

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2009

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

41-0852411

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2009

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

41-0852411

FORM 5201

Form **W-2 Wage and Tax Statement** 2009

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld			
8 Allocated tips		3 Social security wages	4 Social security tax withheld			
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld			
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12			
e Employee's name, address, and ZIP code	Suff. 13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b			
	b Employer identification number (EIN)		12c			
	a Employee's social security no.		12d			
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov.

Form **W-2 Wage and Tax Statement** 2009

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld			
8 Allocated tips		3 Social security wages	4 Social security tax withheld			
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld			
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12			
e Employee's name, address, and ZIP code	Suff. 13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b			
	b Employer identification number (EIN)		12c			
	a Employee's social security no.		12d			
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov.

Form **W-2 Wage and Tax Statement** 2009

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld			
8 Allocated tips		3 Social security wages	4 Social security tax withheld			
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld			
10 Dependent care benefits		11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code	Suff. 13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b			
	b Employer identification number (EIN)		12c			
	a Employee's social security no.		12d			
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2009

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld			
8 Allocated tips		3 Social security wages	4 Social security tax withheld			
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld			
10 Dependent care benefits		11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code	Suff. 13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b			
	b Employer identification number (EIN)		12c			
	a Employee's social security no.		12d			
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

FORM 5325

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008		
b Kind of Payer ▶	<input type="checkbox"/> 941	Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	1 Wages, tips, other compensation	2 Federal income tax withheld
	<input type="checkbox"/> CT-1	Hshld. emp.	Medicare govt. emp.	Third-party sick pay	3 Social security wages	4 Social security tax withheld
c Total number of Forms W-2		d Establishment number		5 Medicare wages and tips	6 Medicare tax withheld	
e Employer identification number (EIN)				7 Social security tips	8 Allocated tips	
f Employer's name				9 Advance EIC payments	10 Dependent care benefits	
				11 Nonqualified plans	12 Deferred compensation	
				13 For third-party sick pay use only		
g Employer's address and ZIP code				14 Income tax withheld by payer of third-party sick pay		
h Other EIN used this year						
15 State	Employer's state ID number			16 State wages, tips, etc.	17 State income tax	
				18 Local wages, tips, etc.	19 Local income tax	
Contact person				Telephone number ()	For Official Use Only	
Email address				Fax number ()		

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

Signature ▶

Title ▶

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** **2009**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2009 Instructions for Forms W-2 and W-3 for information on completing this form.

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). All paper forms must comply with IRS standards and be machine readable. Photocopies and hand-printed forms are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records.

Electronic Filing

The Social Security Administration strongly suggests employers report Form W-3 and W-2 Copy A electronically instead of on paper. SSA provides two e-file options:

- Free online, fill-in Forms W-2 for employers who file 20 or fewer Form(s) W-2.

- Upload a file for employers who use payroll/tax software to print Form(s) W-2, if the vendor software creates a file that can be uploaded to SSA.

For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When To File

Mail any paper Forms W-2 under cover of this Form W-3 Transmittal by March 1, 2010. Electronic fill-in forms or uploads are filed through SSA's Business Services Online (BSO) Internet site and will be on time if submitted by March 31, 2010.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001**

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D of Form W-2.

41-0852411

FORM 5200

9595 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		File with Form 1096.
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code		11	12		
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC 41-0852411 Department of the Treasury - Internal Revenue Service
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9595 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		File with Form 1096.
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City, state, and ZIP code		11	12		
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC 41-0852411 Department of the Treasury - Internal Revenue Service

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MANUFACTURED IN U.S.A. ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

5110
FORM

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