

**BEFORE THE
FEDERAL MARITIME COMMISSION**

DOCKET NO. 15-10

**REVOCATION OF LICENSE NO. 017843
WASHINGTON MOVERS, INC.**

CERTIFICATE OF SERVICE

I certify that on June 23, 2016, I sent a copy of Respondent's supplemental production of documents in response to the Bureau of Enforcement's requests for the production of documents via first class mail, postage prepaid, e-mail, and facsimile to the following:

Brian L. Troiano
Brenda Doty
Bureau of Enforcement
Federal Maritime Commission
800 N. Capitol Street, NW
Washington, DC 20573
btroiano@FMC.gov
bdoty@fmc.gov
Fax: 202-523-5785

Office of the Secretary
Federal Maritime Commission
800 N. Capitol Street, NW.,
Washington, DC 20573-0001
secretary@fmc.gov
Fax: 202-523-0014



George R.A. Doumar, VSB No. 26490
Raj H. Patel, VSB No. 87893
Doumar Martin PLLC
2000 N. 14th Street - Suite 210
Arlington, VA 22201
Tel: 703-243-3737
Fax: 703-524-7610
gdoumar@doumarmartin.com
rpatel@doumarmartin.com



19a. Are you a nonprofit organization applying for a sales and use tax exemption certificate? Yes No
 If yes, FAILURE TO ENCLOSE REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED AND RETURNED. Please provide a non-returnable copy of (1) IRS determination letter, (2) articles of incorporation, (3) bylaws, and (4) other organization documents as specified in the instructions. See page 4, Sales and Use Tax Exemption Checklist and instructions.

19b. Are you a non-profit organization exempt under Section 501(c)(3) of the Internal Revenue Code? Yes No
 If no, Section(c)() or Other: Section _____

20. Does the business have only one physical location in Maryland? (Do not count client sites or off site projects that will last less than one year.) Yes No
 If no, specify how many: _____

21. Identify owners, partners, corporate officers, trustees, or members: (Please list person whose Social Security Number is listed in Section A.1b first.)
 *Partnerships and Nonprofit organizations must identify at least two owners, partners, corporate officers, trustees or members. If more space is required, attach a separate statement including the information as shown here.

	Last Name	First Name	Social Security Number	Title	
1	Ghanem	Norma	[REDACTED]	Officer	
	Home Address				
	Street address	City	State	ZIP	Telephone
	6714 Forsythia street	Springfield	va	22150	
2					
	Home Address				
	Street address	City	State	ZIP	Telephone
3					
	Home Address				
	Street address	City	State	ZIP	Telephone

SECTION B: Complete this section to register for an unemployment insurance account.

PART 1

1. Will corporate officers receive compensation, salary or distribution of profits? Yes No
 If yes, enter date (mmddyyyy): 10 / 15 / 2015

2. Department Of Assessments and Taxation Entity Identification Number _____

3. Did you acquire by sale or otherwise, all or part of the assets, business, organization, or workforce of another employer? Yes No

4. If your answer to question 3 is "No," proceed to item 5 of this section. If your answer to question 3 is "Yes," provide the information below.
 a. Is there any common ownership, management or control between the current business and the former business? Yes No
 b. Percentage of assets or workforce acquired from former business: _____
 c. Date former business was acquired by current business (mmddyyyy): _____
 d. Unemployment insurance number of former business, if known: 00
 e. Did the previous owner operate more than one location in Maryland? Yes No How many? _____

5. For employers of domestic help only:
 a. Have you or will you have as an individual or local college club, college fraternity or sorority a total payroll of \$1,000 or more in the State of Maryland during any calendar quarter? Yes No
 b. If yes, indicate the earliest quarter and calendar year (mmddyyyy): _____

6. For agricultural operating only:
 a. Have you had or will you have 10 or more workers for 20 weeks or more in any calendar year or have you paid or will you pay \$20,000 or more in wages during any calendar quarter? Yes No
 b. If yes, indicate the earliest quarter and calendar year (mmddyyyy): _____



13CRA0049

SECTION A: All applicants must complete this section.

1. a. 9 digit Federal Employer Identification Number (FEIN) (See Instructions.) b. Social Security Number (SSN) of owner, officer or agent responsible for taxes (Required by law.)

2. Legal name of dealer, employer, corporation or owner 3. Trade name (if different from Legal name of dealer, employer, corporation or owner.)

Washington Mover Inc

4. Street Address of physical business location (P.O. box not acceptable) City County State ZIP code (9 digits if known)

7913 Cryden Way District Hts P. George MD 20747

Telephone number Fax number E-mail address

5. Mailing address (P.O. box acceptable) City State ZIP code (9 digits if known)

6. Reason for applying: (Check all that apply.)
 New business Additional location(s) Merger Purchased going business Re-activate/Re-open
 Change of entity Remit use tax on purchases Reorganization Other (describe)

7. Previous owner's name: First Name or Corporation Name Last Name Title Telephone number

Street address (P.O. box acceptable) City State ZIP code (9 digits if known)

8. ▶ Type of registration: (must check appropriate box(es)) Maryland Number if registered:

a. Sales and use tax	▶	
b. Sales and use tax exemption for nonprofit organizations	▶	
c. Tire recycling fee	▶	
d. Admissions & amusement tax	▶	
e. Employer withholding tax	▶	✓
f. Unemployment insurance	▶	✓
g. Alcohol tax	▶	
h. Tobacco tax	▶	
i. Motor fuel tax	▶	
j. Transient vendor license	▶	

9. ▶ Type of ownership: (Check one box)

a. <input type="checkbox"/> Sole proprietorship	f. <input type="checkbox"/> Non-Maryland corporation
b. <input type="checkbox"/> Partnership	g. <input type="checkbox"/> Governmental
c. <input type="checkbox"/> Nonprofit organization	h. <input type="checkbox"/> Fiduciary
d. <input checked="" type="checkbox"/> Maryland corporation	i. <input type="checkbox"/> Business trust
e. <input type="checkbox"/> Limited liability company	

10. Date first sales made in Maryland: (mmddyyyy) ▶ _____

11. Date first wages paid in Maryland subject to withholding: (mmddyyyy) ▶ 10/15/2015

12. If you currently file a consolidated sales and use tax return, enter the 8-digit CR number of your account: ▶ _____

13. If you have employees, enter the number of your workers' compensation insurance policy or binder: ▶ 1

14. (a) Have you paid or do you anticipate paying wages to individuals, including corporate officers, for services performed in Maryland? ▶ Yes ▶ No
 (b) If yes, enter date wages first paid (mmddyyyy): ▶ 10 / 15 / 2015

15. Number of employees: ▶ 3

16. Estimated gross wages paid in first quarter of operation: ▶ \$ 18,000.00

17. Do you need a sales and use tax account only to remit taxes on untaxed purchases? ▶ Yes ▶ No

18. Describe for profit or nonprofit business activity that generates revenue. Specify the product manufactured and/or sold, or the type of service performed.



MARYLAND FORM CRA
Combined Registration Application



2014

FEIN or SSN 5 4 1 8 8 0 0 5 1

13CRA0249

7. For Limited Liability Companies only:

- a. As a Limited Liability Company, do you employ anyone other than a member? ▶ Yes ▶ No
- b. Has the Limited Liability Company filed IRS form 8832 whereby it elected to be classified as a corporation or is the Limited Liability Company automatically classified as a corporation for federal tax purposes? ▶ Yes ▶ No

PART 2. COMPLETE THIS PART IF YOU ARE A NONPROFIT ORGANIZATION.

1. Are you subject to tax under the Federal Unemployment Tax Act? ▶ Yes ▶ No
- If not, are you exempt under Section 3306(c)(8) of the Federal Unemployment Tax Act? ▶ Yes ▶ No

2. Are you a non-profit organization as described in Section 501(c)(3) of the United States Internal Revenue Code which is exempt from Income Tax under Section 501(a) of such code? ▶ Yes ▶ No
- If YES, attach a copy of your exemption from Internal Revenue Service.

3. Elect option to finance unemployment insurance coverage. See instructions. a. Contributions
- b. Reimbursement of trust fund
- If b. is checked, indicate the total taxable payroll (\$8,500 maximum per individual per calendar year) \$ _____ for calendar year 20____
- Type of collateral (check one) ▶ Letter of credit ▶ Surety bond ▶ Security deposit ▶ Cash in escrow

SECTION C: Complete this section if you are applying for an alcohol or tobacco tax license.

1. Will you engage in any business activity pertaining to the manufacture, sale, distribution, or storage of alcoholic beverages (excludes retail)? ▶ Yes ▶ No
2. Will you engage in any wholesale activity regarding the sale and/or distribution of tobacco in Maryland (excludes retail)? ▶ Yes ▶ No

SECTION D: Complete this section if you plan to sell, use or transport any fuels in Maryland.

1. Do you plan to import or purchase in Maryland, any of the following fuels for resale, distribution, or for your use?
- If yes, check type(s) below: ▶ Yes ▶ No
- Gasoline (including av/gas) Turbine/jet fuel Special fuel (any fuel other than gasoline)
2. Do you transport petroleum in any device having a carrying capacity exceeding 1,749 gallons? ▶ Yes ▶ No
3. Do you store any motor fuel in Maryland? ▶ Yes ▶ No
4. Do you have a commercial vehicle that will travel interstate? ▶ Yes ▶ No

If you have answered yes to any question in Section C or D, call the Motor-fuel, Alcohol and Tobacco Tax Unit 410-260-7131 for the license application.

SECTION E: Complete this section to request paper coupons.

We provide a free and secure electronic method to file sales and use tax and withholding tax returns, using bFile on the Comptroller's Web site www.marylandtaxes.com. If you prefer instead to receive your future tax filing coupons by mail, check here ▶ _____

SECTION F: All applicants must complete this section.

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE.

Norma Ghanem President 11-4-15

Signature Print Name Title Date

Name of Preparer other than applicant Phone E-mail address

If the business is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, one member must sign; if a sole proprietorship, the proprietor must sign. (The signature of any other person will not be accepted.)

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ 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					
WASHINGTON MOVERS INC			10165.00		630.23					
7913 CRYDEN WAY			5 Medicare wages and tips		6 Medicare tax withheld					
DISTRICT HEIGHTS MD 20747			10165.00		147.39					
d Control number			7 Social security tips		8 Allocated tips					
e Employee's first name and initial			9		10 Dependent care benefits					
NORMA			11 Nonqualified plans		C 12a See instructions for box 12					
Last name			13 Statutory employee		C 12b					
GHANEM			Retirement plan		C 12c					
6714 FORSYTHIA STREET			Third-party sick pay		C 12d					
ALEXNDRIA VA 22150			14 Other		C 12d					
f Employee's address and ZIP code			15 State		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
VA			Employee's state ID number		10165.00		426.00		19 Local income tax	
									20 Locality name	

Form **W-2** Wage & Tax Statement

2015
0000/1030D

Department of the Treasury--Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

FDWA0101 11/23/15 FWZ

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

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ 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 Control number			9		10 Dependent care benefits					
e Employee's first name and initial			11 Nonqualified plans		C 12a See instructions for box 12					
Last name			13 Statutory employee		C 12b					
			Retirement plan		C 12c					
			Third-party sick pay		C 12d					
f Employee's address and ZIP code			14 Other		C 12d					
15 State			16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
Employee's state ID number									20 Locality name	

Form **W-2** Wage & Tax Statement

2015
0000/1030D

Department of the Treasury--Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

WMI 0090

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> Military CT-1 <input type="checkbox"/> Hshld. emp.		943 <input type="checkbox"/> Medicare govt. emp.		944 <input type="checkbox"/>	
Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c		Federal govt. <input type="checkbox"/>	
Third-party sick pay (Check if applicable)		<input type="checkbox"/>					
c Total number of Forms W-2 1		d Establishment number		1 Wages, tips, other compensation 10165.00		2 Federal income tax withheld 356.00	
e Employer identification number (EIN) [REDACTED]		3 Social security wages 10165.00		4 Social security tax withheld 630.23			
f Employer's name WASHINGTON MOVERS INC		5 Medicare wages and tips 10165.00		6 Medicare tax withheld 147.39			
g Employer's address and ZIP code 7913 CRYDEN WAY DISTRICT HEIGHTS MD 20747		7 Social security tips		8 Allocated tips			
		9		10 Dependent care benefits			
		11 Nonqualified plans		12a Deferred compensation			
h Other EIN used this year		13 For third-party sick pay use only		12b			
15 State Employer's state ID number VA [REDACTED]		14 Income tax withheld by payer of third-party sick pay					
16 State wages, tips, etc. 10165.00		17 State income tax 426.00		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person		Employer's telephone number (301) 516-3000		For Official Use Only 0000/1030D			
Employer's fax number (301) 516-1515		Employer's email address sam@wmius.com					

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 ▶

Form **W-3** Transmittal of Wage and Tax Statements **2015**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).
Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2015 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by March 31, 2016. For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When to File

Mail Form W-3 with Copy A of Form(s) W-2 by February 29, 2016.

Where to File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 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 Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

FDWA0201 11/03/15 FW2

WMI 0091

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.
 Washington Movers LLC
 7913 Cyden Way
 Forestville, MD 20747
 3015161016

Taxable Year
2014

Miscellaneous
 Income

PAYER'S federal identification number: [REDACTED] FECP: 2014 PFI identification number: [REDACTED]

1 Charitable contributions: \$

2 Royalties: \$

3 Other income: \$

4 Federal income tax withheld: \$

5 Gambling bond proceeds: \$

6 Medical and health care payments: \$

7 Nonemployment compensation: \$ 2156.00

8 Substantive payments for food or drinks or interest: \$

9 Other: \$

10 State income tax: \$

11 State tax withheld: \$

12 State tax credit: \$

13 State tax refund: \$

14 State tax credit: \$

15 State tax refund: \$

Recipient's name, street address, city or town, state or province, county, ZIP or foreign postal code
 Sandra Rouriquet
 2541 Glenallen Ave. Apt. 104
 Silver Spring MD 20906

16 State tax withheld: \$

17 State tax credit: \$

18 State tax refund: \$

19 State tax credit: \$

20 State tax refund: \$

Form 1099-MISC (MISC) (use for your records) 5111 www.irs.gov/form1099-misc Department of the Treasury - Internal Revenue Service

This is important for information and to being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it was not properly reported.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
Receipt for Property Received/Returned/Released/Seized

File # BA 2441763

On (date) December 21, 2013

- item(s) listed below were:
- Received From
 - Returned To
 - Released To
 - Seized

(Name) _____

(Street Address) 7913 Croyden Way

(City) District Heights, MD

Description of Item(s): _____

Business Documents
Financial Documents

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Seven (7) Computer Towers
Four (4) Cellphones
One (1) DVR
One (1) Server

[Handwritten signature]

Received By: [Signature]
(Signature)

Received From: No One On Scene
(Signature)

