Form W-2 Wage and Tax Stateme	nt 2010	OMB No. 1	545-0008	D	epartment of th	e Treasury	Internal	Revenue S	ervice
a Employee's social security No. Copy 1 For State, City, or Local Tax Depa		artment.		1 W	1 Wages, tips, other Comp. \$0.01			al income tax	withheld \$0.00
c Employer's name, address, and ZIP code UNITED STATES PATENT 7152942 CHICAGO, IL 60643			yer I.D. number /51164	3 S	3 Social security wages			security tax w	
		d Contro		5 M	\$0.00 5 Medicare wages and tips		6 Medica	are tax withhe	-
		7 Social	security tips		\$0.00 8 Allocated tips		9 Advan	ce EIC payme	ent
e Employee's first, initial, and last names, and suffix			\$0.0 dent care benefits		onqualified plans	\$0.00	13 Stat. Empl.	Retirement plan	\$0.00 3rd-party sick pay
BRAIN GAYLORD CHICAGO, IL 60628-6142		12a Code	\$0.0 See Inst. for box 12	00 12b C	ode	\$0.00	14 Other		
		12c Code	\$0.	00		\$0.00	14 Other		\$0.00
f Employee's address and ZIP code			\$0.	12d C	ode	\$0.00			\$0.00
15 State Employer's state ID No. 16	State wages, tips, etc. \$0.00 \$0.00	17 State inc	come tax \$0.00 \$0.00 \$0.00	ocal wage:	s, tips, etc. 19 L \$0.00 \$0.00	ocal income	tax 2 \$0.00 \$0.00	0 Locality na	me
Form W-2 Wage and Tax Stateme	nt 2010	 OMB No. 1	545-0008		epartment of th	e Treasurv	Internal	Revenue S	
a Employee's social security No. Copy 2 To B					ages, tips, other	Comp.		al income tax	withheld
339-66-4416 c Employer's name, address, and ZIP code		b Emplo	yer I.D. number	3 S	ocial security wag	\$0.01 jes	4 Social	security tax w	
UNITED STATES PATENT 7152942 CHICAGO, IL 60643		38-37 d Contro	/51164 I number	5 M	ledicare wages a	\$0.00 nd tips	6 Medica	are tax withhe	\$0.00 Id
		7 Social	security tips		llocated tips	\$0.00		ce EIC payme	\$0.00
			\$0.0	00	•	\$0.00			\$0.00
e Employee's first, initial, and last names, and BRAIN GAYLORD	suffix	10 Depen	dent care benefits \$0.0		onqualified plans	\$0.00	13 Stat. Empl.	Retirement plan	3rd-party sick pay
CHICAGO, IL 60628-6142		12a Code	See Inst. for box 12 \$0.	12b C 00	ode	\$0.00	14 Other		
f Employee's address and ZIP code		12c Code	\$0.	12d C	ode	\$0.00			\$0.00
	State wages, tips, etc. \$0.00 \$0.00	17 State inc			s, tips, etc. 19 L \$0.00 \$0.00	-	tax 2 \$0.00 \$0.00	0 Locality na	\$0.00 me
Form W-2 Wage and Tax Stateme a Employee's social security No. Copy C For I 339-66-4416 Copy C For I This informati		OMB No. 1 e Notice to Em ternal Revenue	ployee on back of Copy I		epartment of th /ages, tips, other	,		Revenue Se al income tax	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7152942			yer I.D. number /51164	3 S	ocial security wag		4 Social	security tax w	
CHICAGO, IL 60643		d Contro		5 M	ledicare wages a	nd tips	6 Medica	are tax withhe	
		7 Social			8 Allocated tips				ld
e Employee's first, initial, and last names, and	e Employee's first, initial, and last names, and suffix				llocated tips	\$0.00		ce EIC payme	ld \$0.00 ent
BRAIN GAYLORD CHICAGO, IL 60628-6142		10 Depen	\$0.0 dent care benefits	00 11 N	llocated tips	\$0.00	9 Advan		ld \$0.00 ent \$0.00
CHICAGO, IL 60628-6142			\$0.0 dent care benefits \$0.0	00 11 N	onqualified plans		9 Advan 13 Stat. Empl.	ce EIC payme Retirement plan	ld \$0.00 ent \$0.00
CHICAGO, IL 60628-6142		12a Code	\$0.0 dent care benefits	00 11 N 00 12b C	onqualified plans	\$0.00	9 Advan 13 Stat. Empl.		ld \$0.00 ent \$0.00 3rd-party sick pay
f Employee's address and ZIP code		12a Code 12c Code	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0.	11 N 12b C 12d C 12d C	ionqualified plans	\$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Stat, Empl. 14 Other		Id \$0.00 ant \$0.00 3rd-party sick pay
f Employee's address and ZIP code 15 State Employer's state ID No. 16	State wages, tips, etc. \$0.00 \$0.00	12a Code 12c Code 17 State inc	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 12b C 00 12d C 00 00 00 00 00 00 00 00 00 0	lonqualified plans tode tode s, tips, etc. 19 L \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Stat, Empl. 14 Other		Id \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena	\$0.00 \$0.00 Ity or other sanction may be in	12a Code 12c Code 17 State inc	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 12b C 00 12d C 00 00 00 00 00 00 00 00 00 0	lonqualified plans tode tode s, tips, etc. 19 L \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Stat. Empl. 14 Other tax 2 \$0.00	Retirement plan	Id \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00
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 pena Form W-2 Wage and Tax Stateme	\$0.00 \$0.00 Ity or other sanction may be in nt 2010	12a Code 12c Code 17 State inc nposed on you OMB No. 1	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 12b C 00 12d C 00 00 00 00 00 00 00 00 00 0	ionqualified plans iode s, tips, etc. 19 \$0.00 \$0.00 to report it. epartment of th	\$0.00 \$0.00 \$0.00 \$0.00 .ocal income	9 Advan 13 Stat, Empl. 14 Other 14 Other tax \$0.00 \$0.00 \$0.00	Retirement plan 0 Locality na Revenue S	Id \$0.00 int \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00 ervice
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 pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy B To B	\$0.00 \$0.00 Ity or other sanction may be in	12a Code 12c Code 17 State inc nposed on you OMB No. 1 DERAL Tax Re ternal Revenue	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 12b C 00 12d C 00 00 00 00 00 00 00 00 00 0	ionqualified plans iode s, tips, etc. 19 \$0.00 \$0.00 to report it. epartment of th Vages, tips, other	\$0.00 \$0.00 \$0.00 .ocal income e Treasury Comp. \$0.01	9 Advan 13 Stat. Empl. 14 Other tax 2 \$0.00 \$0.00 \$0.00 Internal 2 Federa	Retirement plan 0 Locality na Revenue So al income tax	Id \$0.00 int \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00 ervice withheld \$0.00
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy B To B c Employer's name, address, and ZIP code UNITED STATES	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FED	12a Code 12c Code 17 State inc nposed on you OMB No. 1 DERAL Tax Re ternal Revenue b Emplo	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0.00 \$0.00 if this income is taxable = 545-0008 sturn.	00 11 N 12b C 00 12d C 00 00 00 00 00 00 00 00 00 0	ionqualified plans iode s, tips, etc. 19 \$0.00 \$0.00 to report it. epartment of th	\$0.00 \$0.00 \$0.00 .ocal income e Treasury Comp. \$0.01	9 Advan 13 Stat. Empl. 14 Other tax 2 \$0.00 \$0.00 \$0.00 Internal 2 Federa	Retirement plan 0 Locality na Revenue S	Id \$0.00 ant \$0.00 3rd-party sick party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy B To B c Employer's name, address, and ZIP code	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FED	12a Code 12c Code 17 State inc nposed on you OMB No. 1 DERAL Tax Re ternal Revenue b Emplo	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 00 12b C 00 12d C 00 12b C 00 1	ionqualified plans iode s, tips, etc. 19 \$0.00 \$0.00 to report it. epartment of th Vages, tips, other	\$0.00 \$0.00 \$0.00 \$0.00 cocal income e Treasury Comp. \$0.01 jes \$0.00	9 Advan 13 Empl. 14 Other tax \$0.00 \$0.00 Internal 2 Federa 4 Social	Retirement plan 0 Locality na Revenue So al income tax	Id \$0.00 ant \$0.00 3rd-party sick party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 Id
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy B To B c Employer's name, address, and ZIP code UNITED STATES	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FED	12a Code 12c Code 17 State inc 17 State inc 0MB No. 1 DERAL Tax Reternal Revenue b Emplo 38–37 d Contro	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0.00 \$0.00 if this income is taxable a 545-0008 service. yer I.D. number 51164 I number Security tips	00 11 N 00 12b C 00 12d C 00 1	onqualified plans	\$0.00 \$0.00 \$0.00 \$0.00 cocal income e Treasury Comp. \$0.01 tes \$0.00 d tips \$0.00	9 Advan 13 Empl. □ 14 Other tax \$0.00 \$0.00 Internal 2 Federa 4 Social 6 Medica	Retirement plan 0 Locality na Revenue Si al income tax security tax w	Id \$0.00 ant \$0.00 3rd-party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 ithheld \$0.00 and \$0.00 and \$0.00 and \$0.00 \$0.0
f Employee's address and ZIP code 15 State Employer's state ID No. 16 17 you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 C Employee's name, address, and ZIP code UNITED STATES PATENT 7152942 CHICAGO, IL 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FEC ion is being furnished to the In	12a Code 12c Code 17 State inc 17 State inc 17 State inc 17 OMB No. 1 DERAL Tax Re- ternal Revenue b Emplo 38–37 d Contro 7 Social	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0.00 \$0.00 if this income is taxable = 545-0008 sturn. a Service. yer I.D. number 51164 I number	00 11 N 12b C 00 12d C 00 12d C 00 200 00 12d C 00	lonqualified plans	\$0.00 \$0.00 \$0.00 \$0.00 ocal income e Treasury Comp. \$0.01 ges \$0.00 nd tips	9 Advan 13 Empl. □ 14 Other tax \$0.00 \$0.00 Internal 2 Federa 4 Social 6 Medica	Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe	Id \$0.00 ant \$0.00 3rd-party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 ithheld \$0.00 ant \$0.00 \$0.00 ant \$0.00 ant \$0.00 ant \$0.00 \$0.00 \$0.00 ant \$0.00 \$
f Employee's address and ZIP code 15 State Employer's state ID No. 16 17 you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP code UNITED STATES PATENT 7152942 CHICAGO, IL 60643 e Employee's first, initial, and last names, and	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FEC ion is being furnished to the In	12a Code 12c Code 12c Code 17 State inc 17 State inc 0MB No. 1 0ERAL Tax Re ternal Revenue b Emplo 38–37 d Contro 7 Social 10 Depen	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 11 N 12b C 00 12d C 00 12d C 00 200 00 12d C 00 12d C 00 12d C 00 11 N 00 11 N 00 11 N 12b C	lonqualified plans	\$0.00 \$0.00 \$0.00 \$0.00 cocal income e Treasury Comp. \$0.01 jes \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Stat, Empl. 14 Other tax \$0.00 \$0.00 \$0.00 Internal 2 Federa 4 Social 6 Medica 9 Advan	Retirement plan 0 Locality na Revenue Se al income tax security tax w are tax withhe ce EIC payme	Id \$0.00 ant \$0.00 3rd-party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 Id \$0.00 ant \$0.00 ant \$0.00 ant \$0.00 \$0.00 \$0.00 ant \$0.00 \$0.0
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy B To B c Employer's name, address, and ZIP code UNITED STATES PATENT 7152942 CHICAGO, IL 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD CHICAGO, IL 60628-6142	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FEC ion is being furnished to the In	12a Code 12c Code 12c Code 17 State inc 17 State inc 0MB No. 1 0ERAL Tax Re ternal Revenue b Emplo 38–37 d Contro 7 Social 10 Depen	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.00 \$18 Lo \$0.00 if this income is taxable at ta	00 11 N 12b C 00 12d C 00 12d C 00 12d C 00 11 N 00 1 N 00 1 N 00 1 N 00 1 N 00 1 N 00 1 N 00 0 0 0 0 0 0 0 0 0 0 0 0	ionqualified plans iode s, tips, etc. 19 L \$0.00 \$0.00 to report it. epartment of th Vages, tips, other ocial security wag ledicare wages at llocated tips	\$0.00 \$0.00 \$0.00 \$0.00 ocal income e Treasury Comp. \$0.01 pes \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Empl. □ 14 Other tax \$0.00 \$0.00 Internal 2 Federa 4 Social 6 Medica 9 Advan 13 Empl. □	Retirement plan 0 Locality na Revenue Se al income tax security tax w are tax withhe ce EIC payme	Id \$0.00 ant \$0.00 3rd-party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 ithheld i
f Employee's address and ZIP code 15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form W-2 Wage and Tax Stateme a Employee's social security No. Copy B To B 339-66-4416 This informati c Employer's name, address, and ZIP code UNITED STATES PATENT 7152942 CHICAGO, IL 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD CHICAGO, IL 60628-6142 f f Employee's address and ZIP code	\$0.00 \$0.00 Ity or other sanction may be in nt 2010 e Filed with Employee's FEC ion is being furnished to the In	12a Code 12c Code 12c Code 17 State inc 17 State inc 0MB No. 1 0FRAL Tax Re- ternal Revenue b Emplo 38–37 d Contro 7 Social 10 Depen 12a Code 12c Code	\$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.00 \$0.00 if this income is taxable \$545-0008 trum. \$ Service. yer I.D. number \$1164 I number \$0.0 \$0.0 dent care benefits \$0.0 \$0.0 \$0.0	00 11 N 12b C 00 12d C 00 12d C 00 12d C 00 12d C 00 12d C 00 11 N 00 11 N 00 11 N 00 12b C 00 12d C	ionqualified plans iode s, tips, etc. 19 L \$0.00 \$0.00 to report it. epartment of th Vages, tips, other ocial security wag ledicare wages at llocated tips	\$0.00 \$0.00 \$0.00 \$0.00 ocal income e Treasury Comp. \$0.01 jes \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	9 Advan 13 Stat, Empl. 14 Other 14 Other 14 Other 14 Other 14 Other 14 Social 2 Federa 4 Social 6 Medica 9 Advan 13 Stat, Empl. 14 Other 14 Other	Retirement plan 0 Locality na Revenue Se al income tax security tax w are tax withhe ce EIC payme	Id \$0.00 ant \$0.00 3rd-party \$0.00 \$0.00 me ervice withheld \$0.00 ithheld \$0.00 ithheld \$0.00 Id \$0.00 ard-party \$0.000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.0000000000

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, c	other compensa	tion \$0.01	2 Federal income tax withheld		\$0.00	
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 7152942			Social security	y wages	\$0.00	4 Social security tax withheld		\$0.00
	CHICAGO, IL 60643		5 1	Medicare wag	ges and tips	\$0.00	6 Medicare ta	x withheld	\$0.00
			7 \$	Social security	y tips	\$0.00	8 Allocated tip	DS	\$0.00
d	Control Number	9 /	9 Advance EIC payment 10 Dependent care benefi \$0.00			care benefits	\$0.00		
е	e Employee's first, initial, and last names, and suffix BRAIN GAYLORD			Nonqualified p		\$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			l wages, tips, etc		al income tax	20 Locality n	ame
	l	\$0.00	\$0. \$0.		\$0.0 \$0.0		\$0.(\$0.(
L F	orm W-2 Wage and Ta Statement			<u> </u>				Internal Revenu	ue 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 06/17/2011. The Wage File ID (WFID) assigned to this submission is:NDG717.

a Control number	r		For	official use only				
				No. 1545-0008				
^b 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	1	d Establishment nu	umber	5 Medicare wages and tips	6 Medicare tax withheld			
1				\$0.00	\$0.00			
e Employer identification number	000000			7 Social security tips	8 Allocated tips			
	3-3751164			\$0.00	\$0.00			
f Employer's name	1 5 2 0 4 2			9 Advance EIC payments \$0.00	10 Dependent care benefits \$0.00			
UNITED STATES PATENT 7	152942			11 Nongualified plans				
CHICAGO, IL 60643				\$0.00	12a Deferred compensation \$0.00			
				13 For third-party sick pay use only	12b HIRE exempt wages and tips			
				To Tor third party slok pay use only	\$0.00			
				14 Income tax withheld by payer of third-party sick pay				
g Employer's address and ZIP code				\$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				
Contact person				Telephone number	For official use only			
	AYLORD TOS	CANA		773-264-4609				
E-mail address		L		Fax number				
msbrain@att.net								
Under penalties of perjury, I declare that I				nents, and, to the best of my knowledge and belie	f, they are true, correct, and complete.			
	Y (DUR	CC	DPY				
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 06/17/2011. The Wage File ID (WFID) assigned to this submission is:NDG717.

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