e-mail addresses is correct. Here are drafts of the plea agreement and information. They have not yet been blessed by Miami, but they have approved of prior similar drafts, so these should be close to what is needed. My home e-mail is [REDACTED]. You also can get me over the weekend on my cell phone at [REDACTED].



Information
arguing 1512 and



OLY Plea
ement v4 1512 a

Regards,

[REDACTED]
A. [REDACTED] *Villafaña*
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Thursday, September 13, 2007 7:27 PM
To: 'Jay Lefkowitz'
Subject: RE:

Hi Jay -- Yes, I am. I have been spending some quality time with Title 18 looking for misdemeanors. Do you want to take a look at 18 USC 403, 18 USC 1512(d), and 47 USC 223(a)(1)(B) and we can talk about them tomorrow? I know that someone mentioned there being activity on an airplane, I just want to make sure that there is factual basis for the plea that the agents can confirm.

I'm not sure exactly where I will be tomorrow morning, so is it alright if I call you?

Have a good evening.

A. [REDACTED] Villafaña
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

-----Original Message-----

From: Jay Lefkowitz [mailto:[REDACTED]]
Sent: Thursday, September 13, 2007 7:21 PM
To: [REDACTED]
Subject:

[REDACTED] - Are you free to speak at 9 am tomorrow?

Thanks. Jay

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. It is the property of Kirkland & Ellis LLP or Kirkland & Ellis International LLP. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail or by e-mail to postmaster@kirkland.com, and destroy this communication and all copies thereof, including all attachments.

[REDACTED])
From: [REDACTED])
Sent: Wednesday, September 12, 2007 4:20 PM
To: [REDACTED])
Subject: Jeffrey Epstein

Jay – It was nice seeing you again. [REDACTED] and I talked with [REDACTED] and [REDACTED] f. We are all satisfied in principle with the agreement, but the Office is uncomfortable with the recommended federal charge. Specifically, we are concerned about the effect of taking the position that Mr. Epstein’s house is in the special maritime and territorial jurisdiction of the United States, and we have no evidence of any assaults occurring either on Mr. Epstein’s plane or offshore from his residence.

We are hoping that you can find an alternative federal statute that can be used. I also will wait to hear from [REDACTED] to discuss logistics.

Thank you.

A. [REDACTED] Villafaña
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

[REDACTED] ([REDACTED])
From: [REDACTED]
Sent: Wednesday, September 12, 2007 3:44 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Jeffrey Epstein

Jay – It was nice seeing you again. [REDACTED] and I talked with [REDACTED] and [REDACTED]. We are all satisfied in principle with the agreement, but the Office is uncomfortable with the recommended federal charge. Specifically, we are concerned about the effect of taking the position that Mr. Epstein's house is in the special maritime and territorial jurisdiction of the United States, and we have no evidence of any assaults occurring either on Mr. Epstein's plane or offshore from his residence.

We are hoping that you can find an alternative federal statute that can be used. I also will wait to hear from [REDACTED] to discuss logistics.

Thank you.

A. [REDACTED] *Villafaña*
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

[REDACTED])
From: [REDACTED])
Sent: Tuesday, September 11, 2007 2:15 PM
To: Gerald Lefcourt
Cc: [REDACTED] (USAFLS); [REDACTED] (USAFLS); [REDACTED])
Subject: Revised Agreement re Epstein

Dear Gerry: I have attached a revised version, as per Mr. [REDACTED]'s request. The operative terms have not changed. If you have any questions, please do not hesitate to call. Also, please confirm your receipt of this e-mail.

Thank you.



070911 Epstein
Non-Prosecution..

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

Tracking:

[REDACTED]

From: [REDACTED]
Sent: Monday, September 10, 2007 5:23 PM
To: Gerald Lefcourt
Cc: [REDACTED] (USAFLS); [REDACTED]
Subject: Jeffrey Epstein

Gerry:

As per your discussion with U.S. Attorney [REDACTED], I have attached the Office's written counterproposal. If you have any questions regarding its terms, please do not hesitate to call.



070910 Epstein
Non-Prosecution..

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

Tracking:



Ann [redacted] >

(no subject)

2 messages

Jay Lefkowitz <[redacted]>
To: [redacted] <[redacted]>

Sun, Sep 16, 2007 at 12:25 PM

[redacted] - I will call you as soon as the show ends.

Jay

 The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. It is the property of Kirkland & Ellis LLP or Kirkland & Ellis International LLP. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail or by e-mail to postmaster@kirkland.com, and destroy this communication and all copies thereof, including all attachments.

Ann [redacted] >
To: Jay Lefkowitz <[redacted]>

Sun, Sep 16, 2007 at 3:54 PM

Hi Jay – This can wait until after the show, but my voice is going so I thought I would type it up. I talked to [redacted] and he still doesn't like the factual basis. In his opinion, the plea should only address the crimes that we were addressing, and we were not investigating Mr. Epstein abusing his girlfriend.

So, these are the only options that he recommended:

1. We go back to the original agreement where Mr. Epstein pleads only to state charges and serves his time in the state, except that we can agree to only 18 months imprisonment.
2. Mr. Epstein pleads guilty to the state charges and also pleads to either two obstruction counts or to one count of violating 47 USC 223(a)(1)(B), with a joint non-binding recommendation of 18 months, so that Mr. Epstein can serve his time federally.
3. (My suggestion only, not [redacted]): I go back to the U.S. Attorney and ask him to agree to an ABA-plea to a 371 count (conspiracy to violate 2422(b)) with a binding 20-month recommendation so that Mr. Epstein can serve all of his time in a federal facility.

Or 4. Mr. Epstein pleads to one obstruction count, and serves part of his time federally and part state.

On your other proposed changes, some are fine and some are problematic.

Re your paragraph 2: As to timing, it is my understanding that Mr. Epstein needs to be sentenced in the state after he is sentenced in the federal case, but not that he needs to plead guilty and be sentenced after serving his federal time. [redacted] recommended that some of the timing issues be addressed only in the state agreement, so that it isn't obvious to the judge that we are trying to create federal jurisdiction for prison purposes. My understanding is that Mr. Epstein should sign a state plea agreement, plead guilty to the federal offenses, plead guilty to the state offenses, be sentenced on the

federal offenses, and then be sentenced on the state offenses, and then start serving the federal sentence.

Re your paragraph 3: As to the reservation of Mr. Epstein's right to withdraw his state plea or to appeal his state plea or sentence, that is fine, but we need the caveat that, if he were to do so, the United States could proceed on our charges.

Re your paragraph 6: With respect to the waiver of the right to appeal the federal sentence, given the way we have drafted the information, it is possible that getting to the 18 month sentence will require an upward departure. The version of the agreement that you were working from is a federal non-prosecution agreement, the ones I have sent you recently are plea agreements that get filed with the court. Please see if the appeal waiver language in those versions is alright.

Re your paragraph 7: As I mentioned, we will not waive the presentence investigation. I know that this will delay Mr. Epstein's sentencing by 70 days, but that will allow him to get all of his affairs in order. As to bail, it will be set at the time of arraignment, and we can work out a joint recommendation regarding the amount and its limitations. I have no objection to making a joint recommendation that Mr. Epstein remain out on bond pending his sentencing, but I'm not sure that it belongs in a plea agreement, especially since I can't bind the court on that issue. However, I can assure you, and we can put it on the record during the plea colloquy, that I will join in your recommendation that he remain out on bond pending sentencing. The same goes for the prison camp issue. As I mentioned, I have opposed a designation only once in a very particular case. I can assure you, and we can put it on the record at the plea colloquy that I will not oppose your recommendation for Mr. Epstein's designation.

Re your paragraph 8: As I mentioned over the telephone, I cannot bind the girls to the Trust Agreement, and I don't think it is appropriate that a state court would administer a trust that seeks to pay for federal civil claims. We both want to avoid unscrupulous attorneys and/or litigants from coming forward, and I know that your client wants to keep these matters outside of public court filings, but I just don't have the power to do what you ask. Here is my recommendation. During the period between Mr. Epstein's plea and sentencing, I make a motion for appointment of the Guardian Ad Litem. The three of us sit down and discuss things, and I will facilitate as much as I can getting the girls' approval of this procedure because, as I mentioned, I think it is probably in their best interests. In terms of plea agreement language, let me suggest the following:

The United States agrees to make a motion seeking the appointment of a Guardian ad Litem to represent the identified victims. Following the appointment of such Guardian, the parties agree to work together in good faith to develop a Trust Agreement, subject to the Court's approval, that would provide for any damages owed to the identified victims pursuant to 18 U.S.C. Section 2255. Then include the last two sentences of your paragraph 8.

Re the two paragraphs following your paragraph 8: I will include our standard language regarding resolving all criminal liability and I will mention "co-conspirators," but I would prefer not to highlight for the judge all of the other crimes and all of the other persons that we could charge. Also, we do not have the power to bind Immigration and we make it a policy not to try to, however, I can tell you that, as far as I know, there is no plan to try to proceed on any immigration charges against either [REDACTED] or [REDACTED].

Also, on the grand jury subpoenas, I can prepare letters withdrawing them as of the signing of the plea agreement, but I would prefer to take out that language. In my eyes, once we have a plea agreement, the grand jury's investigation has ended and there can be no more use of the grand jury's subpoena power.

I had hoped that we were far closer to resolving this than it appears that we are. Can I suggest that tomorrow we either meet live or via teleconference, either with your client or having him within a quick phone call, to hash out these items? I was hoping to work only a half day tomorrow to save my voice for Tuesday's hearing and grand jury, if necessary, but maybe we can set a time to meet. If you want to meet "off campus" somewhere, that is fine. I will make sure that I have all the necessary decision makers present or "on call," as well.

If we can resolve some of these issues today, let's try to, and then save only the difficult issues for tomorrow.

Sorry for the long e-mail, and for ruining your date with your daughter.

[REDACTED]
From: Jay Lefkowitz [REDACTED]
Sent: Tuesday, September 18, 2007 9:18 AM
To: [REDACTED]
Subject: RE: Draft Agreements?

i hear you, and understand your position. But it's really only a 90 day difference, if he gets gain time.

That said, let me know if you think your suggestion can work. I will study it too.

[REDACTED] C. (USAFLS)"
<[REDACTED]>

To "Jay Lefkowitz" <[REDACTED]>
cc
Subject RE: Draft Agreements?

09/18/2007 09:14 AM

Hi Jay – I know that the U.S. Attorney will not go below 18 months of prison/jail time (and I would strongly oppose the suggestion).

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
Phone 561 209-1047
[REDACTED]

From: Jay Lefkowitz [mailto:[REDACTED]]
Sent: Tuesday, September 18, 2007 8:59 AM
To: [REDACTED]
Subject: Re: Draft Agreements?

an alternative to what we discussed just now might be to plead to one count of 1512, serve 12 months plus supervised release which would be one year of home detention (if we can make that work), followed by two years of probation in the state on the state charges with the first 6 months being community control.

[REDACTED] C. (USAFLS)" <[REDACTED]>

09/18/2007 08:44 AM

To "Jay Lefkowitz" <[REDACTED]>
cc
Subject Draft Agreements?

Hi Jay – I was hoping there would be things for me to read this morning, but I will try to remain patient.

I believe there are only two types of agreements that would apply to this case: (1) a plea agreement to a federal charge or charges; and (2) a non-prosecution agreement (which is really a deferred prosecution agreement because the defendant agrees that if he violates the agreement, the U.S. can prosecute him).

A plea agreement is part of the court file. It is not accessible on-line via PACER, but someone can go to the Clerk's Office to obtain a copy.

A non-prosecution agreement would not be made public or filed with the Court, but it would remain part of our case file. It probably would be subject to a FOIA request, but it is not something that we would distribute without compulsory process.

On the obstruction charges, many of the facts I included in that first proffer were hypothesized based upon our discussions and the agents' observations of Ms. Groff. We will need to interview her to confirm the accuracy of those facts. On a second count, we could rely on the incident where Mr. Epstein's private investigators followed [REDACTED] father, forcing him off the road. Or, if there is something more recent related to any grand jury subpoenas, we could consider that.

Hope that helps.

[REDACTED]

Assistant U.S. Attorney

500 S. Australian Ave, Suite 400

West Palm Beach, FL 33401

[REDACTED]

[REDACTED]

[REDACTED]
From: Jay Lefkowitz [REDACTED]
Sent: Tuesday, September 18, 2007 8:59 AM
To: [REDACTED]
Subject: Re: Draft Agreements?

an alternative to what we discussed just now might be to plead to one count of 1512, serve 12 months plus supervised release which would be one year of home detention (if we can make that work), followed by two years of probation in the state on the state charges with the first 6 months being community control.

[REDACTED] C. (USAFLS)"
>

To "Jay Lefkowitz" <JLefkowitz@kirkland.com>

cc

Subject Draft Agreements?

09/18/2007 08:44 AM

Hi Jay – I was hoping there would be things for me to read this morning, but I will try to remain patient.

I believe there are only two types of agreements that would apply to this case: (1) a plea agreement to a federal charge or charges; and (2) a non-prosecution agreement (which is really a deferred prosecution agreement because the defendant agrees that if he violates the agreement, the U.S. can prosecute him).

A plea agreement is part of the court file. It is not accessible on-line via PACER, but someone can go to the Clerk's Office to obtain a copy.

A non-prosecution agreement would not be made public or filed with the Court, but it would remain part of our case file. It probably would be subject to a FOIA request, but it is not something that we would distribute without compulsory process.

On the obstruction charges, many of the facts I included in that first proffer were hypothesized based upon our discussions and the agents' observations of Ms. Groff. We will need to interview her to confirm the accuracy of those facts. On a second count, we could rely on the incident where Mr. Epstein's private investigators followed [REDACTED] father, forcing him off the road. Or, if there is something more recent related to any grand jury subpoenas, we could consider that.

Hope that helps.

[REDACTED]

Assistant U.S. Attorney

500 S. Australian Ave, Suite 400

West Palm Beach, FL 33401

[REDACTED]

[REDACTED]

From: Jay Lefkowitz [REDACTED]
Sent: Monday, September 17, 2007 3:11 PM
To: [REDACTED]
Cc: [REDACTED] (USAFLS)
Subject: Re: My whereabouts

[REDACTED] - do you have another obstruction proffer I can review that you have drafted?

Also, if we go that route, would you intend to make the deferred prosecution agreement public?

Thanks - Jay

----- Original Message -----

From: "[REDACTED]" [REDACTED]
Sent: 09/17/2007 01:08 PM AST
To: Jay Lefkowitz
Cc: "[REDACTED] (USAFLS)" <[REDACTED]>
Subject: My whereabouts

Hi Jay – I am headed home. If a document is ready to be reviewed later today, can you send a copy to me and also to Rolando (who is stepping in for [REDACTED]). Please send to my home e-mail address – [REDACTED], and give me a call on my cell [REDACTED], so I can be ready for some discussions tomorrow. If anything else comes up, please don't hesitate to call.

Thanks,

[REDACTED]

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. It is the property of Kirkland & Ellis LLP or Kirkland & Ellis International LLP. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail or by e-mail to postmaster@kirkland.com, and destroy this communication and all copies thereof, including all attachments.

[REDACTED]

From: Jay Lefkowitz [REDACTED]
Sent: Friday, September 14, 2007 1:04 PM
To: [REDACTED]
Subject: Re: Follow up

Thx. I am available late this pm, or over the weekend to speak.

----- Original Message -----

From: "[REDACTED]" [REDACTED]
Sent: 09/14/2007 09:55 AM AST
To: Jay Lefkowitz
Subject: RE: Follow up

Sorry, Jay. I just got this and have to run off to the hospital. I will revise and re-email you tomorrow or late tonight.

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]
[REDACTED]

-----Original Message-----

From: Jay Lefkowitz [mailto:[REDACTED]]
Sent: Friday, September 14, 2007 9:40 AM
To: [REDACTED]
Subject: Follow up

Confidential

[REDACTED] - thanks very much for speaking this am. Have conferred with my client and I think we are on the same page. When you send me your draft today, would you please also include a paragraph with 403 in lieu of 1512. I want to understand better how you would characterize the 403 violation. (What was actually said?). I want to keep studying that avenue today as well. The other possible option is to charge three 113s. Also, one other idea. Can you look at 47 usc 227(b), which is another 6 month statute which might work for the 6 months. We could do three of them, and they seem to fit the facts well.

I will call you late this pm (if you leave me a number to reach you), and then we can plan on getting this done Monday.

[REDACTED]

From: Jay Lefkowitz [REDACTED]
Sent: Friday, September 14, 2007 9:40 AM
To: [REDACTED]
Subject: Follow up

Confidential

[REDACTED] - thanks very much for speaking this am. Have conferred with my client and I think we are on the same page. When you send me your draft today, would you please also include a paragraph with 403 in lieu of 1512. I want to understand better how you would characterize the 403 violation. (What was actually said?). I want to keep studying that avenue today as well. The other possible option is to charge three 113s. Also, one other idea. Can you look at 47 usc 227(b), which is another 6 month statute which might work for the 6 months. We could do three of them, and they seem to fit the facts well.

I will call you late this pm (if you leave me a number to reach you), and then we can plan on getting this done Monday.

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. It is the property of Kirkland & Ellis LLP or Kirkland & Ellis International LLP. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail or by e-mail to postmaster@kirkland.com, and destroy this communication and all copies thereof, including all attachments.

[REDACTED]

From: Jay Lefkowitz [JLefkowitz@kirkland.com]
Sent: Thursday, September 13, 2007 7:35 PM
To: [REDACTED]
Subject: Re: [REDACTED]

Sounds good. I will be at home. Let's talk at 9 am. [REDACTED] Already thinking about the same statutes.

Look forward to speaking in the morning.

Best, Jay

----- Original Message -----

From: "[REDACTED]" [REDACTED]
Sent: 09/13/2007 07:26 PM AST
To: Jay Lefkowitz
Subject: RE: [REDACTED]

Hi Jay -- Yes, I am. I have been spending some quality time with Title 18 looking for misdemeanors. Do you want to take a look at 18 USC 403, 18 USC 1512(d), and 47 USC 223(a)(1)(B) and we can talk about them tomorrow? I know that someone mentioned there being activity on an airplane, I just want to make sure that there is factual basis for the plea that the agents can confirm.

I'm not sure exactly where I will be tomorrow morning, so is it alright if I call you?

Have a good evening.

[REDACTED]
Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401
[REDACTED]

-----Original Message-----

From: Jay Lefkowitz [mailto:[REDACTED]]
Sent: Thursday, September 13, 2007 7:21 PM
To: [REDACTED]
Subject: [REDACTED]

[REDACTED] - Are you free to speak at 9 am tomorrow?

Thanks. Jay

The information contained in this communication is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for

[REDACTED]

From: Jay Lefkowitz [REDACTED]
Sent: Wednesday, September 12, 2007 5:55 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: Jeffrey Epstein

[REDACTED] meant to copy you on my first attempt to respond to [REDACTED]

We appreciate the courtesy of today's meeting and your agreement and [REDACTED]. We understand the concerns you are raising and will work over the next few days to come up with a mutually acceptable solution. I will speak with you no later than Monday, and in the interim, if we come up with a solution, we will be in touch with you.

Best, Jay

----- Original Message -----

From: "[REDACTED]" [REDACTED]
Sent: 09/12/2007 03:43 PM AST
To: Jay Lefkowitz
Cc: "[REDACTED]" <[REDACTED]>
Subject: Jeffrey Epstein

Jay – It was nice seeing you again. [REDACTED] and I talked with [REDACTED] and [REDACTED]. We are all satisfied in principle with the agreement, but the Office is uncomfortable with the recommended federal charge. Specifically, we are concerned about the effect of taking the position that Mr. Epstein's house is in the special maritime and territorial jurisdiction of the United States, and we have no evidence of any assaults occurring either on Mr. Epstein's plane or offshore from his residence.

We are hoping that you can find an alternative federal statute that can be used. I also will wait to hear from [REDACTED] to discuss logistics.

Thank you.

[REDACTED]

Assistant U.S. Attorney

500 S. Australian Ave, Suite 400

West Palm Beach, FL 33401

[REDACTED]

[REDACTED]

[REDACTED])

From: Gerald Lefcourt [GBL@lefcourtlaw.com]
Sent: Thursday, September 06, 2007 11:14 AM
To: [REDACTED])
Subject: RE: Beller, Gany and NES appearances
Attachments: 2007-08-23 GBL to Villafana re Gany, Beller.pdf

[REDACTED] – With all that is going on, you may have forgotten my letter of August 23, 2007, which I reattach. We do not represent Beller or Gany. Nat Dershowitz represents Mr. Beller. As to NES, we understood you added categories of documents you were requesting and also asked us to revisit the NES response to the original subpoena, and you wanted a certification. We are working on getting that done, though we may find we need a few extra days. Also, I have spoken to Nat since the August 23 letter was sent and he tells me that he understood from you that what was being requested from Mr. Beller was NES documents, not a personal appearance. I thought I would pass that along.

Gerald B. Lefcourt
Gerald B. Lefcourt, P.C.

[REDACTED]
Tel. [REDACTED]
Fax [REDACTED]
[REDACTED]

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, September 06, 2007 9:28 AM
To: Gerald Lefcourt
Subject: Beller, Gany and NES appearances

Hi Gerry – I am writing to confirm that the NES witnesses will appear as scheduled on Tuesday, September 11th. Can you please confirm?

Thank you.

[REDACTED]
Assistant U.S. Attorney
[REDACTED]

Baroness Nathan Derzhovitz



[Logon](#)

[Lawyer Locator](#) > [Search Results](#) > Profile

Lawyer Locator

- [Basic Search](#)
- [Advanced Search](#)
- [Browse Law Firms](#)
- [Browse Lawyers](#)
- [Top 10 Lists](#)

[New Search](#) [Search Results](#)

[Print](#) [Email](#) [Search Web](#)

Private Practice Lawyer Profile for Nathan Z. Dershowitz

Nathan Z. Dershowitz
 Member
 Dershowitz, Eiger & Adelson, P.C.
 [Redacted]
 (New York Co.)

Telephone: [Redacted]
 Fax: [Redacted]
 Email: [Send an Email](#)

[AV Peer Review Rated](#)

Practice Areas: Criminal Appeals; Complex Litigation; Civil Litigation; Post-Conviction Remedies

Admitted: 1966, New York

Law School: New York University, LL.B., 1966

College: Brooklyn College of the City University of New York, B.A., 1963

Born: Brooklyn, New York, 1942

ISLN: [Redacted]

[LexisNexis Analyzer](#)

[New Search](#) [Search Results](#)

- [Legal Articles](#)
- [Peer Review Ratings](#)
- [Dispute Resolution](#)
- [Legal Personnel](#)
- [Legal Careers](#)
- [Professional Resources](#)
- [Practice Development](#)
- [News & Events](#)
- [Customer Service](#)
- [Experts & Services](#)

More resources...

- [Attorney directory from Lawyers.com](#)
- [Counsel to Counsel Forums](#)
- [eAttorney](#)
- [LexisNexis@](#)
- [lexisONE@ for Small Firms](#)

[▲Top](#)

[LawyerLocator.co.uk](#) | [Anwalt24.de](#) | [martindale.co.il](#) |

[martindale.jp](#) | [findalawyer.cn](#) | [law24.co.za](#)

[Home](#) | [Contact Us](#) | [About Us](#) | [Site Info](#) | [Products](#) | [Services](#) | [Media Room](#)

[Copyright](#) | [Terms & Conditions](#) | [Privacy Policy](#)



Logon

Lawyer Locator > Profile

Lawyer Locator

- Basic Search
- Advanced Search
- Browse Law Firms
- Browse Lawyers
- Top 10 Lists

Print Email Search Web

Attorneys/Legal Personnel from Dershowitz, Eiger & Adelson, P.C. New York, New York

Dershowitz, Eiger & Adelson, P.C.

[Redacted] (New York Co.)

Telephone: [Redacted] Fax: [Redacted] Email: Contact Us

- Legal Articles
- Peer Review Ratings
- Dispute Resolution
- Legal Personnel
- Legal Careers
- Professional Resources
- Practice Development
- News & Events
- Customer Service
- Experts & Services

Overview People Practices

Nathan Z. Dershowitz, (Member) born Brooklyn, New York, 1942; admitted to bar, 1966... Education: Brooklyn College of the City University of New York (B.A., 1963); New York University (LL.B., 1966). Practice Areas: Criminal Appeals; Complex Litigation; Civil Litig Post-Conviction Remedies. Email: Nathan Z. Dershowitz AV Peer Review Rated

Victoria B. Eiger, (Member) born Suffern, New York, 1951; admitted to bar, 1977, New York, 1981, New York. Education: Brown University (A.B., 1973); Rutgers University (J.D., 1976). Practice Areas: Criminal Appeals; Civil Litigation; Complex Litigation; Post-Conviction Remedies. Email: Victoria B. Eiger

Amy Adelson, (Member) born Brooklyn, N.Y., 1953; admitted to bar, 1977, New York, 1981, New York. Education: Williams College (B.A., 1973); Rutgers University (J.D., 1976). Phi Beta Kappa; Order of the Coif. Practice Areas: Criminal Appeals; Civil Litigation; Complex Litigation; Post-Conviction Remedies. Email: Amy Adelson

More resources...

- Attorney directory from Lawyers.com
- Counsel to Counsel Forums
- eAttorney
- LexisNexis®
- lexisONE® for Small Firms

Daniela Klare Elliott, (Associate) born Washington, D.C., 1966; admitted to bar, 1994, 1995, New York. Education: Williams College (B.A., 1987); Rutgers University (J.D., 1993). Languages: English, Spanish. Practice Areas: Criminal Appeals; Complex Litigation; Civil Litigation; Post-Conviction Remedies. Email: Daniela Klare Elliott

▲Top

LawyerLocator.co.uk | Anwalt24.de | martindale.co.il |

martindale.jp | findalawyer.cn | law24.co.za

Home | Contact Us | About Us | Site Info | Products | Services | Media Room

Copyright | Terms & Conditions | Privacy Policy

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

[REDACTED]
[REDACTED]

GERALD B. LEFCOURT
[REDACTED]

TELEPHONE
[REDACTED]
FACSIMILE
[REDACTED]

—
SHERYL E. REICH
[REDACTED]
RENATO C. STABILE
[REDACTED]
FAITH A. FRIEDMAN
[REDACTED]

August 23, 2007

VIA E-MAIL

[REDACTED]
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

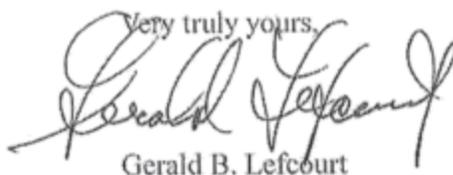
Subpoena dated August 16, 2007, to Eric Gany

Dear [REDACTED]:

I write concerning the grand jury subpoena dated August 16, 2007, directed to Eric Gany. Unlike on prior occasions, we never discussed whether I was authorized to accept service of a subpoena to Mr. Gany and instead, you simply sent it to me. Please be advised that I had and have no such authority.

I also had no authority to accept service of the subpoena of the same date to Harry Beller. However, Mr. Beller is represented by Nathan Dershowitz, Esq., and I am authorized by him to convey that there is no need to re-serve the subpoena to Mr. Beller. I have also provided a copy of it to Mr. Dershowitz. Any further correspondence concerning it should be addressed to Mr. Dershowitz. Mr. Dershowitz can be reached at [REDACTED].

Thank you for your cooperation in this matter.

Very truly yours,

Gerald B. Lefcourt

DERSHOWITZ, EIGER & ADELSON, P.C.

220 FIFTH AVENUE
SUITE 300
NEW YORK, NEW YORK 10001

NATHAN Z. DERSHOWITZ
VICTORIA B. EIGER
AMY ADELSON
DANIELA KLARE ELIOTTY

E-MAIL: [REDACTED]

August 28, 2007

VIA FACSIMILE

[REDACTED]
Office of the United States Attorney
500 S. Australian Avenue, 4th Floor
West Palm Beach, Florida 33401

Dear [REDACTED]

As a follow up to our conversation yesterday, I made an effort to contact my clients [REDACTED] and [REDACTED]. I was unsuccessful and left messages for them reiterating my request that they contact me upon their return from vacation.

As I advised you on the telephone, upon their return, I will find out whether I am authorized to accept service on their behalf. I did advise them that you had told me that no effort will be made by the FBI to serve them pending a decision on authorization to accept service on their behalf. I will let you know promptly where things stand after my meeting with [REDACTED] and after my meeting with [REDACTED].

Very truly yours,

Nathan Z. Dershowitz
Nathan Z. Dershowitz /NZE

NZD:gm

Please also contact me at your earliest convenience to complete our discussion regarding Ms. Groff's compliance with the subpoena served upon her.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[REDACTED]

UNITED STATES ATTORNEY

[REDACTED]

By: [REDACTED] AN

Assistant United States Attorney

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



TO: Nathan Z. Dershowitz, Esq.

Fax #: [REDACTED]

ORGANIZATION: Dershowitz, Eiger & Adelson, P.C.

SUBJECT:

DATE: *August 29, 2007*

FROM: [REDACTED]

Assistant United States Attorney
[REDACTED])

NUMBER OF PAGES, INCLUDING THIS PAGE: 3

COMMENTS:

Original document: *To follow via reg. mail*
 To follow via Fed. Exp.
 To follow via hand delivery
 Nothing to follow; FAX = original

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0431
CONNECTION TEL [REDACTED]
SUBADDRESS
CONNECTION ID
ST. TIME 08/29 13:45
USAGE T 00'56
PGS. SENT 3
RESULT OK

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



TO: Nathan Z. Dershowitz, Esq.

Fax #: [REDACTED]

ORGANIZATION: Dershowitz, Eiger & Adelson, P.C.

SUBJECT:

DATE: *August 29, 2007*

FROM: [REDACTED]

Assistant United States Attorney
[REDACTED]

NUMBER OF PAGES, INCLUDING THIS PAGE: 3

COMMENTS:

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



TO: Nathan Z. Dershowitz, Esq.

Fax #: [REDACTED]

ORGANIZATION: Dershowitz, Eiger & Adelson, P.C.

SUBJECT:

DATE: *August 29, 2007*

FROM: [REDACTED]

Assistant United States Attorney
[REDACTED]

NUMBER OF PAGES, INCLUDING THIS PAGE: 3

COMMENTS:

Original document: *To follow via reg. mail*
 To follow via Fed. Exp.
 To follow via hand delivery
 Nothing to follow; FAX = original



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401

Facsimile: [REDACTED]

Direct Dial: [REDACTED]

September 6, 2007

VIA FACSIMILE

Mr. Nathan Dershowitz
Dershowitz, Eiger & Adelson, P.C.

[REDACTED]

Re: Subpoenas to Leslie Groff and Harry Beller

Dear Nat:

Thank you for your letter regarding Ms. Groff and Mr. Beller. First, with respect to Ms. Groff, please advise whether she will be appearing before the grand jury on Tuesday, September 18th or whether we will be conducting an interview in advance of that date (on Monday, September 17th). I cannot further extend the time for her grand jury appearance.

With respect to Mr. Beller, I think I understand the miscommunication. The subpoena for documents relates only to NES, and Mr. Beller is being subpoenaed as an NES witness (i.e., he is being subpoenaed to testify regarding his work at NES). However, the subpoena for Mr. Beller's testimony is not obviated by NES's compliance with the document subpoena addressed to it. Accordingly, Mr. Beller also needs to appear before the grand jury on Tuesday, September 18th unless we can conduct an interview in advance of that date.

Thank you for your assistance with this matter, and if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[REDACTED]

United States Attorney

B

[REDACTED]

Assistant United States Attorney

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0517
CONNECTION TEL [REDACTED]
SUBADDRESS
CONNECTION ID
ST. TIME 09/12 08:43
USAGE T 00'48
PGS. SENT 2
RESULT OK



U.S. Department of Justice

United States Attorney
Southern District of Florida

[REDACTED]
500 S. Australian Ave, 4th Floor
West Palm Beach, Florida 33401

Facsimile [REDACTED]

FACSIMILE COVER SHEET

TO: Nathan Dershowitz, Esq.

DATE: September 12, 2007

FAX NO. [REDACTED]

OF PAGES: 2

PHONE NO. [REDACTED]

RE: Grand Jury Subpoenas

FROM: [REDACTED] Assistant U.S. Attorney

PHONE NO. [REDACTED]

COMMENTS:



U.S. Department of Justice

United States Attorney
Southern District of Florida

A. [REDACTED] Villaña
500 S. Australian Ave, 4th Floor
West Palm Beach, Florida 33401
[REDACTED]
Facsimile [REDACTED]

FACSIMILE COVER SHEET

TO: Nathan Dershowitz, Esq.

DATE: September 12, 2007

FAX NO. [REDACTED]

OF PAGES: 2

PHONE NO. [REDACTED]

RE: Grand Jury Subpoenas

FROM: [REDACTED], Assistant U.S. Attorney

PHONE NO. [REDACTED]

COMMENTS:



U.S. Department of Justice

United States Attorney
Southern District of Florida

[REDACTED]
500 S. Australian Ave, 4th Floor
West Palm Beach, Florida 33401
[REDACTED]
Facsimile [REDACTED]

FACSIMILE COVER SHEET

TO: Nathan Dershowitz, Esq.

DATE: September 6, 2007

FAX NO. [REDACTED]

OF PAGES: 5

PHONE NO. [REDACTED]

RE: Grand Jury Subpoenas

FROM: [REDACTED], Assistant U.S. Attorney

PHONE NO. [REDACTED]

COMMENTS:

Dear Nat:

I have attached three letters. The first addresses [REDACTED] and [REDACTED]. The second addresses [REDACTED]. And the third addresses Harry Beller and Eric Gany. Can you review and get back to me, especially regarding whether Messrs. Beller and Gany will appear before the grand jury on September 11th. I need to advise our grand jury coordinator.

Thank you very much.

Sincerely,

[REDACTED]

[REDACTED]

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0478
CONNECTION TEL [REDACTED]
SUBADDRESS
CONNECTION ID
ST. TIME 09/06 12:19
USAGE T 01'29
PGS. SENT 5
RESULT OK



U.S. Department of Justice

United States Attorney
Southern District of Florida

[REDACTED]
500 S. Australian Ave, 4th Floor
West Palm Beach, Florida 33401
[REDACTED]
Facsimile [REDACTED]

FACSIMILE COVER SHEET

TO: Nathan Dershowitz, Esq.

DATE: September 6, 2007

FAX NO. [REDACTED]

OF PAGES: 5

PHONE NO. [REDACTED]

RE: Grand Jury Subpoenas

FROM: [REDACTED], Assistant U.S. Attorney

PHONE NO. [REDACTED]

COMMENTS:

Dear Nat:

I have attached three letters. The first addresses [REDACTED] and [REDACTED]. The second addresses Lesley C. Coffey. And the third [REDACTED]



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401

Facsimile: [REDACTED]

Direct Dial: [REDACTED]

September 6, 2007

VIA FACSIMILE

Mr. Nathan Dershowitz
Dershowitz, Eiger & Adelson, P.C.

[REDACTED]

Re: Representation of [REDACTED] and [REDACTED]

Dear Nat:

I write to follow up our discussion regarding your potential representation of [REDACTED] and/or [REDACTED]. Please let me know whether you do intend to represent them so that the agents and I may proceed accordingly.

Thank you for your assistance with this matter, and if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[REDACTED]
United States Attorney

By: [REDACTED]

Assistant United States Attorney



U.S. Department of Justice

United States Attorney
Southern District of Florida
500 South Australian Ave., Suite 400
West Palm Beach, FL 33401

Facsimile: [REDACTED]
Direct Dial: [REDACTED]

September 6, 2007

VIA FACSIMILE

Mr. Nathan Dershowitz
Dershowitz, Eiger & Adelson, P.C.

[REDACTED]

Re: Subpoena to Leslie Groff

Dear Nat:

I apologize for the delay in getting back to you regarding Ms. Groff's grand jury appearance. I currently have time reserved for her appearance on September 18th, and she will need to appear unless we can set a time for an interview in advance of that date.

I anticipate the topics to be:

- Ms. Groff's employment with Mr. Epstein and NES;
- Ms. Groff's duties and responsibilities as an employee of NES;
- [REDACTED], [REDACTED], [REDACTED], and [REDACTED] duties and responsibilities as employees of NES;
- communications between Ms. Groff, Mr. Epstein, [REDACTED], [REDACTED], and [REDACTED];
- Mr. Epstein's travel schedule; and
- Ms. Groff's efforts to find documents responsive to the grand jury's subpoena.

As I mentioned earlier, Ms. Groff is not a target of the grand jury's investigation, but she is considered an important witness in light of her long-term working relationship with Mr. Epstein.

Please confirm whether you and Ms. Groff prefer to proceed with an interview or an appearance before the grand jury. If Ms. Groff appears before the grand jury, the Office can pay her travel expenses as a subpoenaed party. If you prefer to do an interview, you will need to travel to West Palm Beach at your expense. If your client does need travel

NATHAN DERSHOWITZ, ESQ.
SEPTEMBER 6, 2007
PAGE 2 OF 2

arrangements, please let me know so that I may have our witness coordinator make contact with her.

Thank you for your assistance with this matter, and if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,


United States Attorney

By:


Assistant United States Attorney



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401

Facsimile: [REDACTED]

Direct Dial: [REDACTED]

September 6, 2007

VIA FACSIMILE

Mr. Nathan Dershowitz
Dershowitz, Eiger & Adelson, P.C.

[REDACTED]

Re: Subpoenas to Harry Beller and Eric Gany

Dear Nat:

I am writing to follow up on grand jury subpoenas that were addressed to Harry Beller and Eric Gany, employees of NES, LLC. The subpoenas were served upon Gerald Lefcourt, who represents NES, LLC. Mr. Lefcourt advises that you are representing the two subpoenaed parties. The subpoenas call for the gentlemen to appear before the grand jury on Tuesday, September 11, 2007.

Please confirm that the two parties will appear in West Palm Beach on that date, so that I may confirm the time with the grand jury coordinator. If either is unavailable on September 11th, then please confirm their availability on September 18th, which is the latest possible date for them to appear. If your clients need travel arrangements, please let me know so that I may have our witness coordinator make contact with them.

Thank you for your assistance with this matter, and if you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[REDACTED]
United States Attorney

By:

[REDACTED]
Assistant United States Attorney

DERSHOWITZ, EIGER & ADELSON, P.C.

220 FIFTH AVENUE
SUITE 300
NEW YORK, NEW YORK 10001

NATHAN Z. DERSHOWITZ
VICTORIA B. EIGER
JIMMY ADELSON
KATELA KLARE ELLIOTT

[REDACTED]

September 12, 2007

VIA FACSIMILE

[REDACTED]
Office of the United States Attorney
500 S. Australian Avenue, 4th Floor
West Palm Beach, Florida 33401

Dear [REDACTED]:

I received your letter dated September 6, 2007 by fax today and tried unsuccessfully to reach you by telephone. As to Ms. Groff, she prefers to proceed by interview, but you and I need to discuss the ground rules.

As to Mr. Beller, after we spoke, I told him he is not expected to testify before the Grand Jury. I have not had any substantive discussion with him as I left the NES situation to Mr. Lefcourt. Mr. Beller is an Orthodox Jew and with the Jewish High Holy days starting later today, I will not be able to discuss the situation with him until Monday. I also need to coordinate with Mr. Lefcourt, under the circumstances, to determine who should appear for Mr. Beller.

As I noted on your answering machine, I will be leaving my office early today and will not be in on Thursday or Friday because of the Holiday. But, if it is important that you reach me, please leave a message in my office.

Very truly yours,



Nathan Z. Dershowitz

NZD:iba

DERSHOWITZ, EIGER & ADELSON, P.C.
220 FIFTH AVENUE, SUITE 300
NEW YORK, NEW YORK 10001

NATHAN Z. DERSHOWITZ
[REDACTED] VICTOR A. B. EIGER
AMY ADELSON
DANIEL A. KLARE ELLIOTT

TELEFAX: [REDACTED]

FACSIMILE COVER SHEET

DATE: September 12, 2007

TO: [REDACTED]

FROM: NATHAN Z. DERSHOWITZ

RE: [REDACTED] & [REDACTED]

NUMBER OF RECEIVING [REDACTED] [REDACTED]

NUMBER OF PAGES TO FOLLOW: 1

INSTRUCTIONS/COMMENTS:

NOTICE OF CONFIDENTIALITY

The information contained in this facsimile is legally privileged and confidential. It is intended only for the use of the above-named recipient. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this facsimile is strictly prohibited. If you receive this facsimile in error, please immediately notify us by telephone to arrange for the return of the original document to us.

LEFCOURT CORP. RE: EPSTEIN CORP. RECORDS

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

GERALD B. LEFCOURT
[REDACTED]

TELEPHONE
[REDACTED]

FACSIMILE
[REDACTED]

—
SHERYL E. REICH
[REDACTED]

RENATO C. STABILE
[REDACTED]

FAITH A. FRIEDMAN
[REDACTED]

June 12, 2007

BY FEDERAL EXPRESS

[REDACTED]
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.

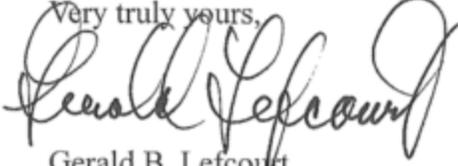
JEVIF 0001

[REDACTED]
Assistant United States Attorney
Office of the United States Attorney
Southern District of Florida
June 12, 2007
Page 2

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

[REDACTED]
Assistant United States Attorney
Office of the United States Attorney
Southern District of Florida
June 12, 2007
Page 3

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

Very truly yours,

Gerald B. Lefcourt

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

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

FILER'S name
ENHANCED EDUCATION
(J. EPSTEIN VIRGIN ISLANDS FOUNDATION INC.)
 Street address (if [redacted] suite number) [redacted]
 City, state, and ZIP code
St. Thomas, USVI 00802-1348

Name of person to contact [redacted] **Telephone number** [redacted]
Email address [redacted] **Fax number** [redacted]

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

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

W-2G 82	1098 81	1098-E 84	1098-T 89	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 88	1099-H 71	1099-INT 92	1099-LTC 03	1099-MISC 95
<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1099-MSA 94	1099-OID 96	1099-PATR 97	1099-Q 31	1099-R 80	1099-S 75	5498 26	5498-ESA 72	5498-MSA 27					
<input type="checkbox"/>													

For Official Use Only

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

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

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

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmission of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 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 February 28, 2005. File Form 1096 with Forms 5498, 5498-ESA, and 5498-MSA by May 31, 2005.

Where To File

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

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

Use the following Internal Revenue Service Center address

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

Austin, TX 73301

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

Cincinnati, OH 45999

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

Kansas City, MO 64999

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. ADVANCED EDUCATION (J. REYNOLDS VIRGINIA TRADING CORPORATION, INC.) [REDACTED]		1 Rents \$	OMB No. 1545-0116 2004 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN P.C. [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy C For Payer or State Copy	
RECIPIENT'S identification number [REDACTED]		7 Nonemployee compensation \$ 25,000.00	8 Substitute payments in lieu of dividends or interest \$		
Account number (optional) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
2nd TIN not <input type="checkbox"/>		11 [REDACTED]	12 [REDACTED]		
15		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.		1 Rents \$	OMB No. 1545-0116 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		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy C For Payer or State Copy	
RECIPIENT'S identification number		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 \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
2nd TIN not <input type="checkbox"/>		11 [REDACTED]	12 [REDACTED]		
15		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

JEVIF003

EFTA00233106

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

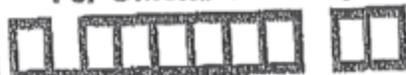
FILER'S name
**ENCHANCED EDUCATION
(J. EPSTEIN VIRGIN ISLANDS FOUNDATION INC.)**
Street address (including room or suite number)



For Official Use Only

Name of person to contact _____ Telephone number _____

E-mail address _____ Fax number _____



1 Employer identification number _____ 2 Social security number _____ 3 Total number of forms **1** 4 Federal income tax withheld \$ _____ 5 Total amount reported with this Form 1096 **\$25,000.00**

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 checked="" type="checkbox"/> W-2G 02	<input type="checkbox"/> 1099-B 01	<input type="checkbox"/> 1099-E 04	<input type="checkbox"/> 1099-T 03	<input type="checkbox"/> 1099-A 00	<input type="checkbox"/> 1099-S 79	<input type="checkbox"/> 1099-C 85	<input type="checkbox"/> 1099-CAP 73	<input type="checkbox"/> 1099-DIV 81	<input type="checkbox"/> 1099-G 86	<input type="checkbox"/> 1099-H 71	<input type="checkbox"/> 1099-INT 02	<input type="checkbox"/> 1099-LTO 93	<input checked="" type="checkbox"/> 1099-MISC 85
<input type="checkbox"/> 1099-MGA 04	<input type="checkbox"/> 1099-OID 88	<input type="checkbox"/> 1099-PATR 07	<input type="checkbox"/> 1099-Q 01	<input type="checkbox"/> 1099-R 99	<input type="checkbox"/> 1099-S 75	<input type="checkbox"/> 5498 88	<input type="checkbox"/> 5498-ESA 72	<input type="checkbox"/> 5498-MSA 87					

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 Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit information magnetically. For magnetic media, see Form 4904, Transmittal of Information Returns Reported Magnetically; for electronic transmissions, see Pub. 1220, Specifications for Filing Forms 1096, 1099, 5498 and W-2G Electronically or Magnetically.

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

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

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

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

Where To File

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

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

Use the following Internal Revenue Service Center address

Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia
Austin, TX 7330

Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia
Cincinnati, OH 4598

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin
Kansas City, MO 6498

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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCED EDUCATION J. WATSON VIRGIN ISLANDS FOUNDATION INC. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		State Copy or Extra File Copy
PAYER'S Federal identification number 66-0535379	RECIPIENT'S identification number 66-0436049	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code PAUL HOFFMAN P.C. [REDACTED]		7 Nonemployee compensation \$ 25,000.00	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
Account number (optional)		11 [REDACTED]	12 [REDACTED]		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
		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, (including apt. no.), city, state, and ZIP code		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
Account number (optional)		11 [REDACTED]	12 [REDACTED]		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

JEVIF005

EFTA00233108

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

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

2006

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

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

W-2 Wage and Tax Statement
For Employer.

2006

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

a Control number 0001 66/LMB		Void <input type="checkbox"/>		OMB No. 1545-0008 LMB		0001	
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 60000.00		2 Federal income tax withheld 6834.27	
c Employer's name, address, and ZIP code EPSTEIN INTERESTS [REDACTED]				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 Last name [REDACTED] [REDACTED]				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other 28.80 NYDD		12c	
f Employee's address and ZIP code				12d			
15 State Employer's state ID number NY [REDACTED]		16 State wages, tips, etc. 60000.00		17 State income tax 3173.41		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

2005

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

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

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

2005

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

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 <div style="font-size: 2em; font-weight: bold;">2005</div> (Rev. March 2005)
----------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

FILER'S name EPSTEIN INTERESTS Street address (including room or suite number) [REDACTED] City, state, and ZIP code NEW YORK, NY 10022	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Name of person to contact	Telephone number ()	For Official Use Only <div style="border: 1px solid black; display: inline-block; padding: 2px;"> </div>
Email address	Fax number ()	

1 Employer identification number [REDACTED]	2 Social security number [REDACTED]	3 Total number of forms 1	4 Federal income tax withheld \$ 0.00	5 Total amount reported with this Form 1096 \$ 6673.00
------------------------------------------------	----------------------------------------	------------------------------	------------------------------------------	-----------------------------------------------------------

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

W-2G 32	1099 81	1099-C 76	1099-E 84	1099-T 83	1099-A 80	1099-B 78	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 89	1099-H 71	1099-INT 82	1099-LTC 93
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 84	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, Virginia	Austin, TX 73301
Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia	Cincinnati, OH 45999
Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin	Kansas City, MO 64999

9595

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. EPSTEIN INTERESTS [REDACTED] NEW YORK, NY 10022		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number 13-2842281		3 Other income \$	5 Fishing boat proceeds \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name [REDACTED] ASSOCIATES		6 Medical and health care payments \$	7 Nonemployee compensation \$ 6673.00		
Street address (including apt. no.) [REDACTED]		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"/>		For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code NEW YORK, NY 10022		10 Crop insurance proceeds \$	11 [REDACTED]		
Account number (see instructions) [REDACTED]		12 [REDACTED]	13 Excess golden parachute payments \$		
2nd TIN not <input type="checkbox"/>		14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$		
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. \$		18 State income \$

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number		3 Other income \$	5 Fishing boat proceeds \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$		
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code		10 Crop insurance proceeds \$	11 [REDACTED]		
Account number (see instructions) [REDACTED]		12 [REDACTED]	13 Excess golden parachute payments \$		
2nd TIN not <input type="checkbox"/>		14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$		
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. \$		18 State income \$

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

E1006

EFTA00233114

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 EEEEEE		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer <input type="checkbox"/> 941-SS <input type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944-SS <input type="checkbox"/> Holid. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Third-party sick pay	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)		6 Medicare tax withheld 11750.58	
f Employer's name FINANCIAL TRUST COMPANY, INC.	7 Social security tips	8	
	9 Advance EIC payments	10	
	11 Nonqualified plans	12 Deferred compensation 39945.62	
	13 For third-party sick pay use only		
g Employer's address and ZIP code	14 Income tax withheld by payer of third-party sick pay		
h Other EIN used this year			
i Employer's territorial ID number			
Contact person JEANNE BRENNAN	Telephone number	For Official Use Only	
E-mail address	Fax number		

Copy 1 - For Local Tax Department

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

Signature ▶

Title ▶ **PRESIDENT**

Date ▶

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

2006

Department of the Treasury
Internal Revenue Service

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

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

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

Shipping and mailing. If you file more than one type of form, please group forms of the same type with a separate Form W-3SS for each type. For example, send Forms W-2GU with one Form W-3SS and Forms W-2AS with a second Form W-3SS. Forms W-2AS, W-2GU, W-2CM, or W-2VI are printed two forms to a page. Send the whole page of Copies A and 1 even if one of the forms is blank or "0". Prepare and file Forms W-2 either alphabetically by employee names or numerically by employees' social security numbers. Do not staple or tape the forms together and do not fold them. 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 212-264-1117 for the U.S. Virgin Islands or 810-970-8247 for Guam and American Samoa. SSA will no longer accept any type of physical media (magnetic tape, cartridge, diskette, etc.) submissions of Form W-2 reports.

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1545-0008		
b Employer identification number (EIN) [REDACTED]			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. [REDACTED]			3 Social security wages 94200.00	4 Social security tax withheld 5840.40	
			5 Medicare wages and tips 105701.00	6 Medicare tax withheld 1532.66	
			7 Social security tips	8	
d Employee's social security number 150-46-4746			9 Advance EIC payment	10	
e Employee's first name and initial JEANNE		Last name BRENNAN	Suff.	11 Nonqualified plans	12a See Form W-355 Instructions S 10000.00
[REDACTED]			13a Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	13b 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-355.

a Control number 22222		Void <input type="checkbox"/>	OMB No. 1545-0008		
b Employer identification number (EIN) [REDACTED]			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. [REDACTED]			3 Social security wages 49713.02	4 Social security tax withheld 3082.21	
			5 Medicare wages and tips 49713.02	6 Medicare tax withheld 720.84	
			7 Social security tips	8	
d Employee's social security number 580-03-9952			9 Advance EIC payment	10	
e Employee's first name and initial LEON A		Last name CASEY, SR.	Suff.	11 Nonqualified plans	12a See Form W-355 Instructions S 4941.86
[REDACTED]			13a Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	13b 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-355.

FTC0003

EFTA00233117

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1545-0006	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 VI income tax withheld
[REDACTED]			36501.04		5365.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED]			3 Social security wages		4 Social security tax withheld
			39716.53		2462.42
			5 Medicare wages and tips		6 Medicare tax withheld
d Employee's social security number			39716.53		575.89
e Employee's first name and initial			7 Social security tips		8
JAMIE I			[REDACTED]		[REDACTED]
Last name			9 Advance EIC payment		10
CORNELIUS			[REDACTED]		[REDACTED]
f Employee's address and ZIP code			11 Nonqualified plans		12a See Form W-385 Instructions
			[REDACTED]		S 3215.49
			13 Salaried employee <input type="checkbox"/> Informal plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 53.17
			14 Other		12c
					12d

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

2006

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

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1545-0006	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 VI income tax withheld
[REDACTED]			149125.48		28186.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED]			3 Social security wages		4 Social security tax withheld
			94200.00		5840.40
			5 Medicare wages and tips		6 Medicare tax withheld
d Employee's social security number			159125.48		2307.32
e Employee's first name and initial			7 Social security tips		8
CECILE R			[REDACTED]		[REDACTED]
Last name			9 Advance EIC payment		10
DE JONGH			[REDACTED]		[REDACTED]
f Employee's address and ZIP code			11 Nonqualified plans		12a See Form W-385 Instructions
			[REDACTED]		C 184.73
			13 Salaried employee <input type="checkbox"/> Informal plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b B 10000.00
			14 Other		12c
					12d

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

2006

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

FTC0004

EFTA00233118

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	
[REDACTED]			241021.30	65182.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED]			3 Social security wages	4 Social security tax withheld	
			94200.00	5840.40	
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			241021.30	3494.81	
e Employee's first name and initial			7 Social security tips	8	
Last name			9 Advance EIC payment	10	
JEFFREY E			11 Nonqualified plans	12a See Form W-3SS instructions	
Last name			13 Statutory employee <input type="checkbox"/>	C 1021.28	
EPSTEIN			Individual plan <input type="checkbox"/>	12b	
[REDACTED]			Third-party sick pay <input type="checkbox"/>	12c	
f Employee's address and ZIP code			14 Other	12d	

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

2006

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

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 VI income tax withheld	
[REDACTED]			20380.75	2264.00	
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED]			3 Social security wages	4 Social security tax withheld	
			20380.75	1263.61	
			5 Medicare wages and tips	6 Medicare tax withheld	
d Employee's social security number			20380.75	295.52	
e Employee's first name and initial			7 Social security tips	8	
Last name			9 Advance EIC payment	10	
TEQUASI O			11 Nonqualified plans	12a See Form W-3SS instructions	
Last name			13 Statutory employee <input type="checkbox"/>	12b	
HENDRICKS			Individual plan <input type="checkbox"/>	12c	
[REDACTED]			Third-party sick pay <input type="checkbox"/>	12d	
f Employee's address and ZIP code			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

2006

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

FTC0005

EFTA00233119

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
FINANCIAL TRUST COMPANY, INC.			24063.91		1491.96
			5 Medicare wages and tips		6 Medicare tax withheld
			24063.91		348.93
d Employee's social security number			7 Social security tips		8
e Employee's first name and initial			11 Nonqualified plans		12a See Form W-3SS instructions
LORETTA		Last name	MCDONALD MORRELL		S 1297.84
			13 Salaried employee <input type="checkbox"/>		12b
			Retirement plan <input checked="" type="checkbox"/>		
			Third-party sick pay <input type="checkbox"/>		12c
			14 Other		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)			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
FINANCIAL TRUST COMPANY, INC.			47613.99		2952.07
			5 Medicare wages and tips		6 Medicare tax withheld
			47613.99		690.40
d Employee's social security number			7 Social security tips		8
e Employee's first name and initial			11 Nonqualified plans		12a See Form W-3SS instructions
UNA R		Last name	PASCAL		S 1627.89
			13 Salaried employee <input type="checkbox"/>		12b
			Retirement plan <input checked="" type="checkbox"/>		C 40.82
			Third-party sick pay <input type="checkbox"/>		12c
			14 Other		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.

FTC0006

EFTA00233120

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
FINANCIAL TRUST COMPANY, INC.			5 Medicare wages and tips		6 Medicare tax withheld
[REDACTED]			7 Social security tips		8
d Employee's social security number			9 Advance EIC payment		10
e Employee's first name and initial			11 Nonqualified plans		12a See Form W-888 Instructions
ANN M			13 Disability retirement third-party		S 1245.89
Last name			14 Other		12b C 7.15
RODRIGUEZ					12c
[REDACTED]					12d
f Employee's address and ZIP code			[REDACTED]		

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

2006

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-888.

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
FINANCIAL TRUST COMPANY, INC.			5 Medicare wages and tips		6 Medicare tax withheld
[REDACTED]			7 Social security tips		8
d Employee's social security number			9 Advance EIC payment		10
580-15-5038			11 Nonqualified plans		12a See Form W-888 Instructions
e Employee's first name and initial			13 Disability retirement third-party		S 3101.20
Last name			14 Other		12b C 28.34
TERMAINE A					12c
[REDACTED]					12d
f Employee's address and ZIP code			[REDACTED]		

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

2006

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice
 and Instructions, see Form W-888.

FTC0007

EFTA00233121

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
FINANCIAL TRUST COMPANY, INC.			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			11 Nonqualified plans		12a See Form W-3SS instructions
Last name			13 Statutory retirement plan		12b
DAPHNE L			Last name		12c
WALLACE			14 Other		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)			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			11 Nonqualified plans		12a See Form W-3SS instructions
Last name			13 Statutory retirement plan		12b
			14 Other		12c
f Employee's address and ZIP code					12d

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

2006

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

FTC0008

EFTA00233122

DO NOT STAPLE OR FOLD

a Control number 33333		For Official Use Only OMB No. 1545-0008	
b Kind of Payer <input type="checkbox"/> 041-SS <input type="checkbox"/> 043 <input type="checkbox"/> 049 <input type="checkbox"/> 050 <input type="checkbox"/> 051 <input type="checkbox"/> 052 <input type="checkbox"/> 053 <input type="checkbox"/> 054 <input type="checkbox"/> 055 <input type="checkbox"/> 056 <input type="checkbox"/> 057 <input type="checkbox"/> 058 <input type="checkbox"/> 059 <input type="checkbox"/> 060 <input type="checkbox"/> 061 <input type="checkbox"/> 062 <input type="checkbox"/> 063 <input type="checkbox"/> 064 <input type="checkbox"/> 065 <input type="checkbox"/> 066 <input type="checkbox"/> 067 <input type="checkbox"/> 068 <input type="checkbox"/> 069 <input type="checkbox"/> 070 <input type="checkbox"/> 071 <input type="checkbox"/> 072 <input type="checkbox"/> 073 <input type="checkbox"/> 074 <input type="checkbox"/> 075 <input type="checkbox"/> 076 <input type="checkbox"/> 077 <input type="checkbox"/> 078 <input type="checkbox"/> 079 <input type="checkbox"/> 080 <input type="checkbox"/> 081 <input type="checkbox"/> 082 <input type="checkbox"/> 083 <input type="checkbox"/> 084 <input type="checkbox"/> 085 <input type="checkbox"/> 086 <input type="checkbox"/> 087 <input type="checkbox"/> 088 <input type="checkbox"/> 089 <input type="checkbox"/> 090 <input type="checkbox"/> 091 <input type="checkbox"/> 092 <input type="checkbox"/> 093 <input type="checkbox"/> 094 <input type="checkbox"/> 095 <input type="checkbox"/> 096 <input type="checkbox"/> 097 <input type="checkbox"/> 098 <input type="checkbox"/> 099 <input type="checkbox"/> 100 <input type="checkbox"/> 101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 104 <input type="checkbox"/> 105 <input type="checkbox"/> 106 <input type="checkbox"/> 107 <input type="checkbox"/> 108 <input type="checkbox"/> 109 <input type="checkbox"/> 110 <input type="checkbox"/> 111 <input type="checkbox"/> 112 <input type="checkbox"/> 113 <input type="checkbox"/> 114 <input type="checkbox"/> 115 <input type="checkbox"/> 116 <input type="checkbox"/> 117 <input type="checkbox"/> 118 <input type="checkbox"/> 119 <input type="checkbox"/> 120 <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123 <input type="checkbox"/> 124 <input type="checkbox"/> 125 <input type="checkbox"/> 126 <input type="checkbox"/> 127 <input type="checkbox"/> 128 <input type="checkbox"/> 129 <input type="checkbox"/> 130 <input type="checkbox"/> 131 <input type="checkbox"/> 132 <input type="checkbox"/> 133 <input type="checkbox"/> 134 <input type="checkbox"/> 135 <input type="checkbox"/> 136 <input type="checkbox"/> 137 <input type="checkbox"/> 138 <input type="checkbox"/> 139 <input type="checkbox"/> 140 <input type="checkbox"/> 141 <input type="checkbox"/> 142 <input type="checkbox"/> 143 <input type="checkbox"/> 144 <input type="checkbox"/> 145 <input type="checkbox"/> 146 <input type="checkbox"/> 147 <input type="checkbox"/> 148 <input type="checkbox"/> 149 <input type="checkbox"/> 150 <input type="checkbox"/> 151 <input type="checkbox"/> 152 <input type="checkbox"/> 153 <input type="checkbox"/> 154 <input type="checkbox"/> 155 <input type="checkbox"/> 156 <input type="checkbox"/> 157 <input type="checkbox"/> 158 <input type="checkbox"/> 159 <input type="checkbox"/> 160 <input type="checkbox"/> 161 <input type="checkbox"/> 162 <input type="checkbox"/> 163 <input type="checkbox"/> 164 <input type="checkbox"/> 165 <input type="checkbox"/> 166 <input type="checkbox"/> 167 <input type="checkbox"/> 168 <input type="checkbox"/> 169 <input type="checkbox"/> 170 <input type="checkbox"/> 171 <input type="checkbox"/> 172 <input type="checkbox"/> 173 <input type="checkbox"/> 174 <input type="checkbox"/> 175 <input type="checkbox"/> 176 <input type="checkbox"/> 177 <input type="checkbox"/> 178 <input type="checkbox"/> 179 <input type="checkbox"/> 180 <input type="checkbox"/> 181 <input type="checkbox"/> 182 <input type="checkbox"/> 183 <input type="checkbox"/> 184 <input type="checkbox"/> 185 <input type="checkbox"/> 186 <input type="checkbox"/> 187 <input type="checkbox"/> 188 <input type="checkbox"/> 189 <input type="checkbox"/> 190 <input type="checkbox"/> 191 <input type="checkbox"/> 192 <input type="checkbox"/> 193 <input type="checkbox"/> 194 <input type="checkbox"/> 195 <input type="checkbox"/> 196 <input type="checkbox"/> 197 <input type="checkbox"/> 198 <input type="checkbox"/> 199 <input type="checkbox"/> 200 <input type="checkbox"/> 201 <input type="checkbox"/> 202 <input type="checkbox"/> 203 <input type="checkbox"/> 204 <input type="checkbox"/> 205 <input type="checkbox"/> 206 <input type="checkbox"/> 207 <input type="checkbox"/> 208 <input type="checkbox"/> 209 <input type="checkbox"/> 210 <input type="checkbox"/> 211 <input type="checkbox"/> 212 <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 216 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 220 <input type="checkbox"/> 221 <input type="checkbox"/> 222 <input type="checkbox"/> 223 <input type="checkbox"/> 224 <input type="checkbox"/> 225 <input type="checkbox"/> 226 <input type="checkbox"/> 227 <input type="checkbox"/> 228 <input type="checkbox"/> 229 <input type="checkbox"/> 230 <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233 <input type="checkbox"/> 234 <input type="checkbox"/> 235 <input type="checkbox"/> 236 <input type="checkbox"/> 237 <input type="checkbox"/> 238 <input type="checkbox"/> 239 <input type="checkbox"/> 240 <input type="checkbox"/> 241 <input type="checkbox"/> 242 <input type="checkbox"/> 243 <input type="checkbox"/> 244 <input type="checkbox"/> 245 <input type="checkbox"/> 246 <input type="checkbox"/> 247 <input type="checkbox"/> 248 <input type="checkbox"/> 249 <input type="checkbox"/> 250 <input type="checkbox"/> 251 <input type="checkbox"/> 252 <input type="checkbox"/> 253 <input type="checkbox"/> 254 <input type="checkbox"/> 255 <input type="checkbox"/> 256 <input type="checkbox"/> 257 <input type="checkbox"/> 258 <input type="checkbox"/> 259 <input type="checkbox"/> 260 <input type="checkbox"/> 261 <input type="checkbox"/> 262 <input type="checkbox"/> 263 <input type="checkbox"/> 264 <input type="checkbox"/> 265 <input type="checkbox"/> 266 <input type="checkbox"/> 267 <input type="checkbox"/> 268 <input type="checkbox"/> 269 <input type="checkbox"/> 270 <input type="checkbox"/> 271 <input type="checkbox"/> 272 <input type="checkbox"/> 273 <input type="checkbox"/> 274 <input type="checkbox"/> 275 <input type="checkbox"/> 276 <input type="checkbox"/> 277 <input type="checkbox"/> 278 <input type="checkbox"/> 279 <input type="checkbox"/> 280 <input type="checkbox"/> 281 <input type="checkbox"/> 282 <input type="checkbox"/> 283 <input type="checkbox"/> 284 <input type="checkbox"/> 285 <input type="checkbox"/> 286 <input type="checkbox"/> 287 <input type="checkbox"/> 288 <input type="checkbox"/> 289 <input type="checkbox"/> 290 <input type="checkbox"/> 291 <input type="checkbox"/> 292 <input type="checkbox"/> 293 <input type="checkbox"/> 294 <input type="checkbox"/> 295 <input type="checkbox"/> 296 <input type="checkbox"/> 297 <input type="checkbox"/> 298 <input type="checkbox"/> 299 <input type="checkbox"/> 300 <input type="checkbox"/> 301 <input type="checkbox"/> 302 <input type="checkbox"/> 303 <input type="checkbox"/> 304 <input type="checkbox"/> 305 <input type="checkbox"/> 306 <input type="checkbox"/> 307 <input type="checkbox"/> 308 <input type="checkbox"/> 309 <input type="checkbox"/> 310 <input type="checkbox"/> 311 <input type="checkbox"/> 312 <input type="checkbox"/> 313 <input type="checkbox"/> 314 <input type="checkbox"/> 315 <input type="checkbox"/> 316 <input type="checkbox"/> 317 <input type="checkbox"/> 318 <input type="checkbox"/> 319 <input type="checkbox"/> 320 <input type="checkbox"/> 321 <input type="checkbox"/> 322 <input type="checkbox"/> 323 <input type="checkbox"/> 324 <input type="checkbox"/> 325 <input type="checkbox"/> 326 <input type="checkbox"/> 327 <input type="checkbox"/> 328 <input type="checkbox"/> 329 <input type="checkbox"/> 330 <input type="checkbox"/> 331 <input type="checkbox"/> 332 <input type="checkbox"/> 333 <input type="checkbox"/> 334 <input type="checkbox"/> 335 <input type="checkbox"/> 336 <input type="checkbox"/> 337 <input type="checkbox"/> 338 <input type="checkbox"/> 339 <input type="checkbox"/> 340 <input type="checkbox"/> 341 <input type="checkbox"/> 342 <input type="checkbox"/> 343 <input type="checkbox"/> 344 <input type="checkbox"/> 345 <input type="checkbox"/> 346 <input type="checkbox"/> 347 <input type="checkbox"/> 348 <input type="checkbox"/> 349 <input type="checkbox"/> 350 <input type="checkbox"/> 351 <input type="checkbox"/> 352 <input type="checkbox"/> 353 <input type="checkbox"/> 354 <input type="checkbox"/> 355 <input type="checkbox"/> 356 <input type="checkbox"/> 357 <input type="checkbox"/> 358 <input type="checkbox"/> 359 <input type="checkbox"/> 360 <input type="checkbox"/> 361 <input type="checkbox"/> 362 <input type="checkbox"/> 363 <input type="checkbox"/> 364 <input type="checkbox"/> 365 <input type="checkbox"/> 366 <input type="checkbox"/> 367 <input type="checkbox"/> 368 <input type="checkbox"/> 369 <input type="checkbox"/> 370 <input type="checkbox"/> 371 <input type="checkbox"/> 372 <input type="checkbox"/> 373 <input type="checkbox"/> 374 <input type="checkbox"/> 375 <input type="checkbox"/> 376 <input type="checkbox"/> 377 <input type="checkbox"/> 378 <input type="checkbox"/> 379 <input type="checkbox"/> 380 <input type="checkbox"/> 381 <input type="checkbox"/> 382 <input type="checkbox"/> 383 <input type="checkbox"/> 384 <input type="checkbox"/> 385 <input type="checkbox"/> 386 <input type="checkbox"/> 387 <input type="checkbox"/> 388 <input type="checkbox"/> 389 <input type="checkbox"/> 390 <input type="checkbox"/> 391 <input type="checkbox"/> 392 <input type="checkbox"/> 393 <input type="checkbox"/> 394 <input type="checkbox"/> 395 <input type="checkbox"/> 396 <input type="checkbox"/> 397 <input type="checkbox"/> 398 <input type="checkbox"/> 399 <input type="checkbox"/> 400 <input type="checkbox"/> 401 <input type="checkbox"/> 402 <input type="checkbox"/> 403 <input type="checkbox"/> 404 <input type="checkbox"/> 405 <input type="checkbox"/> 406 <input type="checkbox"/> 407 <input type="checkbox"/> 408 <input type="checkbox"/> 409 <input type="checkbox"/> 410 <input type="checkbox"/> 411 <input type="checkbox"/> 412 <input type="checkbox"/> 413 <input type="checkbox"/> 414 <input type="checkbox"/> 415 <input type="checkbox"/> 416 <input type="checkbox"/> 417 <input type="checkbox"/> 418 <input type="checkbox"/> 419 <input type="checkbox"/> 420 <input type="checkbox"/> 421 <input type="checkbox"/> 422 <input type="checkbox"/> 423 <input type="checkbox"/> 424 <input type="checkbox"/> 425 <input type="checkbox"/> 426 <input type="checkbox"/> 427 <input type="checkbox"/> 428 <input type="checkbox"/> 429 <input type="checkbox"/> 430 <input type="checkbox"/> 431 <input type="checkbox"/> 432 <input type="checkbox"/> 433 <input type="checkbox"/> 434 <input type="checkbox"/> 435 <input type="checkbox"/> 436 <input type="checkbox"/> 437 <input type="checkbox"/> 438 <input type="checkbox"/> 439 <input type="checkbox"/> 440 <input type="checkbox"/> 441 <input type="checkbox"/> 442 <input type="checkbox"/> 443 <input type="checkbox"/> 444 <input type="checkbox"/> 445 <input type="checkbox"/> 446 <input type="checkbox"/> 447 <input type="checkbox"/> 448 <input type="checkbox"/> 449 <input type="checkbox"/> 450 <input type="checkbox"/> 451 <input type="checkbox"/> 452 <input type="checkbox"/> 453 <input type="checkbox"/> 454 <input type="checkbox"/> 455 <input type="checkbox"/> 456 <input type="checkbox"/> 457 <input type="checkbox"/> 458 <input type="checkbox"/> 459 <input type="checkbox"/> 460 <input type="checkbox"/> 461 <input type="checkbox"/> 462 <input type="checkbox"/> 463 <input type="checkbox"/> 464 <input type="checkbox"/> 465 <input type="checkbox"/> 466 <input type="checkbox"/> 467 <input type="checkbox"/> 468 <input type="checkbox"/> 469 <input type="checkbox"/> 470 <input type="checkbox"/> 471 <input type="checkbox"/> 472 <input type="checkbox"/> 473 <input type="checkbox"/> 474 <input type="checkbox"/> 475 <input type="checkbox"/> 476 <input type="checkbox"/> 477 <input type="checkbox"/> 478 <input type="checkbox"/> 479 <input type="checkbox"/> 480 <input type="checkbox"/> 481 <input type="checkbox"/> 482 <input type="checkbox"/> 483 <input type="checkbox"/> 484 <input type="checkbox"/> 485 <input type="checkbox"/> 486 <input type="checkbox"/> 487 <input type="checkbox"/> 488 <input type="checkbox"/> 489 <input type="checkbox"/> 490 <input type="checkbox"/> 491 <input type="checkbox"/> 492 <input type="checkbox"/> 493 <input type="checkbox"/> 494 <input type="checkbox"/> 495 <input type="checkbox"/> 496 <input type="checkbox"/> 497 <input type="checkbox"/> 498 <input type="checkbox"/> 499 <input type="checkbox"/> 500	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) [REDACTED]		7 Social security tips	8 [REDACTED]
f Employer's name FINANCIAL TRUST COMPANY, INC.		9 Advance EIC payments	10 [REDACTED]
		11 Nonqualified plans	12 Deferred compensation 33876.50
		13 For third-party sick pay use only	
		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			
Contact person [REDACTED]	Telephone number [REDACTED]	For Official Use Only	
E-mail address [REDACTED]	Fax number [REDACTED]		

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 25430

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

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

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

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

Magnetic media/electronic reporting. If you file 250 or more Forms W-2AS, W-2GU, W-2CM, or W-2VI, you must file them on magnetic media or electronically. You can get specifications for filing this information on magnetic media or electronically by visiting Social Security's Employer Reporting Instructions and Information website at www.socialsecurity.gov/employer or by contacting an SSA Employer Services Liaison Officer (ESLO) at 787-786-5574 for the U.S. Virgin Islands or 510-970-8247 for Guam and American Samoa. SSA will not accept magnetic tape and cartridge submissions beginning with the 2005 Form W-2 reports that are due to SSA in calendar year 2006.

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

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

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

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

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

a Control number		22222	Valid <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN)		[REDACTED]		1 Wages, tips, other compensation	2 VI income tax withheld
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED]		3 Social security wages	4 Social security tax withheld
				5 Medicare wages and tips	6 Medicare tax withheld
d Employee's social security number		[REDACTED]		7 Social security tips	8
e Employee's first name and initial		Last name		11 Nonqualified plans	12a See Form W-3SS Instructions
DALE		BASTIAN GORDON			\$ 3939.11
[REDACTED]		[REDACTED]		13 <input type="checkbox"/> Salary employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 35.82
f Employee's address and ZIP code		[REDACTED]		14 Other	12c
					12d

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

2005

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

a Control number		22222	Valid <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN)		[REDACTED]		1 Wages, tips, other compensation	2 VI income tax withheld
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED]		3 Social security wages	4 Social security tax withheld
				5 Medicare wages and tips	6 Medicare tax withheld
d Employee's social security number		[REDACTED]		7 Social security tips	8
e Employee's first name and initial		Last name		11 Nonqualified plans	12a See Form W-3SS Instructions
[REDACTED]		[REDACTED]			\$ 5462.19
[REDACTED]		[REDACTED]		13 <input type="checkbox"/> Salary employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b 145.04
f Employee's address and ZIP code		[REDACTED]		14 Other	12c
					12d

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

2005

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

FTC0010

EFTA00233124

a Control number 22222		Valid <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]		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. [REDACTED] [REDACTED] .S. [REDACTED]		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 [REDACTED]
d Employee's social security number [REDACTED]		9 Advance EIC payment		10 [REDACTED]
e Employee's first name and initial LEON A Last name CASEY, SR. [REDACTED] [REDACTED]		11 Nonqualified plans		12a See Form W-3SS instructions \$ 4816.83
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 222.21
		14 Other		12c
				12d
f Employee's address and ZIP code [REDACTED]				

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

2005

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

a Control number 22222		Valid <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]		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. [REDACTED] [REDACTED]		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 [REDACTED]
d Employee's social security number [REDACTED]		9 Advance EIC payment		10 [REDACTED]
e Employee's first name and initial JAMIE I Last name CORNELIUS [REDACTED] [REDACTED]		11 Nonqualified plans		12a See Form W-3SS instructions \$ 2717.21
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 48.10
		14 Other		12c
				12d
f Employee's address and ZIP code [REDACTED]				

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

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)		[REDACTED]		1 Wages, tips, other compensation	2 VI income tax withheld
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS [REDACTED], 00802		3 Social security wages	4 Social security tax withheld
				5 Medicare wages and tips	6 Medicare tax withheld
d Employee's social security number		[REDACTED]		7 Social security tips	8 [REDACTED]
e Employee's first name and initial		Last name		9 Advance EIC payment	10 [REDACTED]
CECILE R		DE JONGH		11 Nonqualified plans	12a See Form W-3SS Instructions
[REDACTED]		[REDACTED]		13 Salaried employee <input type="checkbox"/>	12b 6880.76
f Employee's address and ZIP code		[REDACTED]		Retirement plan <input checked="" type="checkbox"/>	12c 177.95
				Third-party sick pay <input type="checkbox"/>	12d [REDACTED]
				14 Other	[REDACTED]

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

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)		[REDACTED]		1 Wages, tips, other compensation	2 VI income tax withheld
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS [REDACTED], 00802		3 Social security wages	4 Social security tax withheld
				5 Medicare wages and tips	6 Medicare tax withheld
d Employee's social security number		[REDACTED]		7 Social security tips	8 [REDACTED]
e Employee's first name and initial		Last name		9 Advance EIC payment	10 [REDACTED]
JEFFREY E		EPSTEIN		11 Nonqualified plans	12a See Form W-3SS Instructions
[REDACTED]		[REDACTED]		13 Salaried employee <input type="checkbox"/>	12b 1021.28
f Employee's address and ZIP code		[REDACTED]		Retirement plan <input type="checkbox"/>	12c [REDACTED]
				Third-party sick pay <input type="checkbox"/>	12d [REDACTED]
				14 Other	[REDACTED]

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

2005

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

FTC0012

EFTA00233126

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
FINANCIAL TRUST COMPANY, INC. ST. THOMAS .I., 00802			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		11 Nonqualified plans	
TEQUASI O		HENDRICKS		12a See Form W-385 instructions	
f Employee's address and ZIP code			13 Statutory employees		12b
			Retirement plan		12c
			Third-party sick pay		12d
			14 Other		

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

2005

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

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number (EIN)			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
FINANCIAL TRUST COMPANY, INC. ST. THOMAS .I., 00802			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		11 Nonqualified plans	
LORETTA		MCDONALD MORRELL		12a See Form W-385 instructions	
f Employee's address and ZIP code			13 Statutory employees		12b
			Retirement plan		12c
			Third-party sick pay		12d
			14 Other		

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

2005

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

FTC0013

EFTA00233127

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1546-0008		
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		
FINANCIAL TRUST COMPANY, INC. [REDACTED]			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		11 Nonqualified plans		
[REDACTED]		PASCAL		12a See Form W-3SS instructions		
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 37.32	
			14 Other		12c	
					12d	

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

2005

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

a Control number		22222	Void <input type="checkbox"/>	OMB No. 1546-0008		
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		
FINANCIAL TRUST COMPANY, INC. [REDACTED]			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		11 Nonqualified plans		
ANN M		RODRIGUEZ		12a See Form W-3SS instructions		
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 5.03	
			14 Other		12c	
					12d	

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

2005

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

FTC0014

EFTA00233128

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

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

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)		[REDACTED]		1 Wages, tips, other compensation	2 VI income tax withheld
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED]		3 Social security wages	4 Social security tax withheld
				5 Medicare wages and tips	6 Medicare tax withheld
d Employee's social security number		[REDACTED]		7 Social security tips	8 [REDACTED]
e Employee's first name and initial		Last name		9 Advance EIO payment	10 [REDACTED]
DAPHNE L		WALLACE		11 Nonqualified plans	12a See Form W-3SS Instructions
[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/> Retiree <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b \$ 30.29
f Employee's address and ZIP code		[REDACTED]		14 Other	12c [REDACTED]
					12d [REDACTED]

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

2005

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

FTC0015

EFTA00233129

DO NOT STAPLE OR FOLD

a Control number 3333		For Official Use Only OMB No. 1545-0008	
b Kind of Payer <input type="checkbox"/> 941-SS <input type="checkbox"/> Military <input type="checkbox"/> D4S <input type="checkbox"/> Hehd. emp. <input type="checkbox"/> Medicare gov. emp. <input type="checkbox"/> Third-party sick pay	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 [REDACTED]		7 Social security tips	8 [REDACTED]
f Employer's name FINANCIAL TRUST COMPANY, INC.		9 Advance EIC payments	10 [REDACTED]
[REDACTED] ST. THOMAS, USVI 00802		11 Nonqualified plans	12 Deferred compensation 35019.95
g Employer's address and ZIP code		13 For third-party sick pay use only	
h Other EIN used this year		14 Income tax withheld by payer of third-party sick pay	
i Employer's territorial ID number		15 Check the appropriate box Type of Form <input type="checkbox"/> W-2AS <input type="checkbox"/> W-2CM <input type="checkbox"/> W-2GU <input type="checkbox"/> W-2VI	
Contact person Jeanne Brennan		Telephone number [REDACTED]	For Official Use Only
E-mail address		Fax number [REDACTED]	

Copy A—For Social Security Administration

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

Signature: Jeanne Brennan Title: Controller Date: 2/15/05

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

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

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

Cautions: 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 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 "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.

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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. ST. THOMAS 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	
d Employee's social security number		7 Social security tips		8	
e Employee's first name and initial DALE		Last name BASTIAN GORDON		9 Advance EIC payment	
f Employee's address and ZIP code		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	

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-38:

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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.		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	
d Employee's social security number		7 Social security tips		8	
e Employee's first name and initial		Last name		9 Advance EIC payment	
f Employee's address and ZIP code		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	

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-38:

FTC0017

EFTA00233131

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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. [REDACTED]		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 [REDACTED]	
d Employee's social security number		9 Advance EIC payment		10 [REDACTED]	
e Employee's first name and initial LEON A [REDACTED]		Last name CASEY, SR.		11 Nonqualified plans	
		12a See Form W-3SS instructions S 4677.90		12b C 211.63	
		13 Disability Retirement Third-party employee plan other pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12c 12d	
f Employee's address and ZIP code		14 Other		[REDACTED]	

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

2004

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

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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. [REDACTED]		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 [REDACTED]	
d Employee's social security number		9 Advance EIC payment		10 [REDACTED]	
e Employee's first name and initial JAMIE I [REDACTED]		Last name CORNELIUS		11 Nonqualified plans	
		12a See Form W-3SS instructions S 3936.40		12b C 44.78	
		13 Disability Retirement Third-party employee plan other pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12c 12d	
f Employee's address and ZIP code		14 Other		[REDACTED]	

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

2004

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

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number			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
FINANCIAL TRUST COMPANY, INC.			5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]			7 Social security tips	8 [REDACTED]
d [REDACTED]			9 Advance EIC payment	10 [REDACTED]
e Employee's first name and initial		Last name	11 Nonqualified plans	12a See Form W-388 Instructions
CECILE R		DE JONGH	12b	5099.91
[REDACTED]			13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12c
f Employee's address and ZIP code			14 Other	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-388

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number			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
FINANCIAL TRUST COMPANY, INC.			5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]			7 Social security tips	8 [REDACTED]
d Employee's social security number			9 Advance EIC payment	10 [REDACTED]
e Employee's first name and initial		Last name	11 Nonqualified plans	12a See Form W-388 Instructions
JEFFREY E		EPSTEIN	12b	1021.26
[REDACTED]			13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12c
f Employee's address and ZIP code			14 Other	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-388

FTCD019

EFTA00233133

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number		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. [REDACTED]		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
d Employee's social security number		7 Social security tips		8 [REDACTED]
e Employee's first name and initial TEQUASI O [REDACTED]		9 Advance EIC payment		10 [REDACTED]
		11 Nonqualified plans		12a See Form W-393 instructions
f Employee's address and ZIP code		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b [REDACTED]
		14 Other		12c [REDACTED]
				12d [REDACTED]

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

2004

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

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number		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
d Employee's social security number 580-29-3823		7 Social security tips		8 [REDACTED]
e Employee's first name and initial LORETTA [REDACTED]		9 Advance EIC payment		10 [REDACTED]
		11 Nonqualified plans		12a See Form W-393 instructions S 648.18
f Employee's address and ZIP code		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		12b [REDACTED]
		14 Other		12c [REDACTED]
				12d [REDACTED]

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

2004

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

FTCO020

EFTA00233134

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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. [REDACTED]		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 [REDACTED]		7 Social security tips		8 [REDACTED]	
		9 Advance EIC payment		10 [REDACTED]	
e Employee's first name and initial UNA R Last name PASCAL [REDACTED]		11 Nonqualified plans		12a See Form W-3SS 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	
		14 Other		12c	
f Employee's address and ZIP code		12d		[REDACTED]	

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

2004

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

a Control number		Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number		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. [REDACTED] 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 [REDACTED]		7 Social security tips		8 [REDACTED]	
		9 Advance EIC payment		10 [REDACTED]	
e Employee's first name and initial ANN M Last name RODRIGUEZ [REDACTED]		11 Nonqualified plans		12a See Form W-3SS 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	
		14 Other		12c	
f Employee's address and ZIP code		12d		[REDACTED]	

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

2004

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

FTC0021

EFTA00233135

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number		1 Wages, tips, other compensation		2 VI income tax withheld
[REDACTED]		35326.30		2832.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS U.S.VIRGIN, 00802		3 Social security wages		4 Social security tax withheld
		37983.56		2354.98
		5 Medicare wages and tips		6 Medicare tax withheld
[REDACTED]		37983.56		550.76
d Employee's social security number		7 Social security tips		8 [REDACTED]
[REDACTED]		9 Advance EIC payment		10 [REDACTED]
e Employee's first name and initial JERMAINE A Last name RUAN [REDACTED]		11 Nonqualified plans		12a See Form W-385 Instructions
		[REDACTED]		S 2657.26
		13 Statutory employee Retirement plan Third-party plan		12b
[REDACTED]		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		C 23.00
f Employee's address and ZIP code		14 Other		12c 12d
[REDACTED]		[REDACTED]		[REDACTED]

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

2004

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

a Control number		Void <input type="checkbox"/>	OMB No. 1545-0008	
b Employer identification number		1 Wages, tips, other compensation		2 VI income tax withheld
66-0567418		36964.83		3091.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS U.S.VIRGIN, 00802		3 Social security wages		4 Social security tax withheld
		41190.09		2553.79
		5 Medicare wages and tips		6 Medicare tax withheld
[REDACTED]		41190.09		597.26
d Employee's social security number		7 Social security tips		8 [REDACTED]
[REDACTED]		9 Advance EIC payment		10 [REDACTED]
e Employee's first name and initial DAPHNE L Last name WALLACE [REDACTED]		11 Nonqualified plans		12a See Form W-385 Instructions
		[REDACTED]		S 4225.26
		13 Statutory employee Retirement plan Third-party plan		12b
[REDACTED]		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		C 29.12
f Employee's address and ZIP code		14 Other		12c 12d
[REDACTED]		[REDACTED]		[REDACTED]

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

2004

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

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"/> 942 <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> 945 <input type="checkbox"/> 946 <input type="checkbox"/> 947 <input type="checkbox"/> 948 <input type="checkbox"/> 949 <input type="checkbox"/> 950 <input type="checkbox"/> 951 <input type="checkbox"/> 952 <input type="checkbox"/> 953 <input type="checkbox"/> 954 <input type="checkbox"/> 955 <input type="checkbox"/> 956 <input type="checkbox"/> 957 <input type="checkbox"/> 958 <input type="checkbox"/> 959 <input type="checkbox"/> 960 <input type="checkbox"/> 961 <input type="checkbox"/> 962 <input type="checkbox"/> 963 <input type="checkbox"/> 964 <input type="checkbox"/> 965 <input type="checkbox"/> 966 <input type="checkbox"/> 967 <input type="checkbox"/> 968 <input type="checkbox"/> 969 <input type="checkbox"/> 970 <input type="checkbox"/> 971 <input type="checkbox"/> 972 <input type="checkbox"/> 973 <input type="checkbox"/> 974 <input type="checkbox"/> 975 <input type="checkbox"/> 976 <input type="checkbox"/> 977 <input type="checkbox"/> 978 <input type="checkbox"/> 979 <input type="checkbox"/> 980 <input type="checkbox"/> 981 <input type="checkbox"/> 982 <input type="checkbox"/> 983 <input type="checkbox"/> 984 <input type="checkbox"/> 985 <input type="checkbox"/> 986 <input type="checkbox"/> 987 <input type="checkbox"/> 988 <input type="checkbox"/> 989 <input type="checkbox"/> 990 <input type="checkbox"/> 991 <input type="checkbox"/> 992 <input type="checkbox"/> 993 <input type="checkbox"/> 994 <input type="checkbox"/> 995 <input type="checkbox"/> 996 <input type="checkbox"/> 997 <input type="checkbox"/> 998 <input type="checkbox"/> 999 <input type="checkbox"/> 1000 <input type="checkbox"/> 1001 <input type="checkbox"/> 1002 <input type="checkbox"/> 1003 <input type="checkbox"/> 1004 <input type="checkbox"/> 1005 <input type="checkbox"/> 1006 <input type="checkbox"/> 1007 <input type="checkbox"/> 1008 <input type="checkbox"/> 1009 <input type="checkbox"/> 1010 <input type="checkbox"/> 1011 <input type="checkbox"/> 1012 <input type="checkbox"/> 1013 <input type="checkbox"/> 1014 <input type="checkbox"/> 1015 <input type="checkbox"/> 1016 <input type="checkbox"/> 1017 <input type="checkbox"/> 1018 <input type="checkbox"/> 1019 <input type="checkbox"/> 1020 <input type="checkbox"/> 1021 <input type="checkbox"/> 1022 <input type="checkbox"/> 1023 <input type="checkbox"/> 1024 <input type="checkbox"/> 1025 <input type="checkbox"/> 1026 <input type="checkbox"/> 1027 <input type="checkbox"/> 1028 <input type="checkbox"/> 1029 <input type="checkbox"/> 1030 <input type="checkbox"/> 1031 <input type="checkbox"/> 1032 <input type="checkbox"/> 1033 <input type="checkbox"/> 1034 <input type="checkbox"/> 1035 <input type="checkbox"/> 1036 <input type="checkbox"/> 1037 <input type="checkbox"/> 1038 <input type="checkbox"/> 1039 <input type="checkbox"/> 1040 <input type="checkbox"/> 1041 <input type="checkbox"/> 1042 <input type="checkbox"/> 1043 <input type="checkbox"/> 1044 <input type="checkbox"/> 1045 <input type="checkbox"/> 1046 <input type="checkbox"/> 1047 <input type="checkbox"/> 1048 <input type="checkbox"/> 1049 <input type="checkbox"/> 1050 <input type="checkbox"/> 1051 <input type="checkbox"/> 1052 <input type="checkbox"/> 1053 <input type="checkbox"/> 1054 <input type="checkbox"/> 1055 <input type="checkbox"/> 1056 <input type="checkbox"/> 1057 <input type="checkbox"/> 1058 <input type="checkbox"/> 1059 <input type="checkbox"/> 1060 <input type="checkbox"/> 1061 <input type="checkbox"/> 1062 <input type="checkbox"/> 1063 <input type="checkbox"/> 1064 <input type="checkbox"/> 1065 <input type="checkbox"/> 1066 <input type="checkbox"/> 1067 <input type="checkbox"/> 1068 <input type="checkbox"/> 1069 <input type="checkbox"/> 1070 <input type="checkbox"/> 1071 <input type="checkbox"/> 1072 <input type="checkbox"/> 1073 <input type="checkbox"/> 1074 <input type="checkbox"/> 1075 <input type="checkbox"/> 1076 <input type="checkbox"/> 1077 <input type="checkbox"/> 1078 <input type="checkbox"/> 1079 <input type="checkbox"/> 1080 <input type="checkbox"/> 1081 <input type="checkbox"/> 1082 <input type="checkbox"/> 1083 <input type="checkbox"/> 1084 <input type="checkbox"/> 1085 <input type="checkbox"/> 1086 <input type="checkbox"/> 1087 <input type="checkbox"/> 1088 <input type="checkbox"/> 1089 <input type="checkbox"/> 1090 <input type="checkbox"/> 1091 <input type="checkbox"/> 1092 <input type="checkbox"/> 1093 <input type="checkbox"/> 1094 <input type="checkbox"/> 1095 <input type="checkbox"/> 1096 <input type="checkbox"/> 1097 <input type="checkbox"/> 1098 <input type="checkbox"/> 1099 <input type="checkbox"/> 1100 <input type="checkbox"/> 1101 <input type="checkbox"/> 1102 <input type="checkbox"/> 1103 <input type="checkbox"/> 1104 <input type="checkbox"/> 1105 <input type="checkbox"/> 1106 <input type="checkbox"/> 1107 <input type="checkbox"/> 1108 <input type="checkbox"/> 1109 <input type="checkbox"/> 1110 <input type="checkbox"/> 1111 <input type="checkbox"/> 1112 <input type="checkbox"/> 1113 <input type="checkbox"/> 1114 <input type="checkbox"/> 1115 <input type="checkbox"/> 1116 <input type="checkbox"/> 1117 <input type="checkbox"/> 1118 <input type="checkbox"/> 1119 <input type="checkbox"/> 1120 <input type="checkbox"/> 1121 <input type="checkbox"/> 1122 <input type="checkbox"/> 1123 <input type="checkbox"/> 1124 <input type="checkbox"/> 1125 <input type="checkbox"/> 1126 <input type="checkbox"/> 1127 <input type="checkbox"/> 1128 <input type="checkbox"/> 1129 <input type="checkbox"/> 1130 <input type="checkbox"/> 1131 <input type="checkbox"/> 1132 <input type="checkbox"/> 1133 <input type="checkbox"/> 1134 <input type="checkbox"/> 1135 <input type="checkbox"/> 1136 <input type="checkbox"/> 1137 <input type="checkbox"/> 1138 <input type="checkbox"/> 1139 <input type="checkbox"/> 1140 <input type="checkbox"/> 1141 <input type="checkbox"/> 1142 <input type="checkbox"/> 1143 <input type="checkbox"/> 1144 <input type="checkbox"/> 1145 <input type="checkbox"/> 1146 <input type="checkbox"/> 1147 <input type="checkbox"/> 1148 <input type="checkbox"/> 1149 <input type="checkbox"/> 1150 <input type="checkbox"/> 1151 <input type="checkbox"/> 1152 <input type="checkbox"/> 1153 <input type="checkbox"/> 1154 <input type="checkbox"/> 1155 <input type="checkbox"/> 1156 <input type="checkbox"/> 1157 <input type="checkbox"/> 1158 <input type="checkbox"/> 1159 <input type="checkbox"/> 1160 <input type="checkbox"/> 1161 <input type="checkbox"/> 1162 <input type="checkbox"/> 1163 <input type="checkbox"/> 1164 <input type="checkbox"/> 1165 <input type="checkbox"/> 1166 <input type="checkbox"/> 1167 <input type="checkbox"/> 1168 <input type="checkbox"/> 1169 <input type="checkbox"/> 1170 <input type="checkbox"/> 1171 <input type="checkbox"/> 1172 <input type="checkbox"/> 1173 <input type="checkbox"/> 1174 <input type="checkbox"/> 1175 <input type="checkbox"/> 1176 <input type="checkbox"/> 1177 <input type="checkbox"/> 1178 <input type="checkbox"/> 1179 <input type="checkbox"/> 1180 <input type="checkbox"/> 1181 <input type="checkbox"/> 1182 <input type="checkbox"/> 1183 <input type="checkbox"/> 1184 <input type="checkbox"/> 1185 <input type="checkbox"/> 1186 <input type="checkbox"/> 1187 <input type="checkbox"/> 1188 <input type="checkbox"/> 1189 <input type="checkbox"/> 1190 <input type="checkbox"/> 1191 <input type="checkbox"/> 1192 <input type="checkbox"/> 1193 <input type="checkbox"/> 1194 <input type="checkbox"/> 1195 <input type="checkbox"/> 1196 <input type="checkbox"/> 1197 <input type="checkbox"/> 1198 <input type="checkbox"/> 1199 <input type="checkbox"/> 1200 <input type="checkbox"/> 1201 <input type="checkbox"/> 1202 <input type="checkbox"/> 1203 <input type="checkbox"/> 1204 <input type="checkbox"/> 1205 <input type="checkbox"/> 1206 <input type="checkbox"/> 1207 <input type="checkbox"/> 1208 <input type="checkbox"/> 1209 <input type="checkbox"/> 1210 <input type="checkbox"/> 1211 <input type="checkbox"/> 1212 <input type="checkbox"/> 1213 <input type="checkbox"/> 1214 <input type="checkbox"/> 1215 <input type="checkbox"/> 1216 <input type="checkbox"/> 1217 <input type="checkbox"/> 1218 <input type="checkbox"/> 1219 <input type="checkbox"/> 1220 <input type="checkbox"/> 1221 <input type="checkbox"/> 1222 <input type="checkbox"/> 1223 <input type="checkbox"/> 1224 <input type="checkbox"/> 1225 <input type="checkbox"/> 1226 <input type="checkbox"/> 1227 <input type="checkbox"/> 1228 <input type="checkbox"/> 1229 <input type="checkbox"/> 1230 <input type="checkbox"/> 1231 <input type="checkbox"/> 1232 <input type="checkbox"/> 1233 <input type="checkbox"/> 1234 <input type="checkbox"/> 1235 <input type="checkbox"/> 1236 <input type="checkbox"/> 1237 <input type="checkbox"/> 1238 <input type="checkbox"/> 1239 <input type="checkbox"/> 1240 <input type="checkbox"/> 1241 <input type="checkbox"/> 1242 <input type="checkbox"/> 1243 <input type="checkbox"/> 1244 <input type="checkbox"/> 1245 <input type="checkbox"/> 1246 <input type="checkbox"/> 1247 <input type="checkbox"/> 1248 <input type="checkbox"/> 1249 <input type="checkbox"/> 1250 <input type="checkbox"/> 1251 <input type="checkbox"/> 1252 <input type="checkbox"/> 1253 <input type="checkbox"/> 1254 <input type="checkbox"/> 1255 <input type="checkbox"/> 1256 <input type="checkbox"/> 1257 <input type="checkbox"/> 1258 <input type="checkbox"/> 1259 <input type="checkbox"/> 1260 <input type="checkbox"/> 1261 <input type="checkbox"/> 1262 <input type="checkbox"/> 1263 <input type="checkbox"/> 1264 <input type="checkbox"/> 1265 <input type="checkbox"/> 1266 <input type="checkbox"/> 1267 <input type="checkbox"/> 1268 <input type="checkbox"/> 1269 <input type="checkbox"/> 1270 <input type="checkbox"/> 1271 <input type="checkbox"/> 1272 <input type="checkbox"/> 1273 <input type="checkbox"/> 1274 <input type="checkbox"/> 1275 <input type="checkbox"/> 1276 <input type="checkbox"/> 1277 <input type="checkbox"/> 1278 <input type="checkbox"/> 1279 <input type="checkbox"/> 1280 <input type="checkbox"/> 1281 <input type="checkbox"/> 1282 <input type="checkbox"/> 1283 <input type="checkbox"/> 1284 <input type="checkbox"/> 1285 <input type="checkbox"/> 1286 <input type="checkbox"/> 1287 <input type="checkbox"/> 1288 <input type="checkbox"/> 1289 <input type="checkbox"/> 1290 <input type="checkbox"/> 1291 <input type="checkbox"/> 1292 <input type="checkbox"/> 1293 <input type="checkbox"/> 1294 <input type="checkbox"/> 1295 <input type="checkbox"/> 1296 <input type="checkbox"/> 1297 <input type="checkbox"/> 1298 <input type="checkbox"/> 1299 <input type="checkbox"/> 1300 <input type="checkbox"/> 1301 <input type="checkbox"/> 1302 <input type="checkbox"/> 1303 <input type="checkbox"/> 1304 <input type="checkbox"/> 1305 <input type="checkbox"/> 1306 <input type="checkbox"/> 1307 <input type="checkbox"/> 1308 <input type="checkbox"/> 1309 <input type="checkbox"/> 1310 <input type="checkbox"/> 1311 <input type="checkbox"/> 1312 <input type="checkbox"/> 1313 <input type="checkbox"/> 1314 <input type="checkbox"/> 1315 <input type="checkbox"/> 1316 <input type="checkbox"/> 1317 <input type="checkbox"/> 1318 <input type="checkbox"/> 1319 <input type="checkbox"/> 1320 <input type="checkbox"/> 1321 <input type="checkbox"/> 1322 <input type="checkbox"/> 1323 <input type="checkbox"/> 1324 <input type="checkbox"/> 1325 <input type="checkbox"/> 1326 <input type="checkbox"/> 1327 <input type="checkbox"/> 1328 <input type="checkbox"/> 1329 <input type="checkbox"/> 1330 <input type="checkbox"/> 1331 <input type="checkbox"/> 1332 <input type="checkbox"/> 1333 <input type="checkbox"/> 1334 <input type="checkbox"/> 1335 <input type="checkbox"/> 1336 <input type="checkbox"/> 1337 <input type="checkbox"/> 1338 <input type="checkbox"/> 1339 <input type="checkbox"/> 1340 <input type="checkbox"/> 1341 <input type="checkbox"/> 1342 <input type="checkbox"/> 1343 <input type="checkbox"/> 1344 <input type="checkbox"/> 1345 <input type="checkbox"/> 1346 <input type="checkbox"/> 1347 <input type="checkbox"/> 1348 <input type="checkbox"/> 1349 <input type="checkbox"/> 1350 <input type="checkbox"/> 1351 <input type="checkbox"/> 1352 <input type="checkbox"/> 1353 <input type="checkbox"/> 1354 <input type="checkbox"/> 1355 <input type="checkbox"/> 1356 <input type="checkbox"/> 1357 <input type="checkbox"/> 1358 <input type="checkbox"/> 1359 <input type="checkbox"/> 1360 <input type="checkbox"/> 1361 <input type="checkbox"/> 1362 <input type="checkbox"/> 1363 <input type="checkbox"/> 1364 <input type="checkbox"/> 1365 <input type="checkbox"/> 1366 <input type="checkbox"/> 1367 <input type="checkbox"/> 1368 <input type="checkbox"/> 1369 <input type="checkbox"/> 1370 <input type="checkbox"/> 1371 <input type="checkbox"/> 1372 <input type="checkbox"/> 1373 <input type="checkbox"/> 1374 <input type="checkbox"/> 1375 <input type="checkbox"/> 1376 <input type="checkbox"/> 1377 <input type="checkbox"/> 1378 <input type="checkbox"/> 1379 <input type="checkbox"/> 1380 <input type="checkbox"/> 1381 <input type="checkbox"/> 1382 <input type="checkbox"/> 1383 <input type="checkbox"/> 1384 <input type="checkbox"/> 1385 <input type="checkbox"/> 1386 <input type="checkbox"/> 1387 <input type="checkbox"/> 1388 <input type="checkbox"/> 1389 <input type="checkbox"/> 1390 <input type="checkbox"/> 1391 <input type="checkbox"/> 1392 <input type="checkbox"/> 1393 <input type="checkbox"/> 1394 <input type="checkbox"/> 1395 <input type="checkbox"/> 1396 <input type="checkbox"/> 1397 <input type="checkbox"/> 1398 <input type="checkbox"/> 1399 <input type="checkbox"/> 1400 <input type="checkbox"/> 1401 <input type="checkbox"/> 1402 <input type="checkbox"/> 1403 <input type="checkbox"/> 1404 <input type="checkbox"/> 1405 <input type="checkbox"/> 1406 <input type="checkbox"/> 1407 <input type="checkbox"/> 1408 <input type="checkbox"/> 1409 <input type="checkbox"/> 1410 <input type="checkbox"/> 1411 <input type="checkbox"/> 1412 <input type="checkbox"/> 1413 <input type="checkbox"/> 1414 <input type="checkbox"/> 1415 <input type="checkbox"/> 1416 <input type="checkbox"/> 1417 <input type="checkbox"/> 1418 <input type="checkbox"/> 1419 <input type="checkbox"/> 1420 <input type="checkbox"/> 1421 <input type="checkbox"/> 1422 <input type="checkbox"/> 1423 <input type="checkbox"/> 1424 <input type="checkbox"/> 1425 <input type="checkbox"/> 1426 <input type="checkbox"/> 1427 <input type="checkbox"/> 1428 <input type="checkbox"/> 1429 <input type="checkbox"/> 1430 <input type="checkbox"/> 1431 <input type="checkbox"/> 1432 <input type="checkbox"/> 1433 <input type="checkbox"/> 1434 <input type="checkbox"/> 1435 <input type="checkbox"/> 1436 <input type="checkbox"/> 1437 <input type="checkbox"/> 1438 <input type="checkbox"/> 1439 <input type="checkbox"/> 1440 <input type="checkbox"/> 1441 <input type="checkbox"/> 1442 <input type="checkbox"/> 1443 <input type="checkbox"/> 1444 <input type="checkbox"/> 1445 <input type="checkbox"/> 1446 <input type="checkbox"/> 1447 <input type="checkbox"/> 1448 <input type="checkbox"/> 1449 <input type="checkbox"/> 1450 <input type="checkbox"/> 1451 <input type="checkbox"/> 1452 <input type="checkbox"/> 1453 <input type="checkbox"/> 1454 <input type="checkbox"/> 1455 <input type="checkbox"/> 1456 <input type="checkbox"/> 1457 <input type="checkbox"/> 1458 <input type="checkbox"/> 1459 <input type="checkbox"/> 1460 <input type="checkbox"/> 1461 <input type="checkbox"/> 1462 <input type="checkbox"/> 1463 <input type="checkbox"/> 1464 <input type="checkbox"/> 1465 <input type="checkbox"/> 1466 <input type="checkbox"/> 1467 <input type="checkbox"/> 1468 <input type="checkbox"/> 1469 <input type="checkbox"/> 1470 <input type="checkbox"/> 1471 <input type="checkbox"/> 1472 <input type="checkbox"/> 1473 <input type="checkbox"/> 1474 <input type="checkbox"/> 1475 <input type="checkbox"/> 1476 <input type="checkbox"/> 1477 <input type="checkbox"/> 1478 <input type="checkbox"/> 1479 <input type="checkbox"/> 1480 <input type="checkbox"/> 1481 <input type="checkbox"/> 1482 <input type="checkbox"/> 1483 <input type="checkbox"/> 1484 <input type="checkbox"/> 1485 <input type="checkbox"/> 1486 <input type="checkbox"/> 1487 <input type="checkbox"/> 1488 <input type="checkbox"/> 1489 <input type="checkbox"/> 1490 <input type="checkbox"/> 1491 <input type="checkbox"/> 1492 <input type="checkbox"/> 1493 <input type="checkbox"/> 1494 <input type="checkbox"/> 1495 <input type="checkbox"/> 1496 <input type="checkbox"/> 1497 <input type="checkbox"/> 1498 <input type="checkbox"/> 1499 <input type="checkbox"/> 1500 <input type="checkbox"/> 1501 <input type="checkbox"/> 1502 <input type="checkbox"/> 1503 <input type="checkbox"/> 1504 <input type="checkbox"/> 1505 <input type="checkbox"/> 1506 <input type="checkbox"/> 1507 <input type="checkbox"/> 1508 <input type="checkbox"/> 1509 <input type="checkbox"/> 1510 <input type="checkbox"/> 1511 <input type="checkbox"/> 1512 <input type="checkbox"/> 1513 <input type="checkbox"/> 1514 <input type="checkbox"/> 1515 <input type="checkbox"/> 1516 <input type="checkbox"/> 1517 <input type="checkbox"/> 1518 <input type="checkbox"/> 1519 <input type="checkbox"/> 1520 <input type="checkbox"/> 1521 <input type="checkbox"/> 1522 <input type="checkbox"/> 1523 <input type="checkbox"/> 1524 <input type="checkbox"/> 1525 <input type="checkbox"/> 1526 <input type="checkbox"/> 1527 <input type="checkbox"/> 1528 <input type="checkbox"/> 1529 <input type="checkbox"/> 1530 <input type="checkbox"/> 1531 <input type="checkbox"/> 1532 <input type="checkbox"/> 1533 <input type="checkbox"/> 1534 <input type="checkbox"/> 1535 <input type="checkbox"/> 1536 <input type="checkbox"/> 1537 <input type="checkbox"/> 1538 <input type="checkbox"/> 1539 <input type="checkbox"/> 1540 <input type="checkbox"/> 1541 <input type="checkbox"/> 1542 <input type="checkbox"/> 1543 <input type="checkbox"/> 1544 <input type="checkbox"/> 1545 <input type="checkbox"/> 1546 <input type="checkbox"/> 1547 <input type="checkbox"/> 1548 <input type="checkbox"/> 1549 <input type="checkbox"/> 1550 <input type="checkbox"/> 1551 <input type="checkbox"/> 1552 <input type="checkbox"/> 1553 <input type="checkbox"/> 1554 <input type="checkbox"/> 1555 <input type="checkbox"/> 1556 <input type="checkbox"/> 1557 <input type="checkbox"/> 1558 <input type="checkbox"/> 1559 <input type="checkbox"/> 1560 <input type="checkbox"/> 1561 <input type="checkbox"/> 1562 <input type="checkbox"/> 1563 <input type="checkbox"/> 1564 <input type="checkbox"/> 1565 <input type="checkbox"/> 1566 <input type="checkbox"/> 1567 <input type="checkbox"/> 1568 <input type="checkbox"/> 1569 <input type="checkbox"/> 1570 <input type="checkbox"/> 1571 <input type="checkbox"/> 1572 <input type="checkbox"/> 1573 <input type="checkbox"/> 1574 <input type="checkbox"/> 1575 <input type="checkbox"/> 1576 <input type="checkbox"/> 1577 <input type="checkbox"/> 1578 <input type="checkbox"/> 1579 <input type="checkbox"/> 1580 <input type="checkbox"/> 1581 <input type="checkbox"/> 1582 <input type="checkbox"/> 1583 <input type="checkbox"/> 1584 <input type="checkbox"/> 1585 <input type="checkbox"/> 1586 <input type="checkbox"/> 1587 <input type="checkbox"/> 1588 <input type="checkbox"/> 1589 <input type="checkbox"/> 1590 <input type="checkbox"/> 1591 <input type="checkbox"/> 1592 <input type="checkbox"/> 1593 <input type="checkbox"/> 1594 <input type="checkbox"/> 1595 <input type="checkbox"/> 1596 <input type="checkbox"/> 1597 <input type="checkbox"/> 1598 <input type="checkbox"/> 1599 <input type="checkbox"/> 1600 <input type="checkbox"/> 1601 <input type="checkbox"/> 1602 <input type="checkbox"/> 1603 <input type="checkbox"/> 1604 <input type="checkbox"/> 1605 <input type="checkbox"/> 1606 <input type="checkbox"/> 1607 <input type="checkbox"/> 1608 <input type="checkbox"/> 1609 <input type="checkbox"/> 1610 <input type="checkbox"/> 1611 <input type="checkbox"/> 1612 <input type="checkbox"/> 1613 <input type="checkbox"/> 1614 <input type="checkbox"/> 1615 <input type="checkbox"/> 1616 <input type="checkbox"/> 1617 <input type="checkbox"/> 1618 <input type="checkbox"/> 1619 <input type="checkbox"/> 1620 <input type="checkbox"/> 1621 <input type="checkbox"/> 1622 <input type="checkbox"/> 1623 <input type="checkbox"/> 1624 <input type="checkbox"/> 1625 <input type="checkbox"/> 1626 <input type="checkbox"/> 1627 <input type="checkbox"/> 1628 <input type="checkbox"/> 1629 <input type="checkbox"/> 1630 <input type="checkbox"/> 1631 <input type="checkbox"/> 1632 <input type="checkbox"/> 1633 <input type="checkbox"/> 1634 <input type="checkbox"/> 1635 <input type="checkbox"/> 1636 <input type="checkbox"/> 1637 <input type="checkbox"/> 1638 <input type="checkbox"/> 1639 <input type="checkbox"/> 1640 <input type="checkbox"/> 1641 <input type="checkbox"/> 1642 <input type="checkbox"/> 1643 <input type="checkbox"/> 1644 <input type="checkbox"/> 1645 <input type="checkbox"/> 1646 <input type="checkbox"/> 1647 <input type="checkbox"/> 1648 <input type="checkbox"/> 1649 <input type="checkbox"/> 1650 <input type="checkbox"/> 1651 <input type="checkbox"/> 1652 <input type="checkbox"/> 1653 <input type="checkbox"/> 1654 <input type="checkbox"/> 1655 <input type="checkbox"/> 1656 <input type="checkbox"/> 1657 <input type="checkbox"/> 1658 <input type="checkbox"/> 1659 <input type="checkbox"/> 1660 <input type="checkbox"/> 1661 <input type="checkbox"/> 1662 <input type="checkbox"/> 1663 <input type="checkbox"/> 1664 <input type="checkbox"/> 1665 <input type="checkbox"/> 1666 <input type="checkbox"/> 1667 <input type="checkbox"/> 1668 <input type="checkbox"/> 1669 <input type="checkbox"/> 1670 <input type="checkbox"/> 1671 <input type="checkbox"/> 1672 <input type="checkbox"/> 1673 <input type="checkbox"/> 1674 <input type="checkbox"/> 1675 <input type="checkbox"/> 1676 <input type="checkbox"/> 1677 <input type="checkbox"/> 1678 <input type="checkbox"/> 1679 <input type="checkbox"/> 1680 <input type="checkbox"/> 1681 <input type="checkbox"/> 1682 <input type="checkbox"/> 1683 <input type="checkbox"/> 1684 <input type="checkbox"/> 1685 <input type="checkbox"/> 1686 <input type="checkbox"/> 1687 <input type="checkbox"/> 1688 <input type="checkbox"/> 1689 <input type="checkbox"/> 1690 <input type="checkbox"/> 1691 <input type="checkbox"/> 1692 <input type="checkbox"/> 1693 <input type="checkbox"/> 1694 <input type="checkbox"/> 1695 <input type="checkbox"/> 1696 <input type="checkbox"/> 1697 <input type="checkbox"/> 1698 <input type="checkbox"/> 1699 <input type="checkbox"/> 1700 <input type="checkbox"/> 1701 <input type="checkbox"/> 1702 <input type="checkbox"/> 1703 <input type="checkbox"/> 1704 <input type="checkbox"/> 1705 <input type="checkbox"/> 1706 <input type="checkbox"/> 1707 <input type="checkbox"/> 1708 <input type="checkbox"/> 1709 <input type="checkbox"/> 1710 <input type="checkbox"/> 1711 <input type="checkbox"/> 1712 <input type="checkbox"/> 1713 <input type="checkbox"/> 1714 <input type="checkbox"/> 1715 <input type="checkbox"/> 1716 <input type="checkbox"/> 1717 <input type="checkbox"/> 1718 <input type="checkbox"/> 1719 <input type="checkbox"/> 1720 <input type="checkbox"/> 1721 <input type="checkbox"/> 1722 <input type="checkbox"/> 1723 <input type="checkbox"/> 1724 <input type="checkbox"/> 1725 <input type="checkbox"/> 1726 <input type="checkbox"/> 1727 <input type="checkbox"/> 1728 <input type="checkbox"/> 1729 <input type="checkbox"/> 1730 <input type="checkbox"/> 1731 <input type="checkbox"/> 1732 <input type="checkbox"/> 1733 <input type="checkbox"/> 1734 <input type="checkbox"/> 1735 <input type="checkbox"/> 1736 <input type="checkbox"/> 1737 <input type="checkbox"/> 1738 <input type="checkbox"/> 1739 <input type="checkbox"/> 1740 <input type="checkbox"/> 1741 <input type="checkbox"/> 1742 <input type="checkbox"/> 1743 <input type="checkbox"/> 1744 <input type="checkbox"/> 1745 <input type="checkbox"/> 1746 <input type="checkbox"/> 1747 <input type="checkbox"/> 1748 <input type="checkbox"/> 1749 <input type="checkbox"/> 1750 <input type="checkbox"/> 1751 <input type="checkbox"/> 1752 <input type="checkbox"/> 1753 <input type="checkbox"/> 1754 <input type="checkbox"/> 1755 <input type="checkbox"/> 1756 <input type="checkbox"/> 1757 <input type="checkbox"/> 1758 <input type="checkbox"/> 1759 <input type="checkbox"/> 1760 <input type="checkbox"/> 1761 <input type="checkbox"/> 1762 <input type="checkbox"/> 1763 <input type="checkbox"/> 1764 <input type="checkbox"/> 1765 <input type="checkbox"/> 1766 <input type="checkbox"/> 1767 <input type="checkbox"/> 1768 <input type="checkbox"/> 1769 <input type="checkbox"/> 1770 <input type="checkbox"/> 1771 <input type="checkbox"/> 1772 <input type="checkbox"/> 1773 <input type="checkbox"/> 1774 <input type="checkbox"/> 1775 <input type="checkbox"/> 1776 <input type="checkbox"/> 1777 <input type="checkbox"/> 1778 <input type="checkbox"/> 1779 <input type="checkbox"/> 1780 <input type="checkbox"/> 1781 <input type="checkbox"/> 1782 <input type="checkbox"/> 1783 <input type="checkbox"/> 1784 <input type="checkbox"/> 1785 <input type="checkbox"/> 1786 <input type="checkbox"/> 1787 <input type="checkbox"/> 1788 <input type="checkbox"/> 1789 <input type="checkbox"/> 1790 <input type="checkbox"/> 1791 <input type="checkbox"/> 1792 <input type="checkbox"/> 1793 <input type="checkbox"/> 1794 <input type="checkbox"/> 1795 <input type="checkbox"/> 1796 <input type="checkbox"/> 1797 <input type="checkbox"/> 1798 <input type="checkbox"/> 1799 <input type="checkbox"/> 1800 <input type="checkbox"/> 1801 <input type="checkbox"/> 1802 <input type="checkbox"/> 1803 <input type="checkbox"/> 1804 <input type="checkbox"/> 1805 <input type="checkbox"/> 1806 <input type="checkbox"/> 1807 <input type="checkbox"/> 1808 <input type="checkbox"/> 1809 <input type="checkbox"/> 1810 <input type="checkbox"/> 1811 <input type="checkbox"/> 1812 <input type="checkbox"/> 1813 <input type="checkbox"/> 1814 <input type="checkbox"/> 1815 <input type="checkbox"/> 1816 <input type="checkbox"/> 1817 <input type="checkbox"/> 1818 <input type="checkbox"/> 1819 <input type="checkbox"/> 1820 <input type="checkbox"/> 1821 <input type="checkbox"/> 1822 <input type="checkbox"/> 1823 <input type="checkbox"/> 1824 <input type="checkbox"/> 1825 <input type="checkbox"/> 1826 <input type="checkbox"/> 1827 <input type="checkbox"/> 1828 <input type="checkbox"/> 1829 <input type="checkbox"/> 1830 <input type="checkbox"/> 1831 <input type="checkbox"/> 1832 <input type="checkbox"/> 1833 <input type="checkbox"/> 1834 <input type="checkbox"/> 1835 <input type="checkbox"/> 1836 <input type="checkbox"/> 1837 <input type="checkbox"/> 1838 <input type="checkbox"/> 1839 <input type="checkbox"/> 1840 <input type="checkbox"/> 1841 <input type="checkbox"/> 1842 <input type="checkbox"/> 1843 <input type="checkbox"/> 1844 <input type="checkbox"/> 1845 <input type="checkbox"/> 1846 <input type="checkbox"/> 1847 <input type="checkbox"/> 1848 <input type="checkbox"/> 1849 <input type="checkbox"/> 1850 <input type="checkbox"/> 1851 <input type="checkbox"/> 1852 <input type="checkbox"/> 1853 <input type="checkbox"/> 1854 <input type="checkbox"/> 1855 <input type="checkbox"/> 1856 <input type="checkbox"/> 1857 <input type="checkbox"/> 1858 <input type="checkbox"/> 1859 <input type="checkbox"/> 1860 <input type="checkbox"/> 1861 <input type="checkbox"/> 1862 <input type="checkbox"/> 1863 <input type="checkbox"/> 1864 <input type="checkbox"/> 1865 <input type="checkbox"/> 1866 <input type="checkbox"/> 1867 <input type="checkbox"/> 1868 <input type="checkbox"/> 1869 <input type="checkbox"/> 1870 <input type="checkbox"/> 1871 <input type="checkbox"/> 1872 <input type="checkbox"/> 1873 <input type="checkbox"/> 1874 <input type="checkbox"/> 1875 <input type="checkbox"/> 1876 <input type="checkbox"/> 1877 <input type="checkbox"/> 1878 <input type="checkbox"/> 1879 <input type="checkbox"/> 1880 <input type="checkbox"/> 1881 <input type="checkbox"/> 1882 <input type="checkbox"/> 1883 <input type="checkbox"/> 1884 <input type="checkbox"/> 1885 <input type="checkbox"/> 18			

a Control number		22222	For Official Use Only OMB No. 1545-0046	
b Employer identification number			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
FINANCIAL TRUST COMPANY, INC. [REDACTED]			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	11 Nonqualified plans	12a See Form W-388 instructions
DALE		BASTIAN GORDON	13a	S \$ 6083.06
f Employee's address and ZIP code			13b	C \$ 86.00
			14 Other	

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-3

Oct. No. 469770

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

a Control number		22222	For Official Use Only OMB No. 1545-0046	
b Employer identification number			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
FINANCIAL TRUST COMPANY, INC. [REDACTED]			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	11 Nonqualified plans	12a See Form W-388 instructions
[REDACTED]		[REDACTED]	13a	S \$ 4638.56
f Employee's address and ZIP code			13b	C \$ 123.50
			14 Other	

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-3

Oct. No. 469770

FTC0024

a Control number 22222		For Official Use Only OMB No. 1545-0048	
b Employer identification number 66-0567418		1 Wages, tips, other compensation \$ 42709.71	2 VI income tax withheld \$ 4488.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. ST. THOMAS U.S.VIRGIN , 00802		3 Social security wages \$ 47095.73	4 Social security tax withheld \$ 2919.94
d [Redacted]		5 Medicare wages and tips \$ 47095.73	6 Medicare tax withheld \$ 682.89
e Employee's first name and initial LEON A		7 Social security tips \$	8 [Redacted]
Last name CASEY, SR.		9 Advance EIC payment \$	10 [Redacted]
f [Redacted]		11 Nonqualified plans \$	12a See Form W-883 Instructions S \$ 4386.02
g [Redacted]		13a Statutory employee <input type="checkbox"/>	13b C \$ 197.37
h [Redacted]		13c Independent contractor <input checked="" type="checkbox"/>	13d [Redacted]
i [Redacted]		14 Other \$	15 [Redacted]
f Employee's address and ZIP code [Redacted]			

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-883 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

OMB No. 1545-0048

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

a Control number 22222		For Official Use Only OMB No. 1545-0048	
b Employer identification number [Redacted]		1 Wages, tips, other compensation \$ 48924.67	2 VI income tax withheld \$ 6819.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. 6100 RED HOOK QUARTER B-3 ST. THOMAS U.S.VIRGIN , 00802		3 Social security wages \$ 52736.75	4 Social security tax withheld \$ 3269.68
d Employee's social security number [Redacted]		5 Medicare wages and tips \$ 52736.75	6 Medicare tax withheld \$ 764.68
e Employee's first name and initial JAMIE I		7 Social security tips \$	8 [Redacted]
Last name CORNELIUS		9 Advance EIC payment \$	10 [Redacted]
f [Redacted]		11 Nonqualified plans \$	12a See Form W-883 Instructions S \$ 3812.08
g [Redacted]		13a Statutory employee <input type="checkbox"/>	13b C \$ 43.44
h [Redacted]		13c Independent contractor <input checked="" type="checkbox"/>	13d [Redacted]
i [Redacted]		14 Other \$	15 [Redacted]
f Employee's address and ZIP code [Redacted]			

2003
 (Rev. February 2002)

FTC0826

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048
b Employer identification number	[REDACTED]		
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS [REDACTED] VIRGIN, 00802		
d Employee's social security number	580-15-0869		
e Employee's first name and initial	Last name: KHANIA M DAWSON		
f Employee's address and ZIP code	P.O. BOX 907 ST. JOHN, USVI, 00831		
1 Wages, tips, other compensation	\$ 5067.30	2 VI Income tax withheld	\$ 391.00
3 Social security wages	\$ 5307.70	4 Social security tax withheld	\$ 329.08
5 Medicare wages and tips	\$ 5307.70	6 Medicare tax withheld	\$ 76.96
7 Social security tips	\$	8	
9 Advance EIC payment	\$	10	
11 Nonqualified plans	\$	12a Form W-388 instructions	S 240.40
13a Regular employment	<input type="checkbox"/>	13b Calendar plan	<input checked="" type="checkbox"/>
13c Third-party assignment	<input type="checkbox"/>	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-988 to the Social Security Administration; photocopies are not acceptable.

2003
 (Rev. February 2002)

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

Cat. No. 489770

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

a Control number	22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048
b Employer identification number	[REDACTED]		
c Employer's name, address, and ZIP code	FINANCIAL TRUST COMPANY, INC. [REDACTED]		
d Employee's social security number	[REDACTED]		
e Employee's first name and initial	Last name: CECILE R DE JONGH		
f Employee's address and ZIP code	[REDACTED]		
1 Wages, tips, other compensation	\$ 96070.04	2 VI Income tax withheld	\$ 12741.00
3 Social security wages	\$ 87000.00	4 Social security tax withheld	\$ 5394.00
5 Medicare wages and tips	\$ 100577.64	6 Medicare tax withheld	\$ 1458.38
7 Social security tips	\$	8	
9 Advance EIC payment	\$	10	
11 Nonqualified plans	\$	12a Form W-388 instructions	S 4507.60
13a Regular employment	<input type="checkbox"/>	13b Calendar plan	<input checked="" type="checkbox"/>
13c Third-party assignment	<input type="checkbox"/>	14 Other	C 151.80

2003
 (Rev. February 2002)

FTC0028

EFTA00233140

a Control number		22222	For Official Use Only OMB No. 1545-0046	
b Employer identification number			1 Wages, tips, other compensation	2 Income tax withheld
c Employer's name, address, and ZIP code			\$ 241021.22	\$ 67996.00
FINANCIAL TRUST COMPANY, INC.			3 Social security wages	\$ 87000.00
[REDACTED]			4 Medicare wages and tips	\$ 241021.22
[REDACTED]			5 Social security tips	\$ [REDACTED]
d Employee's social security number			6 Advance EIO payment	\$ [REDACTED]
e Employee's first name and initial		Last name	7 Nonqualified plans	8 See Form W-938 Instructions
JEFFREY E		EPSTEIN	9a Statutory	9b Other
C/O AMERICAN YACHT HARBOR		[REDACTED]	10a	10b
f Employee's address and ZIP code			11	12

Form **W-201** U.S. Virgin Islands
Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-938 to the Social Security Administration; photocopies are not acceptable.

2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act
 Notice and Instructions, see Form W-938

Cat. No. 499770

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

a Control number		22222	For Official Use Only OMB No. 1545-0046	
b Employer identification number			1 Wages, tips, other compensation	2 VI Income tax withheld
c Employer's name, address, and ZIP code			\$ 1458.92	\$ 133.00
FINANCIAL TRUST COMPANY, INC.			3 Social security wages	\$ 1458.92
[REDACTED]			4 Medicare wages and tips	\$ 1458.92
[REDACTED]			5 Social security tips	\$ [REDACTED]
d Employee's social security number			6 Advance EIO payment	\$ [REDACTED]
e Employee's first name and initial		Last name	7 Nonqualified plans	8 See Form W-938 Instructions
TEQUASI O		HENDRICKS	9a Statutory	9b Other
f Employee's address and ZIP code			10a	10b

Form **W-201** U.S. Virgin Islands
Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with Copy A of Form W-938 to the Social Security Administration; photocopies are not acceptable.

2003
 (Rev. February 2002)

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act
 Notice and Instructions, see Form W-938

Cat. No. 499770

FTC0027

EFTA00233141

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008	
b Employer identification number		[REDACTED]		1 Wages, tips, other compensation	\$ 21277.44
c Employer's name, address, and ZIP code		[REDACTED]		2 Social security wages	\$ 21903.98
d Employer's social security number		[REDACTED]		3 Medicare wages and tips	\$ 21903.98
e Employer's first name and initial		Last name MCDONALD MORRELL		4 Social security tips	\$
LORETTA				5 Advance EIC payment	\$
[REDACTED]				6 Nonqualified plans	\$
[REDACTED]				7a Statutory employee	<input type="checkbox"/>
[REDACTED]				7b Nonstatutory employee	<input checked="" type="checkbox"/>
[REDACTED]				7c Temporary employee	<input type="checkbox"/>
[REDACTED]				8 Other	\$
f Employer's address and ZIP code		[REDACTED]		9 Total - amount to withhold	\$ 942.00
[REDACTED]		[REDACTED]		10 Social security tax withheld	\$ 1358.05
[REDACTED]		[REDACTED]		11 Medicare tax withheld	\$ 317.61
[REDACTED]		[REDACTED]		12a See Form W-433 instructions	\$ 626.54

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.

2003
 (Rev. February 2002)

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

Oct. No. 49877C

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

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008	
b Employer identification number		[REDACTED]		1 Wages, tips, other compensation	\$ 6070.00
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED]		2 VI income tax withheld	\$ 292.00
d Employer's social security number		[REDACTED]		3 Social security wages	\$ 6250.00
e Employer's first name and initial		Last name PASCAL		4 Social security tax withheld	\$ 387.51
UNA R				5 Medicare wages and tips	\$ 6250.00
[REDACTED]		[REDACTED]		6 Medicare tax withheld	\$ 90.6
[REDACTED]		[REDACTED]		7 Social security tips	\$
[REDACTED]		[REDACTED]		8 Advance EIC payment	\$
[REDACTED]		[REDACTED]		9 Nonqualified plans	\$
[REDACTED]		[REDACTED]		10a See Form W-433 instructions	\$ 180.00
[REDACTED]		[REDACTED]		11 Statutory employee	<input type="checkbox"/>
[REDACTED]		[REDACTED]		11 Nonstatutory employee	<input checked="" type="checkbox"/>
[REDACTED]		[REDACTED]		12 Temporary employee	<input type="checkbox"/>
[REDACTED]		[REDACTED]		13 Other	\$
f Employer's address and ZIP code		[REDACTED]		14	\$

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.

2003
 (Rev. February 2002)

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

FTC0078

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048	
b Employer identification number		[REDACTED]		1 Wages, tips, other compensation	\$ 15065.60
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS U.S. VIRGIN, 00802		2 Social security wages	\$ 15500.60
d Employee's social security number		[REDACTED]		3 Medicare wages and tips	\$ 15500.60
e Employee's first name and initial		Last name		4 Social security tips	\$
ANN M		RODRIGUEZ		5 Advance EIC payment	\$
[REDACTED]		[REDACTED]		6 Nonqualified plans	\$
f Employee's address and ZIP code		[REDACTED]		7a Statutory employee	<input type="checkbox"/>
				7b Retirement plan	<input checked="" type="checkbox"/>
				7c Third-party payor	<input type="checkbox"/>
				7d Other	<input type="checkbox"/>
				8 Federal income tax withheld	\$ 181.00
				9 Social security tax withheld	\$ 961.04
				10 Medicare tax withheld	\$ 224.76
				11a See Form W-368 instructions	S \$ 435.00
				11b	C \$ 0.60
				11c	\$
				11d	\$

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-399 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 /
 Notices and Instructions, see Form W-2

Cat. No. 499770

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

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048	
b Employer identification number		[REDACTED]		1 Wages, tips, other compensation	\$ 38393.23
c Employer's name, address, and ZIP code		FINANCIAL TRUST COMPANY, INC. [REDACTED]		2 VI income tax withheld	\$ 2889.00
d Employee's social security number		[REDACTED]		3 Social security wages	\$ 40902.75
e Employee's first name and initial		Last name		4 Social security tax withheld	\$ 2535.90
JERMAINE A		RUAN		5 Medicare wages and tips	\$ 40902.75
[REDACTED]		[REDACTED]		6 Medicare tax withheld	\$ 593.00
f Employee's address and ZIP code		[REDACTED]		7 Social security tips	\$
				8 Advance EIC payment	\$
				9 Nonqualified plans	\$
				10a Statutory employee	<input type="checkbox"/>
				10b Retirement plan	<input checked="" type="checkbox"/>
				10c Third-party payor	<input type="checkbox"/>
				10d Other	<input type="checkbox"/>
				11a See Form W-368 instructions	S \$ 2509.52
				11b	C \$ 20.96
				11c	\$
				11d	\$

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-399 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 /
 Notices and Instructions, see Form W-2

Cat. No. 499770

FTC0028

a Control number 22222		For Official Use Only OMB No. 1545-0048	
b Employer identification number [REDACTED]		1 Wages, tips, other compensation \$ 14551.86	13 VI income tax withheld \$ 1451.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED]		2 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
d Employee's social security number [REDACTED]		7 Social security tips \$	9 Advance EIC payment \$
e Employee's first name and initial KIM	Last name VAN HOLTEN	11 Nonqualified plans \$	12a See Form W-9 for instructions C \$ 2.88
f Employee's address and ZIP code [REDACTED]		13a Statutory employee <input type="checkbox"/>	12b S \$ 660.48
		13b Director or officer <input checked="" type="checkbox"/>	
		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-998 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-9

Oct. No. 49977C

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

a Control number 22222		For Official Use Only OMB No. 1545-0048	
b Employer identification number [REDACTED] 18		1 Wages, tips, other compensation \$ 37894.80	13 VI income tax withheld \$ 3318.00
c Employer's name, address, and ZIP code FINANCIAL TRUST COMPANY, INC. [REDACTED] ST. THOMAS U.S.VIRGIN , 00802		2 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
d Employee's social security number [REDACTED]		7 Social security tips \$	9 Advance EIC payment \$
e Employee's first name and initial DAPHNE L	Last name WALLACE	11 Nonqualified plans \$	12a See Form W-9 for instructions S \$ 4143.94
f Employee's address and ZIP code [REDACTED]		13a Statutory employee <input type="checkbox"/>	12b C \$ 26.82
		13b Director or officer <input checked="" type="checkbox"/>	
		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-998 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-9

Oct. No. 49977C

FTCO030

EFTA00233144

Do Not Staple

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

Annual Summary and Transmittal of U.S. Information Returns

OMB No. 1545-0108

2006

FILER'S name

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

Name of person to contact
JEANNE BRENNAN

Telephone number

Email address

For Official Use Only

1 Employer identification number	2 Social security number	3 Total number of forms 3	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ 30,319.90
-----------------------------------------	---------------------------------	-------------------------------------	--------------------------------------------	--------------------------------------------------------------------

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

W-2G 02	1099-81	1099-0 70	1099-R 04	1099-T 00	1099-A 00	1099-B 76	1099-C 85	1099-DAP 70	1099-DIV 91	1099-G 80	1099-H 71	1099-INT 02	1099-LTO 99
<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 06	1099-CID 96	1099-PATR 87	1099-Q 01	1099-R 08	1099-S 75	1099-SA 04	5498 08	5498-ESA 72	5498-SA 07				
<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.

FILE COPY

Signature

Title **PREIDENT**

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 1099, 1098, 5498, and W-2G Electronically or Magnetically.

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

Austin, TX 78701

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.

41-1628051

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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
Account number (see instructions)		7 Nonemployee compensation \$ 795.64	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"/>	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]		
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. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code MARJORIE RAWLS ROBERTS [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
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"/>	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]		
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

FTCO032

EFTA00233146

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code RAYTON BOGGS LLP [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 7,150.00	8 Substitute payments in lieu of dividends or interest \$
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	16 State tax withheld \$	17 State/Payer's state no. \$
					18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		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		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	16 State tax withheld \$	17 State/Payer's state no. \$
					18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FTC0033

EFTA00233147

Do Not Staple

6969

OMB No. 1545-0108

Form 1096

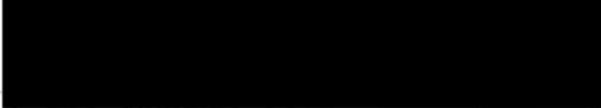
Annual Summary and Transmittal of U.S. Information Returns

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)



For Official Use Only

Name of person to contact

FRANK BRENNAN

Telephone number

Fax number

Email address

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 \$3,4298.79
------------------------------------------------	--------------------------	------------------------------	-------------------------------------	------------------------------------------------------------

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	1099 81	1099-C 78	1099-E 84	1099-T 83	1099-A 90	1099-B 76	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 83
<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 95	1099-PATR 97	1099-Q 31	1099-R 86	1099-S 75	1099-SA 91	5498 88	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.

FILE COPY

Signature

Title PRESIDENT

Date 2/7/06

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 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

VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE, ST. THOMAS, VI

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

Austin, TX 73301

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

Cincinnati, OH 45999

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

Kansas City, MO 64999

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

41-1628081

Form 1096 (Rev. 3-2005)

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. 		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	5 Medical and health care payments \$	
PAYER'S Federal Identification number 		RECIPIENT'S identification number 		6 Fishing boat proceeds \$	7 Nonemployee compensation \$ 15,070.01		8 Substitute payments in lieu of dividends or interest \$
RECIPIENT'S name, address, and ZIP code GERALD B. LEFCOURT, P.C. 		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	
Account number (see instructions) 		2nd TIN not <input type="checkbox"/>		13 Excess golden parachute payments \$	12		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 \$		

OMB No. 1545-0115
2005
Form 1099-MISC

Miscellaneous Income

Copy 1
For Payer or State Copy

For Privacy and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 549 and W-2

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. 		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	5 Medical and health care payments \$	
PAYER'S Federal Identification number 		RECIPIENT'S identification number 		6 Fishing boat proceeds \$	7 Nonemployee compensation \$ 5,949.49		8 Substitute payments in lieu of dividends or interest \$
RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS 		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	
Account number (see instructions) 		2nd TIN not <input type="checkbox"/>		13 Excess golden parachute payments \$	12		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 \$		

OMB No. 1545-0115
2005
Form 1099-MISC

Miscellaneous Income

Copy 1
For Payer or State Copy

For Privacy and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 549 and W-2

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. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, and ZIP code MAJORIE RAWLS ROBERTS [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For Payer or State Copy For Privacy A and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 5498, and W-2.	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	7 Nonemployee compensation \$ 13328.69	8 Substitute payments in lieu of dividends or interest \$		
18a 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

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

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. [REDACTED] 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).

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 2004 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$		6 Medical and health care payments \$		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code PARRIN K. LODYKE, ESQ. [REDACTED]		7 Nonemployee compensation \$ 100,000.00		8 Substitute payments in lieu of dividends or interest \$			
Account number (optional) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$			
		11 [REDACTED]		12 [REDACTED]			
		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$			
15		16 State tax withheld \$		17 State/Payer's state no. \$		18 State income \$	

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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 2004 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$		6 Medical and health care payments \$		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code GERALD B. LIFCOURT, S.C. [REDACTED]		7 Nonemployee compensation \$ 24,500.45		8 Substitute payments in lieu of dividends or interest \$			
Account number (optional) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$			
		11 [REDACTED]		12 [REDACTED]			
		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$			
15		16 State tax withheld \$		17 State/Payer's state no. \$		18 State income \$	

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

FTC0038

EFTA00233152

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$ _____	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income		
PAYER'S Federal identification number [REDACTED]		2 Royalties \$ _____	3 Other income \$ _____			4 Federal income tax withheld \$ _____	State Copy or Extra File Copy
RECIPIENT'S name, address, and ZIP code HODGE & FRANCOIS [REDACTED]		5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____		7 Nonemployee compensation \$ 2670.65 \$ _____	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]
15 _____		13 Excess golden parachute payments \$ _____	14 Gross proceeds paid to an attorney \$ _____		16 State income \$ _____	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. [REDACTED]		1 Rents \$ _____	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income		
PAYER'S Federal identification number [REDACTED]		2 Royalties \$ _____	3 Other income \$ _____			4 Federal income tax withheld \$ _____	State Copy or Extra File Copy
RECIPIENT'S name, address, and ZIP code MARGUERITE GAWLS ROBERTS [REDACTED]		5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____		7 Nonemployee compensation \$ 1732.09 \$ _____	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 [REDACTED]
15 _____		13 Excess golden parachute payments \$ _____	14 Gross proceeds paid to an attorney \$ _____		16 State income \$ _____	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. [REDACTED]		1 Rents \$	2 Royalties \$	OMB No. 1545-0116 2004 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		RECIPIENT'S Identification number [REDACTED]		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code PAUL HOFFMAN, PC [REDACTED]		7 Nonemployee compensation \$ 24000.00			
Account number (optional) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$	
15		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	
16 State tax withheld \$		17 State/Payer's state no. \$		18 State income \$	

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

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUST COMPANY, INC. [REDACTED]		1 Rents \$	2 Royalties \$	OMB No. 1545-0116 2004 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		RECIPIENT'S Identification number [REDACTED]		State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code ROBERT YONDELMAN, P.C. [REDACTED]		7 Nonemployee compensation \$8180.00			
Account number (optional) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$	
15		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	
16 State tax withheld \$		17 State/Payer's state no. \$		18 State income \$	

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

FTCD040

EFTA00233154

VOID CORRECTED

OMB No. 1545-0115
2004
Form 1099-MISC

Miscellaneous
Income

PAYER'S name, street address, city, state, ZIP code, and telephone no. FINANCIAL TRUCK COMPANY, LLC [REDACTED]		1 Rents \$	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
PAYER'S Federal Identification number [REDACTED]	RECIPIENT'S Identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code WELI. GOUSHAL & MANAGERS LLP [REDACTED]		7 Nonemployee compensation \$ 10239.50	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]		
		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
Form 1099-MISC

Miscellaneous
Income

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2004 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
PAYER'S Federal Identification number	RECIPIENT'S Identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	State Copy or Extra File Copy	
RECIPIENT'S name, address, and ZIP code		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
		11 [REDACTED]	12 [REDACTED]		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15		16 State tax withheld \$	17 State/Payer's state no.	18 State Income \$	

Form 1099-MISC

Department of the Treasury • Internal Revenue Service

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)
[REDACTED]

City, state, and ZIP code
[REDACTED]

Name of person to contact

JEANNE BRENNAN

E-mail address

Telephone number
[REDACTED]

For Official Use Only



1 Employer identification number [REDACTED]	2 Social security number [REDACTED]	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 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 81 <input type="checkbox"/>	1099-G 88 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-LTC 83 <input type="checkbox"/>	1099-MISC 86 <input checked="" type="checkbox"/>
1099-MSA 84 <input type="checkbox"/>	1099-OID 89 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 81 <input type="checkbox"/>	1099-R 88 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	5498 26 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-MSA 27 <input type="checkbox"/>					

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

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

RECEIVED
COLLECTION & DEPOSIT SECTION - No. 2

Signature ▶

[Signature]
FEB 20 2004

Title ▶

President

Date ▶

2/11/04

Instructions

Purpose of form. This form is to be 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 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:

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

Use the following Internal Revenue Service Center address

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

Austin, TX 78301

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

Cincinnati, OH 45999

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

Kansas City, MO 64999

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Cat. No. 144000

Form **1096** (2003)

FTC0042

EFTA00233156

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Paul Hoffman [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 25000.00	8 Substitute payments in lieu of dividends or interest \$
Account number (optional) 15		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 \$	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. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Weil, Gotshal & Manges LLP [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 22949.59	8 Substitute payments in lieu of dividends or interest \$
Account number (optional) 15		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 \$	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. 		1 Rents	\$	OMB No. 1545-0116	2003	Miscellaneous Income
		2 Royalties	\$	Form 1099-MISC		
		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, (including apt. no.), city, state, and ZIP code Agent Fox Kintner Plotkin & Kahn, PLLC 		7 Nonemployee compensation	\$ 66298.50	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 <input type="checkbox"/>	\$	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

PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. 		1 Rents	\$	OMB No. 1545-0116	2003	Miscellaneous Income
		2 Royalties	\$	Form 1099-MISC		
		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, (including apt. no.), city, state, and ZIP code Gerald R. Lefcourt, P.C. 		7 Nonemployee compensation	\$ 151261.67	8 Substitute payments in lieu of dividends or interest		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	10 Crop insurance proceeds		
		11	\$	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

VC CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Hodge 3 Francois [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 23494.70	8 Substitute payments in lieu of dividends or interest \$
Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]
15.		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	16 State tax withheld \$	17 State/Payer's state no. \$
					18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Financial Trust Company, Inc. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2003 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal Identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name, address, (including apt. no.), city, state, and ZIP code Marjorie Rawls Roberts [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 12007.47	8 Substitute payments in lieu of dividends or interest \$
Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]
19.		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

FTC0045

EFTA00233159



U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401

Facsimile: [REDACTED]

June 1, 2007

VIA FACSIMILE

Gerald Lefcourt, Esq.
Gerald P. Lefcourt, P.C.

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,

[REDACTED]
United States Attorney

By:

[REDACTED]
Assistant United States Attorney

cc: [REDACTED]

EFTA00233160

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO
CONNECTION TEL
SUBADDRESS
CONNECTION ID
ST. TIME
USAGE T
PGS. SENT
RESULT

4794 [REDACTED]

06/01 10:23

06'p2

22

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: [REDACTED]

Assistant United States Attorney
[REDACTED]

NUMBER OF PAGES, INCLUDING THIS PAGE: 22

[REDACTED]

From: [REDACTED]
Sent: Tuesday, May 22, 2007 7:12 PM
To: [REDACTED]
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.

[REDACTED]

[REDACTED]

Assistant U.S. Attorney
500 S. Australian Ave, Suite 400
West Palm Beach, FL 33401

[REDACTED]

[REDACTED]

Recipient

[REDACTED]

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

Facsimile: [REDACTED]

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,

[REDACTED]
United States Attorney

By:

[REDACTED]
Assistant United States Attorney

cc: [REDACTED], FBI (with enclosures)

EFTA00233164

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: [REDACTED]
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 #: [REDACTED]
Where Filed:NEW MEXICO PUBLIC REGULATION COMMISSION
1 STATE CAPITAL BUILDING
SANTA FE, NM 87503

REGISTERED AGENT INFORMATION

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

PRINCIPAL INFORMATION

Name:EPSTEIN, JEFFREY
Title:PRESIDENT

Name:INDYKE, DARREN
Title:SECRETARY

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

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)
to order copies of documents related to this or other matters.
Additional charges apply.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE
OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

Westlaw.

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.
[REDACTED]
NEW YORK, NEW YORK 10022
UNITED STATES

SECURED PARTY INFORMATION

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

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

[REDACTED]
[REDACTED]
[REDACTED]

CROSS REFERENCES

Document ID: FT_1900008826990

Document ID: FT_1970006745397

Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
to order copies of documents related to this or other matters.
Additional charges apply.

END OF DOCUMENT

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

Westlaw.

Page 1

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

THE FOLLOWING DATA IS NOT AN OFFICIAL RECORD OF THE DEPARTMENT OF STATE OR THE STATE OF NEW YORK AND WEST, A THOMSON BUSINESS IS NOT AN EMPLOYEE OR AGENT THEREOF. ALL WARRANTIES, EXPRESS OR IMPLIED, REGARDING THE INFORMATION PROVIDED HEREIN, ARE DISCLAIMED BY THE DEPARTMENT OF STATE.

COMPANY INFORMATION

Company Name: J. EPSTEIN & COMPANY, INC.
 Process Name: GOLD & WACHTEL, ESQS
 Process Address: [REDACTED]
 County: [REDACTED]

FILING INFORMATION

Identification Number: [REDACTED]
 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

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

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)
to order copies of documents related to this or other matters.
Additional charges apply.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE
OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

Westlaw.

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: [REDACTED]
 FEIN Number: [REDACTED]
 D&B Source: DEPARTMENT OF TREASURY - TAX EXEMPT
 D&B Company Name: J EPSTEIN & CO INC
 DUNS Number: [REDACTED]
 SIC: 62829903 INVESTMENT COUNSELORS

EXECUTIVE INFORMATION

Executive Name: JEFFREY E EPSTEIN
 Title: PRESIDENT
 END OF DOCUMENT

Westlaw.

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 VIRGIN ISLANDS FOUNDATION INC
 Address: [REDACTED]
 FEIN Number: [REDACTED]
 D&B Source: DEPARTMENT OF TREASURY - TAX EXEMPT
 D&B Company Name: ISLAND RESOURCES FOUNDATION
 DUNS Number: [REDACTED]
 SIC: 87330203 EDUCATIONAL RESEARCH AGENCY

EXECUTIVE INFORMATION

Executive Name: BRUCE G POTTER
 Title: PRESIDENT
 END OF DOCUMENT

Westlaw.

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 SOURCE

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

Business Name: ZORRO DEVELOPMENT CORP.
 Business Address: [REDACTED]
 NEW YORK, NY 10022
 OTHER INFORMATION

Filing Date: 05/21/1993
 Status: ACTIVE
 Business/Filing Type: CORPORATION
 Identification No.: [REDACTED]

Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
 to order copies of documents related to this or other matters.
 Additional charges apply.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE
 OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

END OF DOCUMENT

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

Westlaw.

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
 SOURCE

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
 Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
 to order copies of documents related to this or other matters.
 Additional charges apply.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE
 OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.

Westlaw.

EXECUTIVE AFFILIATION RECORD

Database Last Updated: 05-02-2007
Current Date: 05/14/2007
Source: COPYRIGHT © 2007 DUN & BRADSTREET, INC.

EXECUTIVE INFORMATION

Executive Name: MR JEFFREY E EPSTEIN
Executive Title: PRESIDENT
BUSINESS INFORMATION

Business Name: J EPSTEIN & CO INC
Business Address: [REDACTED]
[REDACTED] -6843
County: NEW YORK
Phone: [REDACTED]

OTHER INFORMATION

DUNS: [REDACTED] (Click for List of Available D&B Reports)
Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387)
to order copies of documents related to this or other matters.
Additional charges apply.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE
OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

© 2007 Thomson/West. No Claim to Orig. U.S. Govt. Works.