| Form W-2 Wage and Tax Stater | ment 2010 | OMB No. 1 | 545-0008 | Depa | artment of the | I reasury | Internal | Revenue S | ervice |
|---|--|--|--|--|--|---|---|---|--|
| a Employee's social security No. Copy 1 For State, City, or Local Tax Depa 339-66-4416 | | artment. | | 1 Wag | 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 3615802 CHICAGO, IL 60643 | | b Employer I.D. number 38-3751164 | | 3 Social security wages \$0.00 | | | 4 Social security tax withheld | | |
| | | d Contro | | 5 Medi | 5 Medicare wages and tips | | 6 Medica | 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 Depen | \$0.0 dent care benefits | | qualified plans | \$0.00 | 13 Stat. Empl. | Retirement plan | \$0.00 3rd-party sick pay |
| BRAIN GAYLORD CHICAGO, IL 60628-6142 | | 122 Code | \$0.0 See Inst. for box 12 | 12b Code | <u>,</u> | \$0.00 | 14 Other | | |
| | | | \$0.0 | 0 | | \$0.00 | | | \$0.00 |
| f Employee's address and ZIP code | | 12c Code | \$0.0 | 12d Code 0 |) | \$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 | - | ps, etc. 19 Loo \$0.00 \$0.00 | al income | tax 2 \$0.00 \$0.00 | 0 Locality na | ime |
| Form W-2 Wage and Tax Stater | ment 2010 | OMB No. 1 | 545-0008 | Den: | artment of the | · Treasurv | Internal | Revenue S | |
| a Employee's social security No. Copy 2 To | | | | | es, tips, other Co | omp. | - | al income tax | withheld |
| 339-66-4416 c Employer's name, address, and ZIP code | 9 | b Emplo | yer I.D. number | 3 Socia | al security wage | \$0.01 \$ | 4 Social | security tax w | |
| UNITED STATES PATENT 3615802 CHICAGO, IL 60643 | | 38-3751164 d Control number | | 5 Medi | \$0.00 5 Medicare wages and tips | | | are tax withhe | \$0.00 Id |
| | | 7 Social | security tips | | ated tips | ; \$0.00 | | ce EIC payme | \$0.00 |
| | | | \$0.0 | 0 | · | \$0.00 | | | \$0.00 |
| e Employee's first, initial, and last names, a BRAIN GAYLORD | ind suffix | 10 Depen | dent care benefits \$0.0 | | qualified plans | \$0.00 | 13 Stat. Empl. | Retirement plan | 3rd-party sick pay |
| CHICAGO, IL 60628-6142 | | 12a Code | See Inst. for box 12 \$0.0 | 12b Code 0 | • | \$0.00 | 14 Other | | |
| f Employee's address and ZIP code | | 12c Code | \$0.0 | 12d Code | 9 | \$0.00 | | | \$0.00 |
| 15 State Employee's state ID No. 16 State wages, tips, etc. 1 \$0.00 | | 17 State inc | | cal wages, ti | ps, etc. 19 Loo \$0.00 \$0.00 | | tax 2 \$0.00 \$0.00 | 0 Locality na | \$0.00 ime |
| Form W-2 Wage and Tax Stater a Employee's social security No. Copy C F 339-66-4416 This inform | | OMB No. 1 e Notice to Em ternal Revenue | ployee on back of Copy B. | | artment of the es, tips, other Co | , | | Revenue S al income tax | |
| c Employer's name, address, and ZIP code UNITED STATES PATENT 3615802 | 1 | | yer I.D. number /51164 | 3 Socia | al security wage | \$0.00 | 4 Social | security tax w | |
| CHICAGO, IL 60643 | | d Contro | | 5 Medi | care wages and | tips | 6 Medica | are tax withhe | |
| | | 7 Social security tips | | 8 Allocated tips | | | | | |
| | e Employee's first, initial, and last names, and suffix | | | | ated tips | \$0.00 | 9 Advan | ce EIC payme | \$0.00 ent |
| BRAIN GAYLORD CHICAGO, IL 60628-6142 | | 10 Depen | \$0.0 dent care benefits |) 11 Nond | ated tips qualified plans | \$0.00 | 9 Advan 13 Stat. Empl. | | \$0.00 ent \$0.00 |
| CHICAGO, IL 60628-6142 | | | \$0.0 |) 11 Nond | qualified plans | | | ce EIC payme Retirement plan | \$0.00 ent \$0.00 |
| CHICAGO, IL 60628-6142 | | 12a Code | \$0.0 dent care benefits \$0.0 | 11 Nond 12 Nond 12 Code | qualified plans | \$0.00 | 13 Stat. Empl. | | \$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 \$0.0 | 11 Nonc 12b Code 12d Code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 | 13 Stat. Empl. | Retirement plan | \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 |
| 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 come tax \$0.00 \$0.00 | 11 Nond 12b Code 12d Code 12d Code 0 12d Sode | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 | 13 Stat. Empl. | | \$0.00 ent \$0.00 3rd-party sick pay \$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 provided to file a tax return. | \$0.00 \$0.00 enalty 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 \$0.0 \$0.0 \$0.00 \$0.00 \$18 \$0.00 \$16 \$0.00 | 11 Nonco 12b Code 12d Code 12d Code 0 12d vou fail to re | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 cal income | 13 Stat. Empl. 14 Other tax 2 \$0.00 \$0.00 | Retirement plan 0 Locality na | \$0.00 ent 3rd-party sick pay \$0.00 \$0.00 me |
| 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 pr Form W-2 Wage and Tax Stater | \$0.00 \$0.00 enalty or other sanction may be in ment 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 \$0.000 \$0.0000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.000000 \$0.000000000 \$0.0000000000 | 11 Nonc 12b Code 12d Code 12d Code 12d Code 0 12d code 0 12d code 0 12d code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 ral income | 13 Stat. Empl. □ 14 Other tax 2 \$0.00 \$0.00 | Retirement plan 0 Locality na Revenue S | \$0.00 ent 3rd-party sick pay \$0.00 \$0.00 me |
| 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 provided to file a tax return, a negligence provided to file a tax return. If you are required to file a tax return, a negligence provided to file a tax return. Form W-2 Wage and Tax Stater a Employee's social security No. Copy B T 339-66-4416 This inform | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FED mation is being furnished to the 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 \$0.00 \$0.00 \$0.00 \$18 \$0.00 \$16 this income is taxable at \$545-0008 sturn. \$ Service. | 11 Nonc 12b Code 12d Code 12d Code 12d Code 0 12d Code 0 12d Code 0 12d Code 0 12d Code 0 12d Code 0 12 D Code 12 D | ps, etc. 19 Loc 50.00 50.00 apport it. artment of the es, tips, other Co | \$0.00 \$0.00 \$0.00 cal income Treasury pmp. \$0.01 | 13 Stat. Empl. 14 Other 14 Other \$0.00 \$0.00 \$0.00 \$0.00 | Retirement plan 0 Locality na Revenue S al income tax | \$0.00 ent 3rd-party sick pay \$0.00 \$0.00 me ervice withheld \$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 provide the state of the | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FED mation is being furnished to the In | 12a Code 12c Code 17 State inc mposed on you OMB No. 1 DERAL Tax Re termal Revenue b Emplo 38–37 | \$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0.0 \$0.00 \$0.00 \$0.00 if this income is taxable an 545-0008 service. yer I.D. number 51164 | 11 Nonc 12b Code 12b Code 12d Code 0 12d Code 12d Code 12 | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 cal income Treasury pmp. \$0.01 \$0.00 | 13 Stat, Empl. 14 Other 14 0 | Retirement plan 0 Locality na Revenue S al income tax security tax w | \$0.00 ent 3rd-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. If you are required to file a tax return, a negligence pr Form W-2 Wage and Tax Stater a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP code | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FED mation is being furnished to the In | 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 \$0.00 if this income is taxable an 545-0008 service. yer I.D. number 51164 | 11 Nonc 12b Code 12b Code 12d Code 0 12d Code 12d Code 12 | ps, etc. 19 Loc 50.00 50.00 apport it. artment of the es, tips, other Co | \$0.00 \$0.00 \$0.00 \$0.00 cal income Treasury pmp. \$0.01 \$0.00 | 13 Stat, Empl. 14 Other 14 0 | Retirement plan 0 Locality na Revenue S al income tax | \$0.00 ent 3rd-party sick party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 fithheld \$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 provide the state of the | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FED mation is being furnished to the In | 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 \$0.0 \$0.0 \$0.00 \$0.00 if this income is taxable at \$0.00 \$045-0008 sturn. \$251164 I number \$security tips | 11 Nonco 12b Code 12d Code 12d Code 12d Code 12d Code 0 12d Code 12d Code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 al income Treasury pmp. \$0.01 \$ \$0.00 tips \$0.00 | 13 Stat, Empl. 14 Other 14 0 | Retirement plan 0 Locality na Revenue S al income tax security tax w | \$0.00 ent 3rd-party sick pay \$0.00 \$0.00 me ervice withheld \$0.00 fithheld \$0.00 fithheld \$0.00 fithheld |
| 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 pu Form W-2 Wage and Tax Stater a Employee's social security No. Copy B T 339-66-4416 Copy B T This inform C Employee's name, address, and ZIP code UNITED STATES PATENT 3615802 CHICAGO, IL 60643 e Employee's first, initial, and last names, a BRAIN GAYLORD | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FEC mation 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 \$0.00 \$0.00 \$0.00 if this income is taxable at 545-0008 sturn. 9 Service. yer I.D. number 51164 I number | 11 Nonco 12b Code 12b Code 12d Co | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 al income Treasury pmp. \$0.01 \$ \$0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 13 Stat, Empl. 14 Other 14 0 | Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe | \$0.00 ent 3rd-party sick pay \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 rithheld \$0.00 ithheld \$0.00 rithheld \$0.00 rithheld \$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 pr Form W-2 Wage and Tax Stater a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP code UNITED STATES PATENT 3615802 CHICAGO, IL 60643 e Employee's first, initial, and last names, a | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FEC mation 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 \$0.00 \$0.00 \$0.00 \$0.00 if this income is taxable at \$45-0008 trum. \$eservice. yer I.D. number \$1164 I number \$0.0 dent care benefits \$0.0 See Inst. for box 12 | 11 Nonco 12b Code 12b Code 12d Code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 al income Treasury \$0.01 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | 13 Stat, Empl. 14 Other 14 Other 14 Other 2 Federa 4 Social 2 Federa 4 Social 6 Medica 9 Advan 13 Stat, Empl. 14 Other | Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe ce EIC payme | \$0.00 ent \$0.00 3rd-party sick party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.000 rithheld \$0.0000 rithheld \$0.0000 rithheld \$0.0000 rithheld \$0.00000 rithheld \$0.00000000000000000000000000000000000 |
| 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 pr Form W-2 Wage and Tax Stater a Employee's social security No. Copy B T 339-66-4416 c Employer's name, address, and ZIP code UNITED STATES PATENT 3615802 CHICAGO, IL 60643 e Employee's first, initial, and last names, a BRAIN GAYLORD CHICAGO, IL 60628-6142 | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FEC mation 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 come tax \$0.00 if this income is taxable at \$45-0008 other \$545-0008 other \$1164 I number \$51164 I number \$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0.0 | 11 Nonco 12b Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code 12b Code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 cal income Treasury \$0.01 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | 13 Stat, Empl. 14 Other 14 Other 14 Other 2 Federa 4 Social 2 Federa 4 Social 6 Medica 9 Advan 13 Stat, Empl. 14 Other | Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe ce EIC payme | \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 me ervice withheld \$0.00 rithheld \$0.00 rithheld \$0.00 id \$0.000 id \$0.00 \$0.00 id \$0.00 \$0.00 id \$0.00 \$0.00 \$0.00 id \$0.000 \$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 pr Form W-2 Wage and Tax Stater a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP code UNITED STATES PATENT 3615802 CHICAGO, IL 60643 e Employee's first, initial, and last names, a BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code | \$0.00 \$0.00 enalty or other sanction may be in ment 2010 o Be Filed with Employee's FEC mation 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 come tax \$0.00 if this income is taxable at \$45-0008 trum. \$ervice. yer I.D. number \$51164 I number \$0.0 dent care benefits \$0.0 See Inst. for box 12 \$0.0 \$0.0 | 11 Nonc 12b Code 12d Code 11 Nonc 12b Code 12d Code | qualified plans | \$0.00 \$0.00 \$0.00 \$0.00 al income Treasury \$0.01 \$0.01 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | 13 Stat, Empl. 14 Other 13 Stat, Empl. 14 Other 13 Stat, Empl. 14 Other | Retirement plan 0 Locality na Revenue S al income tax security tax w are tax withhe ce EIC payme | \$0.00 ent \$0.00 3rd-party \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00 rithheld \$0.00 rithheld \$0.00 rithheld \$0.00 id \$0.00 \$0.00 id \$0.00 \$0.00 id \$0.000 \$0.00 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.0000 \$0.00000 \$0.00000 \$0.00000 \$0.0000000 \$0.00000000 \$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.

| a Employee's social security No. 339-66-4416 | | OMB No. 1545-0008 | 3 | | | |
|--|---|---|--|------------------------------|-------------------------------------|-------------|
| b Employer identification number 38-3751164 | 1 Wa | ges, tips, other compensatio | on \$0.01 | 2 Federal income tax withhel | d \$0.00 | |
| c Employer's name, address, and ZIP code UNITED STATES PATENT 3615802 CHICAGO, IL 60643 | | | ial security wages | \$0.00 | 4 Social security tax withheld | 1 \$0.00 |
| | | | dicare wages and tips | 6 Medicare tax withheld | \$0.00 | |
| | 7 Soc | ial security tips | 8 Allocated tips \$ | | | |
| d Control Number | 9 Adv | 9 Advance EIC payment 10 Dependent care benefits \$0.00 | | | \$0.00 | |
| e Employee's first, initial, and last names, and suffix BRAIN GAYLORD CHICAGO, IL 60628-6142 | | | nqualified plans | \$0.00 | C 12a | \$0.00 |
| CHICAGO, IL 00020-0142 | | | | rd-party ick pay | C 12b | \$0.00 |
| | | 14 Oth | er \$0.00 | | C 12c | \$0.00 |
| | | | \$0.00 | | ် 12d ။ | \$0.00 |
| f Employee's address and ZIP code 15 State Employer's state ID No. | 16 State wages, tips, etc. 17 \$0.00 | State income tax \$0.00 | 18 Local wages, tips, etc. \$0.00 | | al income tax 20 Locality \$0.00 | / name |
| ······ | \$0.00 | \$0.00 \$0.00 | \$0.00 | | \$0.00 | |
| Form W-2 Wage and Tax Statement | 2010 | | Departn | nent of th | ne Treasury Internal Reve | nue 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:NDH003.

| a Control number | | | 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 | | d Establishment nu | umber | 5 Medicare wages and tips | 6 Medicare tax withheld | | | |
| 1 | | | | \$0.00 | \$0.00 | | | |
| e Employer identification number | | | | 7 Social security tips | 8 Allocated tips | | | |
| | -3751164 | | | \$0.00 | \$0.00 | | | |
| f Employer's name | | | | 9 Advance EIC payments | 10 Dependent care benefits | | | |
| UNITED STATES PATENT 3 | 515802 | | | \$0.00 | \$0.00 | | | |
| CHICAGO, IL 60643 | | | | 11 Nonqualified plans | 12a Deferred compensation | | | |
| | | | | \$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 | \$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 h | nave examined th | 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 | 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:NDH003.

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