Form <b>W-2</b> Wage and Tax State		OMB No. 1	545-0008		Depar	ment of the	e neasury	Interna	Revenue S	ervice
a Employee's social security No. Copy 1 F 339-66-4416	artment.			1 Wages, tips, other Comp. \$0.01			2 Feder	al income tax	withheld \$0.00	
<b>c</b> Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643		<b>b</b> Employer I.D. number			3 Social security wages			4 Socia	I security tax v	vithheld
		38-37 d Contro	151164 I number		\$0.00 5 Medicare wages and tips			6 Medic	care tax withhe	
		7 Social	security tips		\$0.00 8 Allocated tips		\$0.00	9 Advar	nce EIC paym	\$0.00 ent
				\$0.00		•	\$0.00			\$0.00
e Employee's first, initial, and last names, a BRAIN GAYLORD	and sumix		dent care bene	\$0.00	•	alified plans	\$0.00	13 Stat. Empl.	Retirement plan	3rd-party sick pay
49 W 118TH ST CHICAGO, IL 60628-6142		12a Code	See Inst. for bo	ox 12 \$0.00	12b Code		\$0.00	14 Other		<u> </u>
C		12c Code	<u> </u> 		12d Code	I				\$0.00
f Employee's address and ZIP code         15 State Employer's state ID No.         16 State wages, tips, etc.		17 State inc		\$0.00 <b>18</b> Loca	l wages, tips		\$0.00 ocal income	tax 2	20 Locality na	\$0.00 ame
	\$0.00 \$0.00		\$0.00 \$0.00			.00 .00		\$0.00 \$0.00		
Form <b>W-2</b> Wage and Tax State	2010							· · · · · ·		· · · · ·
a Employee's social security No. Copy 2 T		OMB No. 1 te, City, or Loc		leturn		ment of the	,		I Revenue S al income tax	
339-66-4416 c Employer's name, address, and ZIP code			yer I.D. number		Ű		\$0.01		I security tax v	\$0.00
C Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643	3	38-37	51164		3 Social security wages \$0.00					\$0.00
CHICAGO, IL 00043		d Contro	l number		5 Medicare wages and tips \$0.00			6 Medic	are tax withhe	eld \$0.00
		7 Social	security tips	\$0.00	8 Allocat	ed tips	\$0.00	9 Advar	nce EIC paym	ent \$0.00
e Employee's first, initial, and last names, a	and suffix	10 Depen	dent care bene	fits	11 Nonqu	alified plans		13 Stat. Empl.	Retirement plan	3rd-party sick pay
BRAIN GAYLORD 49 W 118TH ST		12a Code	See Inst. for bo	\$0.00 ox 12	12b Code		\$0.00	14 Other		
CHICAGO, IL 60628-6142				\$0.00			\$0.00			\$0.00
f Employee's address and ZIP code		12c Code		\$0.00			\$0.00			\$0.00
15 State Employer's state ID No.	<b>16</b> State wages, tips, etc. \$0.00	17 State inc	\$0.00	18 Loca	l wages, tips \$0	, etc. <b>19</b> L	ocal income	tax \$0.00	20 Locality na	
	\$0.00		\$0.00			.00		\$0.00		
Form W-2 Wage and Tax State	mant 2010	OMR No. 1	545-0008		Depar	ment of the		Interna	Revenue S	anvice
a Employee's social security No. Copy C F	For EMPLOYEE'S Records (See	OMB No. 1 e Notice to Em	ployee on back of	Copy B.)		ment of the	Comp.		I Revenue S al income tax	withheld
a Employee's social security No. Copy C F 339-66-4416 This inform c Employer's name, address, and ZIP code	For EMPLOYEE'S Records (See mation is being furnished to the Int	e Notice to Em ternal Revenue	ployee on back of		1 Wages		Comp. \$0.01	2 Feder		withheld \$0.00
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a Employee's social security No. Copy C F 339-66-4416 c Employer's name, address, and ZIP code UNITED STATES PATENT 2156421	For EMPLOYEE'S Records (See mation is being furnished to the Int	e Notice to Em ternal Revenue b Employ 38-37 d Contro	ployee on back of Service. yer I.D. number 251164		1 Wages 3 Social	, tips, other ( security wag ire wages ar	Comp. \$0.01 es \$0.00 id tips	<ol> <li>Feder</li> <li>Socia</li> <li>Medic</li> <li>Advar</li> </ol>	al income tax I security tax v care tax withhe	withheld \$0.00 vithheld \$0.00 eld \$0.00 ent \$0.00
<ul> <li>a Employee's social security No. Copy C F 339-66-4416</li> <li>c Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643</li> <li>e Employee's first, initial, and last names, a</li> </ul>	For EMPLOYEE'S Records (See mation is being furnished to the Inf e	e Notice to Em ternal Revenue 38-37 d Contro 7 Social	ployee on back of Service. yer I.D. number 51164 I number	\$0.00 fits	1 Wages 3 Social 5 Medica 8 Allocat	, tips, other ( security wag ire wages ar	Comp. \$0.01 es \$0.00 d tips \$0.00 \$0.00	<ol> <li>Feder</li> <li>Socia</li> <li>Medic</li> <li>Advar</li> <li>Stat Empl.</li> </ol>	al income tax I security tax v care tax withhe	withheld \$0.00 vithheld \$0.00 eld \$0.00 ard-party sick_pay
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a Employee's social security No. 339-66-4416 C Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643 e Employee's first, initial, and last names, a BRAIN GAYLORD 49 W 118TH ST CHICAGO, IL 60628-6142	For EMPLOYEE'S Records (Ser mation is being furnished to the Inf e and suffix 16 State wages, tips, etc. \$0.00	e Notice to Em ternal Revenue b Employ 38-37 d Contro 7 Social 10 Depen 12a Code 12c Code	ployee on back of e Service. yer I.D. number 51164 I number security tips dent care benel See Inst. for bo See Inst. for bo come tax \$0.00	\$0.00 fits \$0.00 px 12 \$0.00 \$0.00	1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqui 12b Code 12d Code 1 wages, tips \$0	, tips, other ( security wag are wages ar ed tips alified plans alified plans	Comp. \$0.01 es \$0.00 d tips \$0.00 \$0.00 \$0.00 \$0.00	2 Feder     4 Socia     6 Medic     9 Advar     13 Stat. Empl.     14 Other     14 Other	al income tax I security tax v care tax withhe	withheld \$0.00 vithheld \$0.00 eld \$0.00 3rd-party sick pay \$0.00 \$0.00 \$0.00 \$0.00
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a Employee's social security No.       Copy C F         339-66-4416       This inform         c Employer's name, address, and ZIP code         UNITED STATES PATENT 2156421         CHICAGO, IL 60643         e Employee's first, initial, and last names, a         BRAIN GAYLORD         49 W 118TH ST         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 p	For EMPLOYEE'S Records (See mation is being furnished to the Int e and suffix 16 State wages, tips, etc. \$0.00 \$0.00 benalty or other sanction may be int	e Notice to Em ternal Revenue b Employ 38-37 d Contro 7 Social 10 Depen 12a Code 12c Code 17 State inc	ployee on back of e Service. yer I.D. number '51164 I number security tips dent care benef See Inst. for bo See Inst. for bo some tax \$0.00 \$0.00	\$0.00 fits \$0.00 ox 12 \$0.00 \$0.00 \$0.00	1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqui 12b Code 12d Code 12d Code 12d Code 1 wages, tips \$C \$C you fail to repu	, tips, other ( security wag are wages ar ed tips alified plans alified plans ., etc. <b>19</b> L . 00 .00	Comp. \$0.01 es \$0.00 dtips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	2 Feder 4 Socia 6 Medic 9 Advar 13 Stat. □ 14 Other 14 Other \$0.00 \$0.00	al income tax I security tax v care tax withhe nce EIC paymo Retirement plan 20 Locality na	withheld \$0.00 vithheld \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 ame
a Employee's social security No. 339-66-4416 c Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643 e Employee's first, initial, and last names, a BRAIN GAYLORD 49 W 118TH ST 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 p Form W-2 Wage and Tax State a Employee's social security No. Copy B T	For EMPLOYEE'S Records (Ser mation is being furnished to the Int e and suffix 16 State wages, tips, etc. \$0.00 \$0.00 benalty or other sanction may be in ment 2010 To Be Filed with Employee's FEE	e Notice to Em ternal Revenue b Employ 38-37 d Contro 7 Social 10 Depen 12a Code 12c Code 17 State inc mposed on you OMB No. 1 DERAL Tax Re	ployee on back of e Service. yer I.D. number $^{151164}$ I number security tips dent care benef See Inst. for bo see Inst. for bo some tax \$0.00 \$0.00 if this income is ta 545-0008 sturn.	\$0.00 fits \$0.00 ox 12 \$0.00 \$0.00 \$0.00	1 Wages 3 Social 5 Medica 8 Allocat 11 Nonqui 12b Code 12d Code 12d Code 12d Code 12d Code 12d Code 12d Code	, tips, other ( security wag are wages ar ed tips alified plans alified plans ., etc. <b>19</b> L . 00 .00	Comp. \$0.01 es \$0.00 dtips \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 coal income • Treasury Comp.	2 Feder 4 Socia 6 Medic 9 Advar 13 Stat. Empl. 14 Other 14 Other 14 other Interna	al income tax I security tax v care tax withhe nce EIC payme Retirement	withheld \$0.00 vithheld \$0.00 ent \$0.00 3rd-party sick pay \$0.00 \$0.00 ame ervice withheld
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#### 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-	8000					
b	b Employer identification number 38-3751164				s, other compe	nsation \$0.01	2 Federal income tax withheld \$0.00		
С	c Employer's name, address, and ZIP code UNITED STATES PATENT 2156421 CHICAGO, IL 60643			Social sec	urity wages	\$0.00	4 Social security tax withheld		\$0.00
				5 Medicare wages and tips \$0.00				6 Medicare tax withheld \$0.0	
		7	7 Social security tips \$0.00			8 Allocated tips		\$0.00	
d	d Control Number				9 Advance EIC payment 10 Dependent care benefit \$0.00				\$0.00
е	e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST			Nonqualifie		\$0.00	C 12a	:	\$0.00
	49 W 1181H SI CHICAGO, IL 60628-6142		13		Retirement plan	3rd-party sick pay	C <b>12b</b>		\$0.00
			14	Other	\$0.00	)	C 12c		\$0.00
					\$0.00	)	C <b>12d</b>	:	\$0.00
f	Employee's address and ZIP code			40.1		. 40 .			
1	5 State Employer's state ID No.	16 State wages, tips, etc. 17 \$0.00		18 Lo	cal wages, tips \$( \$	, etc. <b>19</b> Loc 0.00	al income tax \$0.	<b>20</b> Locality nam	ne
		\$0.00	\$0	.00	\$(	0.00	\$0.	00	
Fo	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 06/14/2011. The Wage File ID (WFID) assigned to this submission is:NDF657.

a Control number			For	official use only				
				No. 1545-0008				
<b>b</b>	Military	943	944	1 Wages, tips, other compensation	2 Federal income tax withheld			
<sup>b</sup> Kind		X		\$0.0				
of CT-1	Hshld. Emp.	Medicare Govt. Emp.	Third-party sick pay	3 Social security wages	4 Social security tax withheld			
payer 🗌				\$0.0	\$0.00			
c Total number of Forms W-2	d	Establishment nu	umber	5 Medicare wages and tips	6 Medicare tax withheld			
1				\$0.0				
e Employer identification number	0051164			7 Social security tips	8 Allocated tips			
38 f Employer's name	-3751164			\$0.0 9 Advance EIC payments	0 \$0.00 10 Dependent care benefits			
UNITED STATES PATENT 2	156421			\$ Advance EIC payments \$0.0				
CHICAGO, IL 60643				11 Nongualified plans	12a Deferred compensation			
				\$0.0				
				13 For third-party sick pay use only	12b HIRE exempt wages and tips			
					\$0.00			
r Employeds address and ZID code				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.				
Contact person	AYLORD TOSC	A NT A		Telephone number 773-264-4609	For official use only			
E-mail address	AILORD IUSC	ANA		Fax number				
msbrain@att.net								
Under penalties of perjury, I declare that I have examined this return and accompanying docum				nents. and. to the best of my knowledge and be	elief, they are true, correct, and complete.			
		)UR		)PY	· · · · · · · · · · · · · · · · · · ·			
	T C	ΙΟΚ						
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 06/14/2011. The Wage File ID (WFID) assigned to this submission is:NDF657.

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