		OMB No. 15	040-0000		Depart	ment of the	Treasury	Interna	I Revenue S	ervice
Form W-2 Wage and Tax State a Employee's social security No. Copy 1 R 339-66-4416	artment.			1 Wages, tips, other Comp. \$0.01			2 Feder	ral income tax	withheld \$0.00	
c Employer's name, address, and ZIP cod UNITED STATES PATENT 3584436	<b>b</b> Employer I.D. number			3 Social security wages			4 Socia	I security tax v	vithheld	
CHICAGO, IL 60643		38-375 d Control r			5 Medica	re wages and	•	6 Medic	care tax withhe	
		7 Social se	ecurity tips		8 Allocate	ed tips	\$0.00	9 Advar	nce EIC paym	\$0.00 ent
			\$	0.00			\$0.00			\$0.00
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST CHICAGO, IL 60628-6142				30.00	11 Nonqua	llified plans	\$0.00	13 Stat. Empl.	Retirement plan	3rd-party sick pay
		12a Code S	See Inst. for box	:12 \$0.00	12b Code		\$0.00	14 Other		
Contracts address and ZID code	12c Code			12d Code					\$0.00	
<ul><li>f Employee's address and ZIP code</li><li>15 State Employer's state ID No.</li></ul>	16 State wages, tips, etc.	17 State inco	me tax 18	\$0.00 <b>B</b> Local	wages, tips	etc. 19 Lo	\$0.00 cal income	tax 2	20 Locality na	\$0.00 me
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Form <b>W-2</b> Wage and Tax State	2010									· · · · ·
a Employee's social security No. Copy 2		OMB No. 15 ate, City, or Loca		turn		tips, other C	,		I Revenue S ral income tax	
339-66-4416 c Employer's name, address, and ZIP cod		•	er I.D. number				\$0.01		I security tax v	\$0.00
UNITED STATES PATENT 3584436 CHICAGO, IL 60643		38-375	51164		3 Social security wages \$0.00					\$0.00
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		7 Social se		30.00	8 Allocate	ed tips	\$0.00	9 Advar	nce EIC paym	ent \$0.00
e Employee's first, initial, and last names,	and suffix	10 Depende	ent care benefits	S	11 Nonqua	lified plans		13 Stat. Empl.	Retirement plan	3rd-party sic <u>k p</u> ay
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CHICAGO, IL 60628-6142				\$0.00			\$0.00			\$0.00
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Form <b>W-2</b> Wage and Tax State	amont 2010	OMB No. 15			Depart	ment of the	Treasurv	Interna	I Revenue S	
a Employee's social security No. Copy C		e Notice to Empl	loyee on back of C	opy B.)		tips, other C	,		ral income tax	
339-66-4416 This info c Employer's name, address, and ZIP cod	b Employer I.D. number					+ 2 01			+	
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UNITED STATES PATENT 3584436		b Employe 38-375 d Control r	51164			, ,	s \$0.00	4 Socia	I security tax v	vithheld \$0.00
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#### Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), or (c) you have two qualifying children and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$43,352 (\$48,362 if married filling jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,830 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Instructions

**Box 1.** Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. **Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note:** If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

 ${\bf C}$  - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or call 1-800-772-1213. You also may visit the SSA at *www.socialsecurity.gov.* 

**Credit for excess taxes.** If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax. (Also see *Instructions for Employee* on the back of Copy C.)

E - Elective deferrals under a section 403(b) salary reduction agreement

F - Elective deferrals under a section 408(k)(6) salary reduction SEP

 ${\bf G}$  - Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H}$  - Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K - 20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

 ${\rm L}$  - Substantiated employee business expense reimbursements (nontaxable)  ${\rm M}$  - Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

 ${\bf N}$  - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P** - Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q** - Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T** - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts

V - Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y - Deferrals under a section 409A nonqualified deferred compensation plan.
 Z - Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

**AA** - Designated Roth contributions to a section 401(k) plan.

BB - Designated Roth contributions under a section 403(b) plan.

CC(For employer use only)-HIRE exempt wages and tips.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

а	Employee's social security No. 339-66-4416		OMB No. 1545-	-0008					
b	b Employer identification number 38-3751164				s, tips, other compe	ensation \$0.01	2 Federal income tax withheld \$0.00		
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 3584436 CHICAGO, IL 60643			3 Social	l security wages	\$0.00	4 Social security tax withheld		\$0.00
				5 Medic	are wages and tips	\$0.00	6 Medicare tax withheld \$0.00		
					7 Social security tips \$0.00			8 Allocated tips \$0	
d	d Control Number				9 Advance EIC payment 10 Dependent care ben \$0.00				\$0.00
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST			1'		ualified plans	\$0.00	<sup>C</sup> 12a d <sup>C</sup> 12b		\$0.00
	CHICAGO, IL 60628-6142				utory Retirement loyee plan	3rd-party sick pay			\$0.00
			14	4 Other	\$0.0	0	C 12d		\$0.00
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1 1	Employee's address and ZIP code 5 State Employer's state ID No.	<b>16</b> State wages, tips, etc. <b>17</b> \$0.00		<b>18</b> 0.00	B Local wages, tip: \$	s, etc. <b>19</b> Loc 0.00	cal income tax \$0.	<b>20</b> Locality na	ame
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Fo	orm W-2 Wage and Ta Statement	× 2010			De	partment of t	he Treasury	Internal Revenu	e Service

Copy D For Employer.

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

# **Employers, Please Note---**

Specific information needed to complete Form W-2 is available in a separate booklet titled 2010 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov.*  **Need Help?** If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are 8:30 a.m. to 4:30 p.m., Eastern time.

**Due dates.** Furnish Copies B, C, and 2 to the employee generally by January 31, 2011.

**For employer records only!** Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 06/15/2011. The Wage File ID (WFID) assigned to this submission is:NDG165.

a Control number			For	official use only					
			OME	No. 1545-0008					
<sup>b</sup> Kind	Military	943	944	1 Wages, tips, other compensation	2 Federal income tax withheld				
of		X		\$0.01	\$0.00				
CT-1	Hshld. Emp.	Medicare Govt. Emp.	Third-party sick pay	3 Social security wages	4 Social security tax withheld				
payer 🗌				\$0.00	\$0.00				
c Total number of Forms W-2		d Establishment nu	umber	5 Medicare wages and tips	6 Medicare tax withheld				
1				\$0.00	\$0.00				
e Employer identification number				7 Social security tips	8 Allocated tips				
	-3751164			\$0.00	\$0.00				
f Employer's name				9 Advance EIC payments	10 Dependent care benefits				
UNITED STATES PATENT 3	584436			\$0.00	\$0.00				
CHICAGO, IL 60643				11 Nonqualified plans	12a Deferred compensation				
				\$0.00	\$0.00				
				<b>13</b> For third-party sick pay use only	12b HIRE exempt wages and tips				
				\$0.00					
g Employer's address and ZIP code				14 Income tax withheld by payer of third-party sick pay         \$0.00					
h Other EIN used this year									
15 State Employer's state ID number	er			16 State wages, tips, etc.	17 State income tax				
				\$0.00	\$0.00				
				18 Local wages, tips, etc.	19 Local income tax				
				\$0.00	\$0.00				
Contact person				Telephone number	For official use only				
	AYLORD TOSC	CANA		773-264-4609					
E-mail address				Fax number					
msbrain@att.net									
Under penalties of perjury, I declare that I	have examined th	is return and accompa	anying docur	nents, and, to the best of my knowledge and belie	f, they are true, correct, and complete.				
	Y(	DUR	CC	<b>)PY</b>					
Signature		Title	_		Date				

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

2010

Department of the Treasury Internal Revenue Service

#### Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, are being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the Social Security Administration (see below).

## For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 06/15/2011. The Wage File ID (WFID) assigned to this submission is:NDG165.

For Privacy Act and Paperwork Reduction Act Notice, see the 2010 Instructions for Forms W-2 and W-3.