Form W-	2 Wage and Tax	Statem	ent 2010	OMB No. 1	545-0008		Departr	nent of the	Treasurv	Interna	al Revenue S	Service
a Employee' 339-66-44	s social security No.	Copy 1 Fo	r State, City, or Local Tax Department	artment.				tips, other C			ral income tax	
c Employer's name, address, and ZIP code UNITED STATES PATENT 3893067 CHICAGO, IL 60643			b Employer I.D. number 38-3751164			3 Social security wages \$0.00			4 Socia	al security tax		
			d Contro			5 Medicare wages and tips			6 Medicare tax withheld			
				7 Social	security tips	¢0.00	\$0.00			9 Advance EIC payment		ent
. ,	e Employee's first, initial, and last names, and suffix				\$0.00 10 Dependent care benefits			\$0.00			Retirement . plan	\$0.00 3rd-party sick pay
BRAIN GAYLORD CHICAGO, IL 60628-6142			\$0.00 12a Code See Inst. for box 12			\$0.00 12b Code		14 Other				
				12c Code		\$0.00	12d Code		\$0.00			\$0.00
	Employee's address and ZIP code 5 State Employer's state ID No. 16 State wages, tips, etc.		17 State inc	ome tax	\$0.00	ll wages, tips,	etc. 19 Lo	\$0.00	tax	20 Locality n	\$0.00 ame	
	, ,, , , , , , , ,		\$0.00 \$0.00		\$0.00 \$0.00			.00		\$0.00 \$0.00	,	
Form W-	2 Wage and Tax	Statem	ent 2010	 OMB No. 1	545-0008		Departr	nent of the	Treasury	Interna	al Revenue S	 Service
a Employee'	s social security No.		Be Filed With Employee's Star			Return		tips, other C	Comp.		ral income tax	withheld
339-66-4416 c Employer's name, address, and ZIP code UNITED STATES PATENT 3893067		b Employer I.D. number			\$0.01 3 Social security wages			4 Socia	al security tax			
CHICAGO,		3067		38-3751164 d Control number			\$0.00 5 Medicare wages and tips			6 Medi	care tax withh	
				7 Social	security tips		8 Allocate	d tips	\$0.00	9 Adva	nce EIC paym	
e Employee'	's first, initial, and last n	ames, an	d suffix	10 Depend	dent care bene	\$0.00 fits	11 Nonqua	lified plans	\$0.00	13 Stat	Retirement . plan	\$0.00 3rd-party sick pay
BRAIN GAY CHICAGO,	LORD IL 60628-6142			12a Code	See Inst. for b	\$0.00 ox 12	12b Code		\$0.00	14 Other	<u>' </u>	
				12c Code		\$0.00	12d Code		\$0.00			\$0.00
	s address and ZIP code		C 04-4			\$0.00		40 1	\$0.00	I	00	\$0.00
15 State En	nployer's state ID No.	1	6 State wages, tips, etc. \$0.00 \$0.00	17 State inc	\$0.00 \$0.00	18 Loca	l wages, tips, \$0. \$0.	. 00	ocal income	\$0.00 \$0.00	20 Locality n	ame
		Copy C Fo	ent 2010 r EMPLOYEE'S Records (Seation is being furnished to the In	OMB No. 1 e <i>Notice to Em</i> ternal Revenue	ployee on back o	f Copy B.)		ment of the			al Revenue S	
UNITED ST	s name, address, and Z ATES PATENT 389				ver I.D. numbe 51164	r	3 Social s	ecurity wag	es \$0.00	4 Socia	al security tax	withheld \$0.00
CHICAGO,	IL 60643			d Contro	Inumber		5 Medicar	e wages an	d tips \$0.00	6 Medi	care tax withh	eld \$0.00
				7 Social	security tips	\$0.00	8 Allocate	d tips	\$0.00	9 Adva	nce EIC paym	\$0.00
e Employee's	s first, initial, and last n	ames, an	d suffix	10 Dependent care benefits \$0.00			11 Nonqua	lified plans	\$0.00	13 Stat. Empl.	Retirement . plan	3rd-party sick pay
CHICAGO,	IL 60628-6142			12a Code	See Inst. for b	ox 12 \$0.00	12b Code		\$0.00	14 Other		
f Employee's	s address and ZIP code	2		12c Code	<u> </u>	\$0.00	12d Code		\$0.00			\$0.00
. ,	mployer's state ID No.		6 State wages, tips, etc. \$0.00	17 State inc	ome tax \$0.00		l wages, tips,		ocal income	tax	20 Locality n	\$0.00 ame
If you are require	ad to file a tay return a neg		\$0.00				S0.	. ()()				
_'		ligence per	nalty or other sanction may be in	nposed on you	\$0.00	axable and		.00		\$0.00 \$0.00		
Form VV =			nalty or other sanction may be in		if this income is t	axable and	\$0. you fail to repor	t it.	Treasury	\$0.00 \$0.00		
a Employee	Wage and Tax	Statem Copy B To	ent 2010 Be Filed with Employee's FED	OMB No. 1	if this income is to 545-0008 turn.	axable and	\$0. you fail to repor	t it.	Comp.	\$0.00 \$0.00	Sal Revenue Saral income tax	withheld
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a Employees 339-66-44 c Employer's UNITED ST	Wage and Tax s social security No. 16 s name, address, and Z	Statem Copy B To This information	ent 2010 Be Filed with Employee's FED	OMB No. 1 DERAL Tax Reternal Revenue b Employ 38-37 d Contro	if this income is the state of	T	you fail to repor Departr 1 Wages, 3 Social s	nent of the tips, other (ecurity wages an	Comp. \$0.01 es \$0.00 d tips \$0.00	\$0.00 \$0.00 Interna 2 Fede 4 Socia 6 Media	eral income tax	\$0.00 withheld \$0.00 eld \$0.00
a Employee 339-66-44 c Employer's UNITED ST. CHICAGO,	Wage and Tax s social security No. 16 s name, address, and Z ATES PATENT 389 IL 60643	Statem Copy B To This information ZIP code 93067	ent 2010 Be Filed with Employee's FEI ation is being furnished to the In	OMB No. 1 DERAL Tax Reternal Revenue b Employ 38-37 d Contro 7 Social	if this income is a 545-0008 turn. Service. /er I.D. numbe 51164	\$0.00	you fail to report Departr Wages, Social s Medicar	nent of the tips, other (ecurity wage wages and tips	\$0.01 \$0.01 es \$0.00 d tips \$0.00	\$0.00 \$0.00 Interna 2 Fede 4 Socia 6 Media	eral income tax al security tax care tax withh ance EIC paym	withheld \$0.00 withheld \$0.00 eld \$0.00 tent \$0.00 3rd-party sick pay
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a Employee 339-66-44 c Employer's UNITED ST CHICAGO, e Employee' BRAIN GAY	Wage and Tax s social security No. 16 s name, address, and Z ATES PATENT 389 IL 60643	Statem Copy B To This information ZIP code 93067	ent 2010 Be Filed with Employee's FEI ation is being furnished to the In	OMB No. 1 DERAL Tax Reternal Revenue b Employ 38-37 d Contro 7 Social	if this income is a 545-0008 turn. Service. /er I.D. numbe 51164 I number security tips dent care bene	\$0.00 fits \$0.00	you fail to report Departr 1 Wages, 3 Social s 5 Medicar 8 Allocate	nent of the tips, other (ecurity wage wages and tips	\$0.01 \$0.01 es \$0.00 d tips \$0.00	\$0.00 \$0.00 Interna 2 Fede 4 Socia 6 Media 9 Adva	eral income tax al security tax care tax withh ance EIC paym	withheld \$0.00 withheld \$0.00 eld \$0.00 tent \$0.00 3rd-party sick pay
e Employee's e Employee's e Employee's chicago, e Employee' BRAIN GAY CHICAGO,	Wage and Tax s social security No. 16 s name, address, and Z ATES PATENT 389 IL 60643	x Statem Copy B To This inform ZIP code 9 3 0 6 7	ent 2010 Be Filed with Employee's FEE ation is being furnished to the International Control of the Int	OMB No. 1 DERAL Tax Reternal Revenue b Employ 38-37 d Contro 7 Social 10 Depend	if this income is a 545-0008 turn. Service. /er I.D. numbe 51164 number security tips dent care bene See Inst. for b	\$0.00 fits \$0.00 ox 12 \$0.00	you fail to repoil Departr 1 Wages, 3 Social s 5 Medicar 8 Allocate 11 Nonqua 12b Code	ment of the tips, other (ecurity wage e wages and tips	comp. \$0.01 es \$0.00 d tips \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 Interna 2 Fede 4 Socia 6 Media 9 Adva 13 State Empl 14 Other	eral income tax al security tax care tax withh ance EIC paym	withheld \$0.00 withheld \$0.00 eld \$0.00 ent \$0.00 srd-party sick pay \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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.

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.)

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.
- **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.

- E Elective deferrals under a section 403(b) salary reduction agreement
- F Elective deferrals under a section 408(k)(6) salary reduction SEP
- **G** Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
- 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. ${f L}$ - Substantiated employee business expense reimbursements (nontaxable)
- **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.

a Employee's social security No. 339-66-4416		OMB No. 154	45-000	3						
b Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld			
38-3751164			\$0.01						\$0.00	
c Employer's name, address, and ZIP code UNITED STATES PATENT 3893067 CHICAGO, IL 60643				3 Social security wages 4 Social security ta						
				\$0.00						
				5 Medicare wages and tips				6 Medicare tax withheld		
					\$0.00		\$0.00			
				7 Social security tips				8 Allocated tips		
					\$0.00		\$0.00			
d Control Number	d Control Number			9 Advance EIC payment			10 Depende			
				\$0.00				\$0.00		
e Employee's first, initial, and last names, and suffix			11 Nonqualified plans			ို 12a				
BRAIN GAYLORD						\$0.00			\$0.00	
CHICAGO, IL 60628-6142			13	Statutory employee	Retirement plan	3rd-party sick pay	° 12b			
							d e		\$0.00	
				ner			° 12c			
					\$0.00		e		\$0.00	
					·		្ត 12d			
					\$0.00		e		\$0.00	
f Employee's address and ZIP code										
15 State Employer's state ID No.	16 State wages, tips, etc. 17	State income t	ax	18 Loc	al wages, tips,	etc. 19 Loc	al income tax	20 Locality	name	
	\$0.00		\$0.00	[\$0	.00	\$0	0.00		
	\$0.00		\$0.00		\$0	.00	\$0	0.00		

Form W-2 Wage and Tax Statement
Copy D For Employer.

2010

Department of the Treasury -- Internal Revenue Service

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:NDG991.

a Control number			official use only 8 No. 1545-0008				
b Kind 941 CT-1	Military 943 X Hshld. Medicare Govt. Emp.	944 Third-party sick pay	1 Wages, tips, other compensation \$0.01		\$0.00		
payer	Emp. Govi. Emp	sick pay	3 Social security wages \$0.00	4 Social security tax withheld	\$0.00		
c Total number of Forms W-2	d Establishme	ent number	5 Medicare wages and tips \$0.00	6 Medicare tax withheld	\$0.00		
e Employer identification number 38-	-3751164		7 Social security tips \$0.00	8 Allocated tips	\$0.00		
f Employer's name UNITED STATES PATENT 38	393067		9 Advance EIC payments \$0.00	10 Dependent care benefits	\$0.00		
CHICAGO, IL 60643			11 Nonqualified plans \$0.00	12a Deferred compensation	\$0.00		
			13 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				
h Other EIN used this year							
15 State Employer's state ID number	r		16 State wages, tips, etc. \$0.0	17 State income tax	\$0.00		
			18 Local wages, tips, etc. \$0.0	19 Local income tax	\$0.00		
Contact person BRAIN GA	AYLORD TOSCANA		Telephone number 773-264-4609	For official use only			
E-mail address msbra	ain@att.net		Fax number				

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

YOUR COPY

Signature Title Date

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:NDG991.

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