Form W-2 Wage and Tax Sta	tement ZUIU	OMB No. 1545-	0008	Depar	tment of the Treasury	/ interna	Revenue Service
a Employee's social security No. Copy 1 For State, City, or Local Tax Depa		oartment.		1 Wages	, tips, other Comp. \$0.01	2 Feder	al income tax withhel \$0.
c Employer's name, address, and ZIP code UNITED STATES PATENT 3265852 CHICAGO, IL 60643		b Employer I.D 38-375116		3 Social security wages		4 Social	l security tax withheld \$0.
		d Control num		\$0.00 5 Medicare wages and tips		6 Medic	are tax withheld
		7 Social securi		8 Allocat		9 Advar	\$0. nce EIC payment
e Employee's first, initial, and last names	s, and suffix	\$0.00 10 Dependent care benefits		11 Nonqu	\$0.00 alified plans	13 Stat. Empl.	\$0. Retirement 3rd-p plan sick
BRAIN GAYLORD CHICAGO, IL 60628-6142		\$0.00 12a Code See Inst. for box 12		\$0.00 12b Code		14 Other	
			\$0.00		\$0.00		\$0.
f Employee's address and ZIP code		12c Code	\$0.00	12d Code	\$0.00)	\$0.
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00		ax 18 Loca \$0.00 \$0.00	\$0	s, etc. 19 Local income 0.00 0.00	e tax 2 \$0.00 \$0.00	20 Locality name
Form W-2 Wage and Tax Sta	tement 2010	OMB No. 1545-		Depar	tment of the Treasury		
a Employee's social security No. Copy					, tips, other Comp.	2 Feder	al income tax withhel
339-66-4416 c Employer's name, address, and ZIP co		b Employer I.D). number	3 Social	\$0.01 security wages		\$0. I security tax withheld
UNITED STATES PATENT 326585 CHICAGO, IL 60643	2	38-375116 d Control num		\$0.00 5 Medicare wages and tips		6 Medic	\$0. are tax withheld
		7 Social securi	ty tips	8 Allocat	\$0.00	9 Advar	\$0.
 Employee's first initial and last name 	and outflive		\$0.00		\$0.00		\$0.
e Employee's first, initial, and last names BRAIN GAYLORD	s, and sumx	10 Dependent of	\$0.00		alified plans \$0.00	13 Stat. Empl.	Retirement 3rd-p plan sick
CHICAGO, IL 60628-6142		12a Code See I	nst. for box 12 \$0.00	12b Code	\$0.00	14 Other	
f Employee's address and ZIP code		12c Code	\$0.00	12d Code	\$0.00)	\$0.
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00			l wages, tips \$(s, etc. 19 Local income 0.00		\$0. 20 Locality name
Form W-2 Wage and Tax Sta a Employee's social security No. Copy 339-66-4416 Copy This in		OMB No. 1545- e Notice to Employee nternal Revenue Service	on back of Copy B.)		tment of the Treasury		I Revenue Service al income tax withhel
c Employer's name, address, and ZIP code				Ū	\$0.01	Zieuer	
C Employer's name, address, and ZIP co UNITED STATES PATENT 326585		b Employer I.D). number	3 Social	\$0.01 security wages		\$0. I security tax withheld
			0. number 54		\$0.01 security wages \$0.00 are wages and tips	4 Social 6 Medic	\$0. I security tax withheld \$0. care tax withheld
UNITED STATES PATENT 326585		b Employer I.D 38-375116	0. number 54 ber ity tips		\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips	4 Social 6 Medic	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names	2	b Employer I.D 38-375116 d Control num	0. number 54 ber ity tips \$0.00 are benefits	5 Medica 8 Allocat	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans	4 Social 6 Medic 9 Advar 13 Stat, Empl.	\$0. I security tax withheld \$0. care tax withheld \$0. nee EIC payment \$0. Retirement plan 3rdp. sick
UNITED STATES PATENT 326585 CHICAGO, IL 60643	2	 b Employer I.D 38-375116 d Control numi 7 Social securi 	0. number 54 59 ity tips \$0.00 are benefits \$0.00	5 Medica 8 Allocat	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00	4 Social 6 Medic 9 Advar	\$0. I security tax withheld \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD	2	b Employer I.C. 38-375116 d Control numl 7 Social securi 10 Dependent c 12a Code See I	0. number 54 59 ity tips \$0.00 are benefits \$0.00	5 Medica 8 Allocat 11 Nonqu 12b Code	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans	4 Social 6 Medic 9 Advar 13 Stati Empl.	\$0. I security tax withheld \$0. care tax withheld \$0. nee EIC payment \$0. Retirement plan 3rdp. sick
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code	2 s, and suffix	 b Employer I.C 38-375116 d Control numl 7 Social securi 10 Dependent c 12a Code See I 12c Code 	0. number 54 ber ty tips \$0.00 rare benefits \$0.00 nst. for box 12 \$0.00 \$0.00	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00	4 Social 6 Medic 9 Advar 13 Stat Empl.	\$0. I security tax withheld \$0. care tax withheld \$0. nce EIC payment \$0. Retirement plan \$cc \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No.	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00	 b Employer I.C 38-375116 d Control numi 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t 	0. number 54 54 ty tips sare benefits \$0.00 nst. for box 12 \$0.00 \$0.00 \$0.00 18 Loca	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	4 Social 6 Medic 9 Advar 13 Stat Empl.	\$0. I security tax withheld \$0. care tax withheld \$0. nce EIC payment \$0. Retirement plan \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No.	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in	 b Employer I.C 38-375116 d Control numi 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t 	0. number 54 54 54 54 50.00 50.00 50.00 50.00 50.00 18 Loca 50.00 18 Loca	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code I wages, tips \$(\$) you fail to rep	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00	4 Social 6 Medic 9 Advar 13 Stat. □ 14 Other 0 2 tax 2 \$0.00 \$0.00	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment \$0. Retirement plan \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligence Form W-2 Wage and Tax State a Employee's social security No. Copy	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545- DERAL Tax Return.	0. number 54 54 55 54 56 50.00 sare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$(\$0 you fail to rep Depar	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00	4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 50.00 \$0.00	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment \$0. Retirement plan \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligenc Form W-2 Wage and Tax Sta a Employee's social security No. Copy 339-66-4416	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the Ir	b Employer I.C 38-375116 d Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545-0 DERAL Tax Return. nternal Revenue Servic	0. number 54 54 54 54 54 50 50 50 50 50 50 50 50 50 50	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 1 wages, tips \$(() () you fail to rep Depar 1 Wages	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00	4 Social 6 Medic 9 Advar 13 Stat. 13 Empl. 14 Other 14 Other 2 Feder 2 Feder	\$0. I security tax withheld \$0. are tax withheld \$0. tee EIC payment \$0. Retirement plan \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligenc Form W-2 Wage and Tax Sta a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP co UNITED STATES PATENT 326585	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the Ir bde	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545- DERAL Tax Return. ternal Revenue Servio b Employer I.E 38-375116	0. number 54 54 55 54 56 50.00 sare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Social	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.0	4 Social 6 Medic 9 Advar 13 Stat. 13 Empi. 14 Other 14 Other 2 social 2 Feder 4 Social	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligence Form W-2 Wage and Tax Sta a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP code	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the Ir bde	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent c 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545-1 DERAL Tax Return. nternal Revenue Servic b Employer I.E 38-375116 d Control numl	0. number 54 54 54 56 54 50.00 sare benefits \$0.00 \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 2008 54 54 54 54 54	 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$(0) (5) (7) (7	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.0	4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 2 Social 2 Feder 4 Social 6 Medic	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligenc Form W-2 Wage and Tax Sta a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP co UNITED STATES PATENT 326585	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the Ir bde	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545- DERAL Tax Return. ternal Revenue Servio b Employer I.E 38-375116	0. number 54 54 54 56 54 50.00 sare benefits \$0.00 \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 2008 54 54 54 54 54	5 Medica 8 Allocat 11 Nonqu 12b Code 12d Social	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.0	4 Social 6 Medic 9 Advar 13 Empl. 13 Empl. 14 Other 14 Other 2 Feder 4 Social 6 Medic 9 Advar	\$0. I security tax withheld \$0. are tax withheld \$0. nce EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligence Form W-2 Wage and Tax State a Employee's social security No. 339-66-4416 c Employee's social security No. UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the In pde 2	 b Employer I.E 38-375116 d Control numi 7 Social securi 10 Dependent of 12a Code See I 12c Code 12c Code 17 State income to mposed on you if this i OMB No. 1545- DERAL Tax Return. DERAL Tax Return. thermal Revenue Service b Employer I.E 38-375116 d Control numi 7 Social securi 10 Dependent of 	0. number 54 54 54 56 54 56 50.00 rare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 \$0.	 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$(\$(you fail to rep Depar 1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqu 	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.0	4 Social 6 Medic 9 Advar 13 Empl. 13 Empl. 14 Other 14 Other 2 Feder 4 Social 6 Medic 9 Advar 13 Empl. 13 Empl. 13 Empl. 13 Empl. 14 Social	\$0. I security tax withheld \$0. are tax withheld \$0. rece EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligenc Form W-2 Wage and Tax Sta a Employee's social security No. 339-66-4416 c Employee's name, address, and ZIP or UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the In pde 2	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent c 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545-1 DERAL Tax Return. ternal Revenue Servic b Employer I.E 38-375116 d Control numl 7 Social securi	0. number 54 54 54 56 54 56 50.00 rare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 \$0.	 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$(\$(you fail to rep Depar 1 Wages 3 Social 5 Medica 8 Allocat 	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.01 security wages \$0.01 security wages \$0.01 security wages \$0.00 are wages and tips \$0.00 are wages and tips \$0.00 are wages and tips \$0.00 alified plans \$0.00 \$0	4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 7 Interna 2 Feder 4 Social 6 Medic 9 Advar 13 Stat. 2 Feder 14 Social 14 Other 13 Stat. 14 Other 14 Other 14 Social 14 Social	\$0. I security tax withheld \$0. are tax withheld \$0. rec EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligence Form W-2 Wage and Tax State a Employee's social security No. 339-66-4416 c Employee's social security No. UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the In pde 2	 b Employer I.E 38-375116 d Control numi 7 Social securi 10 Dependent of 12a Code See I 12c Code 12c Code 17 State income to mposed on you if this i OMB No. 1545- DERAL Tax Return. DERAL Tax Return. thermal Revenue Service b Employer I.E 38-375116 d Control numi 7 Social securi 10 Dependent of 	0. number 54 54 54 54 56 54 50.00 rare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00	 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$0 \$0 \$0 you fail to rep Depar 1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.01 \$0.00 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.01 \$0.00 are wages and tips \$0.00 are wages and tips \$0.00 alified plans \$0.00 \$0 \$0.00 \$0.	4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 2 Feder 4 Social 6 Medic 9 Advar 13 Stat. 2 Feder 4 Social 6 Medic	\$0. I security tax withheld \$0. are tax withheld \$0. rece EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No. If you are required to file a tax return, a negligenc Form W-2 Wage and Tax Sta a Employee's social security No. 339-66-4416 c Employee's social security No. Copy This in c Employer's name, address, and ZIP or UNITED STATES PATENT 326585 CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD CHICAGO, IL 60628-6142	2 s, and suffix 16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 B To Be Filed with Employee's FE formation is being furnished to the In pde 2	b Employer I.E 38-375116 d Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 17 State income t mposed on you if this i OMB No. 1545-1 DERAL Tax Return. ternal Revenue Servio 0 Control numl 7 Social securi 10 Dependent of 12a Code See I 12c Code 10 Dependent of 12a Code See I 12c Code 12 State income t	0. number 54 54 54 56 54 56 50.00 rare benefits \$0.00 \$0.00 \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00 18 Loca \$0.00	 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 1 wages, tips \$C (\$C you fail to rep Depar 1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqu 12b Code 12d Code 12d Code 11 Nonqu 12b Code 12d Code 12d Code 	\$0.01 security wages \$0.00 are wages and tips \$0.00 ed tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 are wages and tips \$0.00 alified plans \$0.00 \$0.	4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 2 Feder 4 Social 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 14 Other	\$0. I security tax withheld \$0. are tax withheld \$0. rec EIC payment \$0. Retirement \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.

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	08			
b	Employer identification number 38-3751164	1 V	Vages, tips, other co	mpensation \$0.01	2 Federal incon	ne tax withheld \$0.00	
c Employer's name, address, and ZIP code UNITED STATES PATENT 3265852 CHICAGO, IL 60643			3 S	Social security wages	\$0.00	4 Social securit	y tax withheld \$0.00
			5 N	Aedicare wages and	tips \$0.00	6 Medicare tax withheld \$0.00	
			7 8	Social security tips	\$0.00	8 Allocated tips	\$0.00
d	Control Number	9 A	9 Advance EIC payment 10 Dependent care benefits \$0.00			are benefits \$0.00	
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD				Nonqualified plans	\$0.00	-	\$0.00
	CHICAGO, IL 60628-6142		13	Statutory Retirem employee plar	ent 3rd-party sick pay	C 12b	\$0.00
			14 C		0.00	C 12C	\$0.00
				ţ	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	7 State income tax	18 Local wages	, tips, etc. 19 Lo	cal income tax	20 Locality name
		\$0.00	\$0.0	-	\$0.00	\$0.0	,
		\$0.00	\$0.0	0 0	\$0.00	\$0.0	D
Fe	orm W-2 Wage and Ta Statement	× 2010			Department of	the Treasury Ir	ternal Revenue 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 06/21/2011. The Wage File ID (WFID) assigned to this submission is:NDH868.

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	c	d Establishment nu	umber	5 Medicare wages and tips	6 Medicare tax withheld		
1				\$0.00	\$0.00		
e Employer identification number	0000000			7 Social security tips	8 Allocated tips		
	-3751164			\$0.00	\$0.00		
f Employer's name	265052			9 Advance EIC payments \$0.00	10 Dependent care benefits		
UNITED STATES PATENT 3	205852			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 For 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 TOSC	lana		773-264-4609	_		
E-mail address		_		Fax number			
msbrain@att.net							
Under penalties of perjury, I declare that I	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 06/21/2011. The Wage File ID (WFID) assigned to this submission is:NDH868.

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