Form W-2 Wage and Tax Stateme	ent 2010	OMB No. '	545-0008		Depart	ment of the Trea	sury Interi	nal Revenue	Service
a Employee's social security No. Copy 1 For State, City, or Local Tax Depa 339-66-4416		artment.			1 Wages	, tips, other Comp. \$0.		leral income ta	ax withheld \$0.00
c Employer's name, address, and ZIP code UNITED STATES PATENT 3787631 CHICAGO, IL 60643		b Employer I.D. number			3 Social s	security wages	4 Soc	cial security tax	
		38-3751164 d Control number			\$0.00 5 Medicare wages and tips		6 Me	dicare tax with	held
		7 Social security tips			\$0.00 8 Allocated tips		9 Adv	vance EIC pay	
e Employee's first, initial, and last names, and suffix			dent care benefi		11 Nonqua	\$0 . alified plans	13 Sta	at. Retiremer pl. plan	\$0.00 nt 3rd-party sick pay
BRAIN GAYLORD CHICAGO, IL 60628-6142		12a Code	See Inst. for bo	\$0.00 x 12	12b Code	\$0.	.00 14 Othe		
		12c Code		\$0.00		\$0	.00		\$0.00
f Employee's address and ZIP code				\$0.00	12d Code	\$0	.00		\$0.00
15 State Employer's state ID No. 16	5 State wages, tips, etc. \$0.00 \$0.00	17 State ind	come tax 1 \$0.00 \$0.00	8 Local	\$0	, etc. 19 Local inc . 00 . 00	come tax \$0.00 \$0.00		name
Form W-2 Wage and Tax Stateme	2010				Depart				
a Employee's social security No. Copy 2 To B				eturn		, tips, other Comp.	2 Fec	leral income ta	ax withheld
339-66-4416 c Employer's name, address, and ZIP code		b Emplo	yer I.D. number		3 Social s	\$0. security wages		cial security tax	
UNITED STATES PATENT 3787631 CHICAGO, IL 60643			751164 Il number		5 Medica	\$0. re wages and tips		dicare tax with	\$0.00 held
		7 Social				\$0.	00	ance EIC pay	\$0.00
-				\$0.00		\$0.	00		\$0.00
e Employee's first, initial, and last names, and BRAIN GAYLORD	1 suffix	10 Deper	dent care benefi	ts \$0.00	11 Nonqua		13 Sta Em		nt 3rd-party sick pay
CHICAGO, IL 60628-6142		12a Code	See Inst. for bo	x 12 \$0.00	12b Code	\$0	14 Othe	er	
f Employee's address and ZIP code		12c Code	I	\$0.00	12d Code	¢Ω	.00		\$0.00
15 State Employee's state ID No. 16 State wages, tips, etc. 1 \$0.00		17 State inc	come tax 1 \$0.00 \$0.00	· ·	\$0	, etc. 19 Local inc . 00 . 00			\$0.00 name
Form W-2 Wage and Tax Stateme a Employee's social security No. 339-66-4416 Copy C For This informat		OMB No. ² e Notice to En ternal Revenu	ployee on back of (Copy B.)		ment of the Treas , tips, other Comp. \$0.	2 Fec	nal Revenue leral income ta	
c Employer's name, address, and ZIP code UNITED STATES PATENT 3787631			yer I.D. number 751164		3 Social s	security wages	4 Soc	cial security tax	
CHICAGO, IL 60643			l number		5 Medica	re wages and tips		dicare tax with	
		7 Social security tips				50			
e Employee's first, initial, and last names, and	l suffix	\$0.00 10 Dependent care benefits			8 Allocate	ed tips	00 9 Adv	ance EIC pay	\$0.00 ment
BRAIN GAYLORD CHICAGO, IL 60628-6142		10 Deper	dent care benefi			ed tips \$0 . alified plans	000 9 Adv 000 13 Sta		\$0.00 ment \$0.00 nt 3rd-party sick pay
-			dent care benefi	ts \$0.00		ed tips \$0 . alified plans	9 Adv	at. Retiremer pl. plan	\$0.00 ment \$0.00
		12a Code	dent care benefi	ts \$0.00 x 12 \$0.00	11 Nonqua 12b Code	ed tips \$0 . slified plans \$0 . \$0 .	00 9 Adv 00 13 Sta 00 1	at. Retiremer pl. plan	\$0.00 ment \$0.00 at 3rd-party sick pay
f Employee's address and ZIP code		12a Code 12c Code	dent care benefi See Inst. for bo	ts \$0.00 x 12 \$0.00 \$0.00	11 Nonqua 12b Code 12d Code	ad tips \$0. alified plans \$0. \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe .00	it. Retiremer pl. plan	\$0.00 ment \$0.00 at 3rd-party sick pay \$0.00 \$0.00
15 State Employer's state ID No. 16	5 State wages, tips, etc. \$0.00 \$0.00	12a Code 12c Code 17 State inc	dent care benefi See Inst. for bo borne tax 1 \$0.00 \$0.00	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 \$0 \$0	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe .00	er 20 Locality	\$0.00 ment \$0.00 at 3rd-party sick pay \$0.00 \$0.00
15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence penal	\$0.00 \$0.00 alty or other sanction may be in	12a Code 12c Code 17 State inc nposed on you	dent care benefi See Inst. for bo borne tax \$0.00 \$0.00 \$0.00	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 \$0 you fail to report	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Sta 00 14 Othe .00 .00 .00	20 Locality	\$0.00 ment \$0.00 it 3rd-party sick pay \$0.00 \$0.00 name
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 Statement	\$0.00 \$0.00 alty or other sanction may be in ent 2010	12a Code 12c Code 17 State ind nposed on you OMB No.	dent care benefi See Inst. for bo borne tax 1 \$0.00 \$0.00 if this income is tax 1545-0008	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 \$0 you fail to repondent	ad tips \$0 . \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe .00 .00 .00 .00 .00 .00 .00 .0	20 Locality	\$0.00 ment \$0.00 it 3rd-party sick pay \$0.00 \$0.00 name
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 information	\$0.00 \$0.00 alty or other sanction may be in	12a Code 12c Code 17 State ind 17 State ind 17 State ind 17 State ind 17 State ind 12 Code 17 State ind 12 Code	dent care benefi See Inst. for bo come tax 1 \$0.00 \$0.00 if this income is tax 1545-0008 sturn. e Service.	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 \$0 you fail to repo Depart 1 Wages	ed tips \$0 . alified plans \$0 . \$0 \$0 , etc. 19 Local inc . 00 . 00 . ot it. ment of the Treat , tips, other Comp. \$0	00 9 Adv 00 13 Em 13 Em 14 Othe .00 .00 .00 .00 .00 .00 .00 .0	20 Locality	\$0.00 ment \$0.00 at 3rd-party \$0.00 \$0.00 \$0.00 name Service ax withheld \$0.00
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 Statemet a Employee's social security No. Copy B To E 339-66-4416 This informat c Employer's name, address, and ZIP code UNITED STATES PATENT	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FED	12a Code 12c Code 17 State ind posed on you OMB No. DERAL Tax Re- termal Revenue b Emplo 38-35	dent care benefi See Inst. for box some tax 1 \$0.00 \$0.00 if this income is tax 1545-0008 eturn. e Service. yer I.D. number 751164	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 you fail to report Depart 1 Wages 3 Social s	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$19 Local inc \$0 \$0 \$0 \$0 \$19 Local inc \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Str 00 14 Othe 00 00 00 00 00 00 00 2 Fec 00 4 Soc	20 Locality mal Revenue deral income ta cial security tax	\$0.00 ment 3rd-party \$0.00 \$0.00 name Service ax withheld \$0.00 (withheld \$0.00
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 Statemer a Employee's social security No. Copy B To E 339-66-4416 This informatic c Employer's name, address, and ZIP code	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FED	12a Code 12c Code 17 State ind posed on you OMB No. DERAL Tax Re- termal Revenue b Emplo 38-35	dent care benefi See Inst. for boo some tax \$0.00 \$0.00 if this income is tax 1545-0008 eturn. e Service. yer I.D. number	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 you fail to report Depart 1 Wages 3 Social s	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Str 00 14 Othe 00 00 00 00 00 00 2 Fec 00 4 Soc 00 6 Med	20 Locality	\$0.00 ment \$0.00 t 3rd-party sick party \$0.00 \$0.00 name Service ax withheld \$0.00 (withheld \$0.00 keld
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 Statemet a Employee's social security No. Copy B To E 339-66-4416 This informat c Employer's name, address, and ZIP code UNITED STATES PATENT	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FED	12a Code 12c Code 17 State ind posed on you OMB No. DERAL Tax Re- ternal Revenu b Emplo 38–37 d Contro	dent care benefi See Inst. for boo See Inst. for boo See Inst. for boo Secure tax \$0.00 \$0.00 if this income is tax if this income is tax 1545-0008 Seturn. e Service. yer I.D. number 751164 of number security tips	ts \$0.00 x 12 \$0.00 \$0.00 8 Local	11 Nonqua 12b Code 12d Code wages, tips \$0 you fail to report Depart 1 Wages 3 Social s	ed tips \$0 . alified plans \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe 00 00 00 00 00 0 0 0 0 0 0	20 Locality mal Revenue deral income ta cial security tax	\$0.00 ment \$0.00 it 3rd-party \$0.00 \$0.00 name Service ax withheld \$0.00 ¢ withheld \$0.00 keld \$0.00 ment
15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence penal Form W-2 Wage and Tax Statemed a Employee's social security No. Copy B To E 339-66-4416 Chis informat c Employee's name, address, and ZIP code UNITED STATES PATENT CHICAGO, IL 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FEC tion is being furnished to the In	12a Code 12c Code 17 State ind 17 State ind 17 State ind 17 State ind 17 State ind 10 State i	dent care benefi See Inst. for boo see Inst. for boo some tax \$0.00 if this income is tax if this income is tax 1545-0008 aturn. e Service. yer I.D. number 751164 of number security tips dent care benefi	ts \$0.00 x 12 \$0.00 \$0.00 8 Local kable and \$ \$0.00 \$0.00	11 Nonqua 12b Code 12d Code 12d Code 12d Code 12d Code 0 0 0 0 0 0 0 0 0 0 0 0 0	ed tips \$0 . alified plans \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe 00 14 Othe 00 00 00 00 00 00 9 Adv 00 00 13 Em 00 00 00 00 00 00 00 00 00 0	20 Locality ar 20 Locality and Revenue deral income ta cial security ta: dicare tax with vance EIC pay	\$0.00 ment \$0.00 it 3rd-party \$0.00 \$0.00 name Service ax withheld \$0.00 (withheld \$0.00 held \$0.00 ment \$0.00
15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence pena Form Wage and Tax Statemena a Employee's social security No. Copy B To E 339-66-4416 Copy B To E This information c Employer's name, address, and ZIP code UNITED STATES PATENT 3787631 CHICAGO, IL 60643 e Employee's first, initial, and last names, and	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FEC tion is being furnished to the In	12a Code 12c Code 17 State ind 17 State ind 17 State ind 10 Depen	dent care benefi See Inst. for boo see Inst. for boo some tax \$0.00 if this income is tax if this income is tax 1545-0008 aturn. e Service. yer I.D. number 751164 of number security tips dent care benefi	ts \$0.00 x 12 \$0.00 \$0.00 8 Local kable and \$ \$0.00 ts \$0.00	11 Nonqua 12b Code 12d C	ed tips \$0 . alified plans \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe 00 14 Othe 00 00 00 00 00 00 9 Adv 00 00 13 Em 00 00 00 00 00 00 00 00 00 0		\$0.00 ment \$0.00 t 3rd-party sick party sick
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 Statemed a Employee's social security No. Copy B To E 339-66-4416 Capse and Copy B To E This informat c Employee's name, address, and ZIP code UNITED STATES PATENT 3787631 CHICAGO, IL 60643 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD CHICAGO, IL 60628-6142	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FEC tion is being furnished to the In	12a Code 12c Code 17 State ind 17 State ind 17 State ind 10 Depen	dent care benefi See Inst. for boo see Inst. for boo source tax \$0.00 \$0.00 if this income is tay if this income is tay if this income is tay 1545-0008 seturn. e Service. yer I.D. number 751164 of number security tips ident care benefi	ts \$0.00 x 12 \$0.00 \$0.00 8 Local cable and y \$0.00 ts \$0.00 ts \$0.00 ts \$0.00 x 12	11 Nonqua 12b Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 10 12d Code 10 12d Code 10 12d Code 10 12d Code 10 12d Code 10 12d Code 10 12d Code 10 12d Code 12d	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe 00 00 00 00 00 00 00 00 00 0		\$0.00 ment \$0.00 t 3rd-party sick party \$0.00 \$0.00 name Service ax withheld \$0.00 (withheld \$0.00 keld \$0.00 t 3rd-party sick party \$0.00
15 State Employer's state ID No. 16 If you are required to file a tax return, a negligence penal If you are required to file a tax return, a negligence penal Form W-2 Wage and Tax Statemed a Employee's social security No. Copy B To E 339-66-4416 Copy B To E This informat c Employee's name, address, and ZIP code UNITED STATES PATENT 3787631 CHICAGO, IL 60643 e Employee's first, initial, and last names, and BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code	\$0.00 \$0.00 alty or other sanction may be in 2010 Be Filed with Employee's FEC tion is being furnished to the In	12a Code 12c Code 12c Code 17 State ind 17 State ind 10 Certal Revenu 10 Deper 12a Code 12c Code	dent care benefi See Inst. for box Some tax \$0.00 if this income is tax 1545-0008 aturn. e Service. yer I.D. number 751164 of number security tips dent care benefi See Inst. for box	ts \$0.00 x 12 \$0.00 \$0.00 8 Local cable and y \$0.00 ts \$0.00 ts \$0.00 x 12 \$0.00 ts \$0.00 \$	11 Nonqua 12b Code 12d Code 12d Code 12d Code 12d Code 12b Code 11 Nonqua 12b Code 12b Code 12b Code 12d Code 12d Code	ed tips \$0 . alified plans \$0 . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	00 9 Adv 00 13 Em 00 14 Othe 00 00 00 00 00 00 00 00 00 0		\$0.00 ment \$0.00 it 3rd-party \$0.00 \$0.00 name Service ax withheld \$0.00 keld \$0.00 it 3rd-party \$0.00 it 3rd-party \$0.00 keld \$0.000 keld \$0.00 keld \$0.000 keld keld keld keld keld keld keld keld

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	Employer identification number 38-3751164	1 \	Vages, tips,	other compensa	tion \$0.01	2 Federal income tax withheld \$0.		\$0.00	
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 3787631			Social securi	ty wages	4 Social security tax withheld		\$0.00	
	CHICAGO, IL 60643		5 M	Medicare wag	ges and tips	\$0.00	6 Medicare ta	x withheld	\$0.00
			7 \$	Social securi	ty tips	\$0.00	8 Allocated tip	0S	\$0.00
d	Control Number	9 4	9 Advance EIC payment 10 Dependent care bene \$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, 11 00028-0142		13	Statutory employee	Retirement plan	3rd-party sick pay	C 12b		\$0.00
			14 (Other	\$0.00		C 12c		\$0.00
					\$0.00		° 12d		\$0.00
† 1	Employee's address and ZIP code 5 State Employer's state ID No.	16 State wages, tips, etc. 17 \$0.00	7 State income tax \$0.1		al wages, tips, etc \$0.0		al income tax \$0.0	20 Locality i	name
		\$0.00	\$0.	00	\$0.0	00	\$0.(00	
Fe	orm W-2 Wage and Ta Statement	× 2010			Depar	ment of t	he Treasury	Internal Reven	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:NDG780.

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 sector	\$0.01	\$0.00				
payer	Hshid. Emp.	Medicare Govt. Emp.	Third-party sick pay	3 Social security wages	4 Social security tax withheld				
				\$0.00	\$0.00				
c Total number of Forms W-2	c	Establishment nu	umber	5 Medicare wages and tips	6 Medicare tax withheld				
1				\$0.00	\$0.00				
e Employer identification number	0051164			7 Social security tips	8 Allocated tips				
f Employer's name	-3751164			\$0.00 9 Advance EIC payments	\$0.00 10 Dependent care benefits				
UNITED STATES PATENT 3	787631			\$ Advance EIC payments	\$0.00				
CHICAGO, IL 60643	/0/031			11 Nongualified plans	12a Deferred compensation				
CHICAGO, IL 00043				\$0.00	\$0.00				
				13 For third-party sick pay use only	12b HIRE exempt wages and tips				
					\$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				
E-mail address	AYLORD TOSC	'ANA		773-264-4609	_				
	ain@att.net	_		Fax number					
Inspratingate . Het									
Under penalties of perjury, I declare that I		· · · · ·		PPY	, they are true, correct, and complete.				
	10	DUR							
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:NDG780.

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