Form W-2 Wage and Tax Stat			545-0008	Depai	rtment of the Treasur	y Interna	al Revenue Se	ervice
a Employee's social security No. Copy 1 For State, City, or Local Tax Depa				1 Wage	s, tips, other Comp. \$0.01	2 Federal income tax withheld \$0.00		
c Employer's name, address, and ZIP code UNITED STATES PATENT 3558811 CHICAGO, IL 60643			/er I.D. number 51164	3 Social	security wages \$0.00	4 Social security tax withheld		
		d Contro		5 Medicare wages and tips \$0.00		6 Medi	care tax withhel	d \$0.00
		7 Social	security tips	8 Alloca	ted tips	9 Adva	ance EIC payme	nt
e Employee's first, initial, and last names	, and suffix	10 Depen	\$0.00 dent care benefits	11 Nonqu	\$0.00 alified plans	13 Stat. Empl	Retirement	\$0.00 3rd-party sic <u>k p</u> ay
BRAIN GAYLORD 49 W 118TH ST		12a Code	\$0.00 See Inst. for box 12	12b Code	\$0.00	) 14 Other		
FL 1 CHICAGO, IL 60628-6142			\$0.00		\$0.0			\$0.00
f Employee's address and ZIP code		12c Code	\$0.00	12d Code	\$0.0			\$0.00
15 State Employer's state ID No.	<b>16</b> State wages, tips, etc. \$0.00 \$0.00	17 State inc	ome tax \$0.00 \$0.00	\$	s, etc. <b>19</b> Local incom 0.00 0.00	ne tax \$0.00 \$0.00	20 Locality na	me
Form W-2 Wage and Tax Stat	tement <b>2010</b>	OMB No. 1	545-0008	Depai	rtment of the Treasur	v Interna	al Revenue Se	ervice
a Employee's social security No. Copy 2 339-66-4416		te, City, or Loo	cal Income Tax Return		s, tips, other Comp. \$0.01	2 Fede	eral income tax v	
c Employer's name, address, and ZIP co			/er I.D. number	3 Social	security wages	4 Socia	al security tax w	ithheld
UNITED STATES PATENT 355881 CHICAGO, IL 60643	T	38-37 d Contro	51164 I number	5 Medic	\$0.00 are wages and tips	6 Medi	care tax withhel	
		7 Social	security tips	8 Alloca	\$0.00 ted tips		ance EIC payme	\$0.00 nt
e Employee's first, initial, and last names	and suffix	10 Depen	\$0.00 dent care benefits	11 Nonau	\$0.00 alified plans	) 13 Stat Empl	Retirement	\$0.00 3rd-party sick pay
BRAIN GAYLORD 49 W 118TH ST			\$0.00		\$0.00	)		
FL 1 CHICAGO, IL 60628-6142		12a Code	See Inst. for box 12 \$0.00	12b Code	\$0.0	14 Other		\$0.00
f Employee's address and ZIP code		12c Code	\$0.00	12d Code	\$0.0	0		\$0.00
15 State Employer's state ID No.	<b>16</b> State wages, tips, etc. \$0.00 \$0.00	17 State inc	ome tax <b>18</b> Loca \$0.00 \$0.00	\$	s, etc. <b>19</b> Local incom 0.00 0.00	e tax \$0.00 \$0.00	20 Locality na	
Form <b>W-2</b> Wage and Tax Stat	tement <b>2010</b>	 OMB No. 1	545-0008	 Depai	rtment of the Treasur		al Revenue Se	<b></b> ·
a Employee's social security No. Copy C	C For EMPLOYEE'S Records (Se formation is being furnished to the In	e Notice to Em ternal Revenue	<i>ployee</i> on back of Copy B.) Service.	1 Wage	s, tips, other Comp.	2 Fede	eral income tax v	withheld
c Employer's name, address, and ZIP co UNITED STATES PATENT 355881.	de	h Emales			50.0	L		
CHICAGO, IL 60643	1		/er I.D. number	3 Social	\$0.01 security wages	4 Socia	al security tax w	\$0.00 ithheld
	1		51164		security wages \$0.00 are wages and tips	4 Socia 6 Medi	al security tax w care tax withhel	\$0.00 ithheld \$0.00
	1	38-37 d Contro	51164 I number security tips		security wages \$0.00 are wages and tips \$0.00 ted tips	4 Socia 6 Medi 9 Adva	-	\$0.00 ithheld \$0.00 id \$0.00
e Employee's first, initial, and last names		38-37 d Contro 7 Social	51164 I number	5 Medic 8 Alloca	security wages \$0.00 are wages and tips \$0.00	4 Socia 6 Medi 9 Adva	care tax withhel	\$0.00 ithheld \$0.00 id \$0.00 int \$0.00
e Employee's first, initial, and last names BRAIN GAYLORD 49 W 118TH ST		38-37 d Contro 7 Social 10 Depend	51164 I number security tips \$0.00 dent care benefits \$0.00	5 Medic 8 Alloca 11 Nonqu	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00	4 Socia 6 Medi 9 Adva 13 Stat. Empl	care tax withhel	\$0.00 ithheld \$0.00 id \$0.00
BRAIN GAYLORD		38-37 d Contro 7 Social 10 Depend 12a Code	51164 I number security tips \$0.00 dent care benefits	5 Medic 8 Alloca 11 Nonqu 12b Code	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 ualified plans	4 Socia 6 Medi 9 Adva 13 Stat. Empl 14 Other	care tax withhel	\$0.00 ithheld \$0.00 d \$0.00 int \$0.00 3rd-party sick pay
BRAIN GAYLORD 49 W 118TH ST FL 1		38-37 d Contro 7 Social 10 Depend	51164 I number security tips \$0.00 dent care benefits \$0.00 See Inst. for box 12	5 Medic 8 Alloca 11 Nonqu	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 ualified plans \$0.00	4 Socia 6 Medi 9 Adva 13 Stat. Empi 14 Other 0	care tax withhel	\$0.00 ithheld \$0.00 d \$0.00 int \$0.00 3rd-party sick pay
BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142 f Employee's address and ZIP code 15 State Employer's state ID No.	and suffix <b>16</b> State wages, tips, etc. \$0.00 \$0.00	38-37 d Contro 7 Social 10 Depen- 12a Code 12c Code 17 State inc	51164           I number           security tips           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	5 Medic 8 Alloca 11 Nonqu 12b Code 12d Code I wages, tip \$	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 s, etc. 0.00 0.00	4 Socia 6 Medi 9 Adva 13 Stat, Empl 14 Other 0	care tax withhel	\$0.00 ithheld \$0.00 id \$0.00 3rd-party sick pay \$0.00 \$0.00
BRAIN GAYLORD 49 W 118TH ST FL 1 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	and suffix <b>16</b> State wages, tips, etc. \$0.00 \$0.00 \$0.00 \$0.00	38-37 d Contro 7 Social 10 Depen- 12a Code 12c Code 17 State inc	51164           I number           security tips           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	5 Medic 8 Alloca 11 Nonqu 12b Code 12d Code I wages, tip \$	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 s, etc. 0.00 0.00	4 Socia 6 Medi 9 Adva 13 Stat. 14 Other 0 14 Other 0 0 16 Medi 13 Stat. Empi 0 14 Other 0 0	care tax withhel	\$0.00 ithheld \$0.00 id \$0.00 3rd-party sick pay \$0.00 \$0.00
BRAIN GAYLORD 49 W 118TH ST FL 1 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	16 State wages, tips, etc. \$0.00 \$0.00 a penalty or other sanction may be in tement <b>2010</b>	38-37 d Contro 7 Social 10 Depen- 12a Code 12c Code 17 State inc mposed on you OMB No. 1	51164           I number           security tips           \$0.00           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           \$0.00           some tax           \$0.00           \$0.00           if this income is taxable and           \$545-0008	5 Medic 8 Alloca 11 Nonqu 12b Code 12d Code I wages, tip \$ you fail to rep Depar	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 ialified plans \$0.00 \$0.00 \$0.00 0.00 0.00 port it. 	4 Socia 6 Medi 9 Adva 9 Adva 13 Stat. Empi 14 Other 0 14 Other 0 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 0 0 0 0 0 0 0 0 0 0 0 0	care tax withhel	\$0.00 ithheld \$0.00 d \$0.00 int \$0.00 3rd-paty \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
BRAIN GAYLORD 49 W 118TH ST FL 1 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 Copy B This inf	16 State wages, tips, etc. \$0.00 \$0.00 \$0.00 a penalty or other sanction may be in tement <b>2010</b> To Be Filed with Employee's FEI formation is being furnished to the In	38-37 d Contro 7 Social 10 Depend 12a Code 12c Code 17 State inc mposed on you OMB No. 1 DERAL Tax Re terral Revenue	51164         I number         security tips         \$0.00         dent care benefits         \$0.00         See Inst. for box 12         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0.000         \$0	5 Medic 8 Alloca 11 Nonqu 12b Code 12d Code 1 wages, tip \$ you fail to rep Depai 1 Wage	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	4 Socia 6 Medi 9 Adva 9 Adva 13 Stat Empi 14 Other 0 14 Other 0 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 2 Fede	20 Locality na	\$0.00 ithheld \$0.00 d \$0.00 3rd-party \$ck pay \$0.00 \$0.00 \$0.00 me ervice withheld \$0.00
BRAIN GAYLORD 49 W 118TH ST FL 1 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 Stat a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP co UNITED STATES PATENT 355881	16 State wages, tips, etc. \$0.00 \$0.00 e penalty or other sanction may be in tement 2010 To Be Filed with Employee's FEI formation is being furnished to the In rede	38-37 d Contro 7 Social 10 Depend 12a Code 12c Code 17 State inc 0MB No. 1 DERAL Tax Re ternal Revenue b Employ	51164           I number           security tips           \$0.00           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           some tax           \$0.00           \$0.00           if this income is taxable and           545-0008           turn.	5 Medic 8 Alloca 11 Nonqu 12b Code 12d Code 1 wages, tip \$ you fail to rep Depai 1 Wage	security wages \$0.00 are 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BRAIN GAYLORD 49 W 118TH ST FL 1 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 Stat a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP co UNITED STATES PATENT 355881. CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD 49 W 118TH ST	16 State wages, tips, etc. \$0.00 \$0.00 a penalty or other sanction may be in tement 2010 3 To Be Filed with Employee's FEI formation is being furnished to the In ride 1	38-37         d Contro         7 Social         10 Dependent         12a Code         12c Code         17 State incomposed on you         OMB No. 1         DERAL Tax Reternal Revenue         b Employ 38-37         d Contro         7 Social         10 Dependent         11 Dependent         12 DETAL Tax Reternal Revenue         13 Employ 38-37         14 Contro         7 Social         10 Dependent	51164           I number           security tips           \$0.00           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           See Inst. for box 12           \$0.00           ome tax           \$0.00           ome tax           \$0.00           if this income is taxable and           545-0008           turn.           service.           ver I.D. number           51164           I number           security tips           \$0.00           dent care benefits           \$0.00	<ul> <li>5 Medic</li> <li>8 Alloca</li> <li>11 Nonqu</li> <li>12b Code</li> <li>12d Code</li> <li>12d Code</li> <li>1 wages, tip \$</li> <li>you fail to rep</li> <li>you fail to rep</li> <li>Depai</li> <li>1 Wage</li> <li>3 Social</li> <li>5 Medic</li> <li>8 Alloca</li> </ul>	security wages \$0.00 are wages and tips \$0.00 ted tips \$0.00 alified plans \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.0	4 Socia 6 Medi 9 Adva 9 Adva 13 Stat. 14 Other 14 Other 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 14 Other 0 15 Fede 16 Medi 0 9 Adva 13 Stat. 14 Other 0 0 14 Other 0 0 14 Other 0 0 14 Other 0 0 14 Other 0 0 14 Other 0 15 Fede 16 Medi 17 Stat. 18 Stat. 19 Stat. 19 Stat. 19 Stat. 19 Stat. 19 Stat. 19 Stat. 10 S	care tax withhel	\$0.00 ithheld \$0.00 id \$0.00 3rd-party sick party sick part
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BRAIN GAYLORD 49 W 118TH ST FL 1 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 Stat a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP co UNITED STATES PATENT 355881. CHICAGO, IL 60643 e Employee's first, initial, and last names BRAIN GAYLORD 49 W 118TH ST FL 1	16 State wages, tips, etc. \$0.00 \$0.00 a penalty or other sanction may be in tement 2010 3 To Be Filed with Employee's FEI formation is being furnished to the In ride 1	38-37         d Contro         7 Social         10 Dependent         12a Code         12c Code         12r State incomposed on you         OMB No. 1         DERAL Tax Reternal Revenue         b Employ 38-37         d Contro         7 Social         10 Dependent         12 Code         12 Code	51164           I number           security tips           \$0.00           dent care benefits           \$0.00           See Inst. for box 12           \$0.00           See Inst. for box 12           \$0.00           ome tax           \$0.00           if this income is taxable and           545-0008           turn.           Service.           /er I.D. number           51164           I number           security tips           \$0.00           Gent care benefits           \$0.00           \$0.00	<ul> <li>5 Medic</li> <li>8 Alloca</li> <li>11 Nonqu</li> <li>12b Code</li> <li>12d Code</li> <li>1 wages, tip \$</li> <li>you fail to repare</li> <li>1 Wage</li> <li>3 Social</li> <li>5 Medic</li> <li>8 Alloca</li> <li>11 Nonqu</li> <li>12b Code</li> <li>12d Code</li> </ul>	security wages         \$0.00           are wages and tips         \$0.00           ted tips         \$0.00           ialified plans         \$0.00           \$0.00         \$0.00           alified plans         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$, etc. <b>19</b> Local incom           0.00         \$0.00           port it.         \$0.00           stips, other Comp.         \$0.00           security wages         \$0.00           are wages and tips         \$0.00           ited tips         \$0.00           \$0.00         \$0.00	4       Social         6       Medi         9       Adva         13       Stat, Empi         14       Other         13       Stat, Empi         14       Other         14       Other         14       Other         14       Other         14       Other         14       Other         15       Fede         16       Medi         17       Empi         18       Stat, Empi         13       Stat, Empi         13       Stat, Empi         13       Stat, Empi         13       Stat, Empi         14       Other         0       Other         14       Other	care tax withhel	\$0.00 ithheld \$0.00 ith eld \$0.00 int \$0.00 \$0.00 \$0.00 \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 ithheld \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$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.

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	b Employer identification number 38-3751164				os, other comper	nsation \$0.01	2 Federal income tax withheld \$0.0		\$0.00
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 3558811 CHICAGO, IL 60643			3 Social security wages \$0.00			4 Social security tax withheld		\$0.00
				Medicare	wages and tips	\$0.00	6 Medicare tax withheld \$0.0		\$0.00
			7	Social sec	curity tips	\$0.00	8 Allocated tip		\$0.00
d	Control Number		9	Advance E	EIC payment	\$0.00	10 Dependent		\$0.00
e	BRAIN GAYLORD	mes, and suffix		Nonqualifi	·	\$0.00	° <b>12a</b> •		\$0.00
49 W 118TH ST FL 1 CHICAGO, IL 60628-6142			13	Statutory employee	Retirement plan	3rd-party sick pay	C <b>12b</b>	:	\$0.00
			14	Other	\$0.00	)	C <b>12c</b>		\$0.00
					\$0.00		<sup>C</sup> 12d		\$0.00
f	Employee's address and ZIP code								
1	5 State Employer's state ID No.	<b>16</b> State wages, tips, etc. <b>17</b> \$0.00		<b>18</b> L	ocal wages, tips \$(	etc. <b>19</b> Loo .00	al income tax \$0.	<b>20</b> Locality nam	ne
		\$0.00	\$0	.00	\$(	0.00	\$0.	00	
Fo	orm W-2 Wage and Ta Statement	<sup>×</sup> 2010			Dep	partment of t	he Treasury	Internal 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 05/27/2011. The Wage File ID (WFID) assigned to this submission is:NCW754.

a Control number			For	official use only				
			OME	8 No. 1545-0008				
<sup>b</sup> 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	ımber	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			
	8-3751164			\$0.00	\$0.00			
f Employer's name				9 Advance EIC payments	10 Dependent care benefits			
UNITED STATES PATENT 3	558811			\$0.00	\$0.00			
CHICAGO, IL 60643				11 Nonqualified plans	2a Deferred compensation			
				\$0.00	\$0.00			
				<b>13</b> For third-party sick pay use only	12b HIRE exempt wages and tips			
				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 numb	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		'		nents, and, to the best of my knowledge and belie	f, they are true, correct, and complete.			
	Y	OUR	CC	<b>DPY</b>				
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 05/27/2011. The Wage File ID (WFID) assigned to this submission is:NCW754.

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