Form W-2 Wage and Tax Statement	2010	OMB No. 154	5-0008	D	epartment of t	he Treasury	Internal	Revenue S	ervice
a Employee's social security No. Copy 1 For State, City, or Local Tax Depa		artment.			1 Wages, tips, other Comp. \$0.01			2 Federal income tax withheld \$0.00	
c Employer's name, address, and ZIP code UNITED STATES PATENT 3602213 CHICAGO, IL 60643		<b>b</b> Employer		<b>3</b> S	3 Social security wages			security tax w	
		38-3751164 d Control number			\$0.00 5 Medicare wages and tips			are tax withhe	ld
		7 Social security tips			\$0.00 8 Allocated tips		9 Advan	ce EIC payme	
e Employee's first, initial, and last names, and suffix		10 Depende	\$0.0 ht care benefits		onqualified plan	\$0.00 s	13 Stat. Empl.	Retirement	\$0.00 3rd-party
BRAIN GAYLORD CHICAGO, IL 60628-6142		12a Code Se	\$0.0 e Inst. for box 12	0 <b>12b</b> C	iodo	\$0.00	14 Other	Retirement plan	3rd-party sick pay
			\$0.0 \$0.0	00		\$0.00	14 Other		\$0.00
f Employee's address and ZIP code		12c Code	\$0.(	<b>12d</b> C	ode	\$0.00			\$0.00
15 State Employer's state ID No. 16 Sta	ate wages, tips, etc. \$0.00 \$0.00	17 State incon	ne tax <b>18</b> Lo \$0.00 \$0.00	cal wage	s, tips, etc. <b>19</b> \$0.00 \$0.00	Local income	tax 2 \$0.00 \$0.00	0 Locality na	
Form W-2 Wage and Tax Statement	2010						Internel		
a Employee's social security No. Copy 2 To Be File		OMB No. 154 te, City, or Local			epartment of t /ages, tips, othe	,		al income tax	withheld
339-66-4416 c Employer's name, address, and ZIP code		<b>b</b> Employer	I.D. number	<b>3</b> S	ocial security wa	\$0.01 ages	4 Social	security tax w	\$0.00 rithheld
UNITED STATES PATENT 3602213 CHICAGO, IL 60643		38-3751 d Control n		5 M	ledicare wages	\$0.00	6 Medic	are tax withhe	\$0.00
					5	\$0.00		ce EIC payme	\$0.00
		7 Social see	\$0.0	0	llocated tips	\$0.00		. ,	\$0.00
e Employee's first, initial, and last names, and suff BRAIN GAYLORD	ïx	10 Depender	nt care benefits \$0.0		lonqualified plan	s \$0.00	13 Stat. Empl.	Retirement plan	3rd-party sick pay
CHICAGO, IL 60628-6142		12a Code Se	e Inst. for box 12 \$0.0	<b>12b</b> C	ode	\$0.00	14 Other		
f Employeds address and ZID and		12c Code		12d C	ode				\$0.00
f Employee's address and ZIP code       15 State Employer's state ID No.       16 State	ate wages, tips, etc. \$0.00 \$0.00	17 State incon	\$0.0 ne tax 18 Lo \$0.00 \$0.00		s, tips, etc. <b>19</b> \$0.00 \$0.00	\$0.00 Local income	tax 2 \$0.00 \$0.00	0 Locality na	\$0.00 me
Form W-2 Wage and Tax Statement a Employee's social security No. Copy C For EMPI		OMB No. 154	5-0008		epartment of t	he Treasurv	Internal	Revenue S	
a Employee's social security NO. Copy C FOR EMPI	LOYEE'S Records (See	e Notice to Emplo	vee on back of Copy B		/ages, tips, othe	,		al income tax	withheld
339-66-4416 This information is	LOYEE'S Records (Se being furnished to the In	ternal Revenue Se	ervice.	.) <b>1</b> W	0 / 1 /	r Comp. \$0.01	2 Federa	al income tax	\$0.00
339-66-4416         This information is           c         Employer's name, address, and ZIP code           UNITED         STATES         PATENT         3602213	LOYEE'S Records (Se s being furnished to the In	b Employer 38-3751	I.D. number 164	.) <b>1</b> W <b>3</b> S	ocial security wa	r Comp. \$0.01 ages \$0.00	2 Federa 4 Social	security tax w	\$0.00 ithheld \$0.00
339-66-4416     This information is       c     Employer's name, address, and ZIP code	LOYEE'S Records (Se s being furnished to the In	ternal Revenue Se b Employer 38-3751 d Control n	I.D. number 164 umber	.) 1 W 3 S 5 M	ocial security wa	r Comp. \$0.01 ages \$0.00	<ul><li>2 Federa</li><li>4 Social</li><li>6 Medica</li></ul>	security tax w are tax withhe	\$0.00 iithheld \$0.00 Id \$0.00
339-66-4416         This information is           c         Employer's name, address, and ZIP code           UNITED         STATES         PATENT         3602213	LOYEE'S Records (Se s being furnished to the In	b Employer 38-3751	I.D. number 164 umber	.) 1 W 3 S 5 M 8 A	ocial security wa	r Comp. \$0.01 ages \$0.00 and tips	<ul><li>2 Federa</li><li>4 Social</li><li>6 Medica</li><li>9 Advan</li></ul>	security tax w are tax withhe ce EIC payme	\$0.00 ithheld \$0.00 id \$0.00 ent \$0.00
339-66-4416         This information is           c         Employer's name, address, and ZIP code           UNITED         STATES         PATENT         3602213	being furnished to the In	b Employer 38-3751 d Control n 7 Social ser	I.D. number 164 umber curity tips	<ul> <li>.) 1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> </ul>	ocial security wa	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00	<ul><li>2 Federa</li><li>4 Social</li><li>6 Medica</li></ul>	security tax w are tax withhe	\$0.00 iithheld \$0.00 Id \$0.00 ent \$0.00 3rd-party sick pay
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff	being furnished to the In	ternal Revenue So b Employer 38-3751 d Control n 7 Social see 10 Depender	I.D. number 1.64 umber curity tips \$0.0 nt care benefits \$0.0 curity tips	<ul> <li>.) 1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> </ul>	ocial security water ledicare wages llocated tips lonqualified plan	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 s \$0.00	<ol> <li>Federa</li> <li>Social</li> <li>Medica</li> <li>Advan</li> <li>Stat. Empl.</li> </ol>	security tax w are tax withhe ce EIC payme	\$0.00 ithheld \$0.00 Id \$0.00 ent \$0.00
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142	being furnished to the In	ternal Revenue So b Employer 38-3751 d Control n 7 Social see 10 Depender	I.D. number 1.64 umber curity tips \$0.0 ht care benefits \$0.0 curity tips \$0.0 \$0.0 curity tips \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$	<ul> <li>.)</li> <li>1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> <li>12d C</li> </ul>	ocial security water ledicare wages llocated tips lonqualified plan	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$ \$0.00 \$ \$0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<ol> <li>Federa</li> <li>Social</li> <li>Medica</li> <li>Advan</li> <li>Stat, Empl.</li> </ol>	security tax w are tax withhe ce EIC payme	\$0.00 itthheld \$0.00 Id \$0.00 ent \$0.00 3rd-party sick pay
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code	s being furnished to the In	<ul> <li>b Employer 38-3751</li> <li>d Control n</li> <li>7 Social sec</li> <li>10 Depender</li> <li>12a Code Sec</li> <li>12c Code</li> </ul>	I.D. number 1.64 umber curity tips \$0.0 nt care benefits \$0.0 ce Inst. for box 12 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0 \$0.0	<ul> <li>.)</li> <li>1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> <li>0</li> <li>12d C</li> </ul>	ocial security water ledicare wages llocated tips lonqualified plan code	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	<ul> <li>2 Federa</li> <li>4 Social</li> <li>6 Medica</li> <li>9 Advan</li> <li>13 Stat, Empl.</li> <li>14 Other</li> </ul>	security tax w are tax withhe ce EIC payme Retirement	\$0.00 ithheld \$0.00 id \$0.00 3rd-party sick pay \$0.00 \$0.00
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         16 State	ix ix ate wages, tips, etc. \$0.00 \$0.00	ternal Revenue So b Employer 38-3751 d Control no 7 Social sec 10 Depender 12a Code So 12c Code 17 State incon	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ee Inst. for box 12         \$0.0         \$0.0         ter tax         \$0.00         \$0.00	<ul> <li>.) 1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> <li>00</li> </ul>	ocial security water ledicare wages llocated tips lonqualified plan code s, tips, etc. \$0.00 \$0.00	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	<ul> <li>2 Federa</li> <li>4 Social</li> <li>6 Medica</li> <li>9 Advan</li> <li>13 Stat, Empl.</li> <li>14 Other</li> </ul>	security tax w are tax withhe ce EIC payme	\$0.00 ithheld \$0.00 id \$0.00 3rd-party sick pay \$0.00 \$0.00
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         16 State         If you are required to file a tax return, a negligence penalty or	ix ix ate wages, tips, etc. \$0.00 \$0.00 c other sanction may be in	b Employer 38–3751 d Control n 7 Social see 10 Depender 12a Code Se 12c Code 17 State incon	I.D. number 1.64 Jumber curity tips \$0.0 at care benefits \$0.0 at care benefits \$0.00 \$0.00 at care benefits \$0.00 \$0.00 at care benefits \$0.00 \$0.00 \$0.00 at care benefits \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.	<ul> <li>.) 1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> </ul>	ocial security wa ledicare wages llocated tips lonqualified plan sode s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it.	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2 Federa 4 Social 6 Medic: 9 Advan 13 Stat. Empl. 14 Other 14 Other 14 0ther	security tax w are tax withhe ce EIC payme Retirement plan	\$0.00 ithheld \$0.00 id \$0.00 int \$0.00 3rd-party \$ck pay \$ck pay
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FED	ternal Revenue So         b Employer             38–3751         d Control no         7 Social see         10 Dependee         12a Code So         12c Code         17 State incom         nposed on you if the second	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ee Inst. for box 12         \$0.0         \$0.0         ter tax         \$0.00         his income is taxable a         55-0008         n.	-) 1 W 3 S 5 M 0 8 A 0 11 N 0 12b C 00 12d C 00 12d C 00 12d C	ocial security water ledicare wages llocated tips lonqualified plan code s, tips, etc. \$0.00 \$0.00	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury	2 Federa 4 Social 6 Medic: 9 Advan 13 Stat, Empl. 14 Other tax 2 \$0.00 \$0.00 \$0.00	security tax w are tax withhe ce EIC payme Retirement plan	\$0.00 ithheld \$0.00 Id \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00 me
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.       Copy B To Be Fil         339-66-4416       This information is	ix ix ix ate wages, tips, etc. \$0.00 \$0.00 r other sanction may be in 2010	b Employer 38–3751 d Control ni 7 Social ser 10 Depender 12a Code Ser 12c Code 17 State incon mposed on you if the OMB No. 154 DERAL Tax Retur ternal Revenue Ser	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ee Inst. for box 12         \$0.0         \$0.0         he tax         \$0.00         his income is taxable a         5-0008         n.         arvice.	<ul> <li>.) 1 W</li> <li>3 S</li> <li>5 M</li> <li>8 A</li> <li>0</li> <li>11 N</li> <li>0</li> <li>12b C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> <li>00</li> <li>12d C</li> <li>12d C<!--</td--><td>ocial security wa ledicare wages llocated tips lonqualified plan sode s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it. epartment of t</td><td>r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury r Comp. \$0.01</td><td>2 Federa 4 Social 6 Medic: 9 Advan 13 Stat. Empl. 14 Other 14 Other 14 Other  Internal 2 Federa</td><td>security tax w are tax withhe ce EIC payme Retirement plan 0 Locality na Revenue So al income tax</td><td>\$0.00 ithheld \$0.00 id \$0.00 int \$0.00 3rd-part \$ckpay \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00</td></li></ul>	ocial security wa ledicare wages llocated tips lonqualified plan sode s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it. epartment of t	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury r Comp. \$0.01	2 Federa 4 Social 6 Medic: 9 Advan 13 Stat. Empl. 14 Other 14 Other 14 Other Internal 2 Federa	security tax w are tax withhe ce EIC payme Retirement plan 0 Locality na Revenue So al income tax	\$0.00 ithheld \$0.00 id \$0.00 int \$0.00 3rd-part \$ckpay \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FED	b Employer 38-3751 d Control n 7 Social see 10 Dependee 12a Code Se 12c Code 17 State incon nposed on you if th OMB No. 154 DERAL Tax Retur ternal Revenue Se b Employer 38-3751	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ee Inst. for box 12         \$0.0         \$0.0         her tax         \$0.00         is income is taxable a         5-0008         n.         revice.         1.D. number         1.64	-) 1 W 3 S 5 M 8 A 0 11 N 0 12b C 12d C 12d C 00 12d C 12d S 12d S	ocial security wa ledicare wages llocated tips lonqualified plan code s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it. epartment of t Vages, tips, othe ocial security wa	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury r Comp. \$0.01 ages \$0.00	2 Federa 4 Social 6 Medic: 9 Advan 13 Empl. □ 14 Other 14 Other Internal 2 Federa 4 Social	security tax w are tax withhe ce EIC payme Retirement plan 0 Locality na Revenue So al income tax security tax w	\$0.00 ithheld \$0.00 id \$0.00 ornt \$0.00 ornt \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.         339-66-4416         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FED	ternal Revenue So         b Employer             38–3751         d Control no         7 Social see         10 Dependee         12a Code So         12c Code         12c Code         17 State incon         nposed on you if ti          COMB No. 154         DERAL Tax Retur         ternal Revenue So         b Employer         38–3751         d Control no	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         er lnst. for box 12         \$0.0         \$0.0         tare tax         \$0.00         nis income is taxable a         55-0008         n.         ervice.         1.D. number         164	-) 1 W 3 S 5 M 8 A 0 11 N 0 12b C 00 12d C 00 12d C 00 12d S 12d	ocial security wa ledicare wages llocated tips lonqualified plan sode s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it. epartment of t Vages, tips, othe ocial security wa	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury r Comp. \$0.01 ages \$0.00	2 Federa 4 Social 6 Medic: 9 Advan 13 Empl. □ 14 Other 14 Other Internal 2 Federa 4 Social 6 Medic:	security tax w are tax withhe ce EIC payme Retirement plan 0 Locality na Revenue So al income tax security tax w are tax withhe	\$0.00 ithheld \$0.00 Id \$0.00 ornt \$0.00 \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id \$0.00 Id
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.         339-66-4416         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FED	b Employer 38-3751 d Control n 7 Social see 10 Dependee 12a Code Se 12c Code 17 State incon nposed on you if th OMB No. 154 DERAL Tax Retur ternal Revenue Se b Employer 38-3751	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         er lnst. for box 12         \$0.0         \$0.0         tare tax         \$0.00         nis income is taxable a         55-0008         n.         ervice.         1.D. number         164	-) 1 W 3 S 5 M 8 A 0 11 N 0 12b C 00 12d C 00 12d C 00 12d S 12d	ocial security wa ledicare wages llocated tips lonqualified plan code s, tips, etc. <b>19</b> \$0.00 \$0.00 to report it. epartment of t Vages, tips, othe ocial security wa	r Comp. \$0.01 ages \$0.00 and tips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Local income he Treasury r Comp. \$0.01 ages \$0.00	2 Federa 4 Social 6 Medic: 9 Advan 13 Empl. □ 14 Other 14 Other Internal 2 Federa 4 Social 6 Medic: 9 Advan	security tax w are tax withhe ce EIC payme Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe ce EIC payme	\$0.00 ithheld \$0.00 ith eld \$0.00 3rd-pary sick pary \$0.00 \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.000 ithheld \$0.0000 ithheld \$0.0000 ithheld \$0.0000 ithheld \$0.00000 ithheld \$0.00000000000000000000000000000000000
339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         If you are required to file a tax return, a negligence penalty or         Form W-2 Wage and Tax Statement         a Employee's social security No.         339-66-4416         c Employee's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FEC s being furnished to the In	ternal Revenue So         b Employer             38–3751         d Control no         7 Social see         10 Dependee         12a Code So         12c Code         12c Code         17 State incon         nposed on you if th         COMB 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339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.       16 State         If you are required to file a tax return, a negligence penalty or         Copy B To Be Fil         339-66-4416         c Employee's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FEC s being furnished to the In	<ul> <li>b Employer 38-3751</li> <li>d Control no</li> <li>7 Social sec</li> <li>10 Depender</li> <li>12a Code Sec</li> <li>12c Code</li> <li>12c Code</li> <li>12c Code</li> <li>137 State incom</li> <li>14 Depender</li> <li>154 Depender</li> <li>154 Depender</li> <li>16 Employer 38-3751</li> <li>d Control no</li> <li>7 Social sec</li> <li>10 Depender</li> <li>10 Depender</li> <li>11 Depender</li> <li>12 Depender</li> <li>12 Code</li> <li>13 Depender</li> <li>14 Depender</li> <li>15 Depender</li> <li>16 Depender</li> <li>10 Depender</li> </ul>	I.D. number         1.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ee Inst. for box 12         \$0.0         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$18         \$25-0008         n.         \$5-0008         n.         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         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339-66-4416       This information is         c Employer's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142         f Employee's address and ZIP code         15 State Employer's state ID No.         16 State         If you are required to file a tax return, a negligence penalty or         Copy B To Be Fil         339-66-4416         c Employee's name, address, and ZIP code         UNITED STATES PATENT 3602213         CHICAGO, IL 60643         e Employee's first, initial, and last names, and suff         BRAIN GAYLORD         CHICAGO, IL 60628-6142	ix ate wages, tips, etc. \$0.00 \$0.00 rother sanction may be in <b>2010</b> ed with Employee's FEC s being furnished to the In	<ul> <li>b Employer 38-3751</li> <li>d Control no</li> <li>7 Social sec</li> <li>10 Depender</li> <li>12a Code Sec</li> <li>12c Code</li> <li>12c Code</li> <li>12c Code</li> <li>137 State incom</li> <li>14 Depender</li> <li>154 Depender</li> <li>154 Depender</li> <li>16 Employer 38-3751</li> <li>d Control no</li> <li>7 Social sec</li> <li>10 Depender</li> <li>10 Depender</li> <li>11 Depender</li> <li>12 Depender</li> <li>12 Code</li> <li>13 Depender</li> <li>14 Depender</li> <li>15 Depender</li> <li>16 Depender</li> <li>10 Depender</li> </ul>	I.D. number         1.64         umber         curity tips         \$0.0         nt care benefits         \$0.0         ce Inst. for box 12         \$0.00         \$0.00         standard         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         staincome is taxable a         \$5-0008         n.         structer         1.D. number         1.64         umber         curity tips         \$0.0         tt care benefits         \$0.0         tt care benefits         \$0.0         te Inst. for box 12         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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. 1545-00	008					
b	Employer identification number 38-3751164	1 \	Wages, tips,	other compensat	ion \$0.01	2 Federal income tax withheld \$0.		\$0.00	
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 3602213			Social securi	ty wages	4 Social secur	rity tax withheld	\$0.00	
	CHICAGO, IL 60643		5 1	Medicare wa	ges and tips	\$0.00	6 Medicare ta:	x withheld	\$0.00
			7 \$	Social securi	ty tips	\$0.00	8 Allocated tip	)S	\$0.00
d	Control Number	9 /	9 Advance EIC payment 10 Dependent care benefit \$0.00			care benefits	\$0.00		
e	Employee's first, initial, and last na BRAIN GAYLORD CHICAGO, IL 60628-6142	mes, and suffix		Nonqualified	•	\$0.00	C 12a		\$0.00
	CHICAGO, IL 60628-6142		13	Statutory employee	Retirement plan	3rd-party sick pay	C 12b		\$0.00
			14 (	Other	\$0.00		C 12C		\$0.00
					\$0.00		C 12d		\$0.00
f 1	Employee's address and ZIP code 5 State Employer's state ID No.	16 State wages, tips, etc. 17			al wages, tips, etc		al income tax	20 Locality na	me
	l	\$0.00	\$0. \$0.		\$0.0		\$0.( \$0.(		
F	orm <b>W-2</b> Wage and Ta Statement			1				Internal Revenue	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 06/16/2011. The Wage File ID (WFID) assigned to this submission is:NDG599.

a Control number			For	official use only				
			OME	No. 1545-0008				
b Kind	Military	943	944	1 Wages, tips, other compensation	2 Federal income tax withheld			
of		X	Third a set	\$0.01	\$0.00			
payer	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	ımber	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			
	8-3751164			\$0.00	\$0.00			
f Employer's name				9 Advance EIC payments	10 Dependent care benefits			
UNITED STATES PATENT 3	602213			\$0.00	\$0.00			
CHICAGO, IL 60643				11 Nonqualified plans	2a 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 numb	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 TOS	CANA		773-264-4609				
E-mail address				Fax number				
msbrain@att.net								
Under penalties of perjury, I declare that I	have examined the	nis return and accompa	anying docur	nents, and, to the best of my knowledge and belief	, they are true, correct, and complete.			
	Y	OUR	CC	<b>)PY</b>				
Signature		Title		I	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 06/16/2011. The Wage File ID (WFID) assigned to this submission is:NDG599.

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