

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			12e		
			12f			12g		
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** **2010** 38-2099803 Department of the Treasury—Internal Revenue Service
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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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			12e		
			12f			12g		
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** **2010** 38-2099803 Department of the Treasury—Internal Revenue Service
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

BW2FED NTF 2574373

Form **W-2 Wage and Tax Statement** 2010

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other compensation	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
13 Statutory employee Retirement plan Third-party sick pay		14 Other	.12b
b Employer identification no. (EIN)			.12c
a Employee's social security no.			.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

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 38-2099803 Dept. of the Treasury — IRS Visit the IRS website at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2010

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other compensation	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
13 Statutory employee Retirement plan Third-party sick pay		14 Other	.12b
b Employer identification no. (EIN)			.12c
a Employee's social security no.			.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

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 38-2099803 Dept. of the Treasury — IRS

Form **W-2 Wage and Tax Statement** 2010

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other compensation	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
13 Statutory employee Retirement plan Third-party sick pay		14 Other	.12b
b Employer identification no. (EIN)			.12c
a Employee's social security no.			.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

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 38-2099803 Dept. of the Treasury — IRS

BW24DWNA NTF 2574419

Form **W-2 Wage and Tax Statement** 2010

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other compensation	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
13 Statutory employee Retirement plan Third-party sick pay		14 Other	.12b
b Employer identification no. (EIN)			.12c
a Employee's social security no.			.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

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 38-2099803 Dept. of the Treasury — IRS

DO NOT STAPLE

33333		a Control number	For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer ▶	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
c Total number of Forms W-2	d Establishment number		1 Wages, tips, other compensation	2 Federal income tax withheld
e Employer identification number (EIN)		3 Social security wages		4 Social security tax withheld
f Employer's name		5 Medicare wages and tips		6 Medicare tax withheld
g Employer's address and ZIP code		7 Social security tips		8 Allocated tips
h Other EIN used this year		9 Advance EIC payments		10 Dependent care benefits
15 State		11 Nonqualified plans		12a Deferred compensation
Employer's state ID number		13 For third-party sick pay use only		12b HIRE exempt wages and tips
16 State wages, tips, etc.		14 Income tax withheld by payer of third-party sick pay		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** 2010 38-2099803 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 2010 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 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 (SSA) strongly suggests employers report Form W-3 and W-2 Copy A electronically instead of on paper. SSA provides two free options on its Business Services Online (BSO) website:

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 20 Forms W-2 to SSA.

- File Upload. Upload wage files to SSA that you have created using payroll or tax software that formats the files according to SSA's Specifications for Filing Form W-2 Electronically (EFW2).

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 February 28, 2011. 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, 2011.

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.

9595

VOID

CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115		Miscellaneous Income
		2 Royalties \$	2010 Form 1099-MISC		
		3 Other income \$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
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 \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
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

38-2099803
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		Miscellaneous Income
		2 Royalties \$	2010 Form 1099-MISC		
		3 Other income \$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
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 \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
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

38-2099803
Department of the Treasury - Internal Revenue Service

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BMISFED

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Form 1096 Department of the Treasury Internal Revenue Service		Annual Summary and Transmittal of U.S. Information Returns				OMB No. 1545-0108 2010							
FILER'S name													
Street address (including room or suite number)													
City, state, and ZIP code													
Name of person to contact				Telephone number ()		For Official Use Only 							
Email address				Fax number ()									
1 Employer identification number		2 Social security number		3 Total number of forms		4 Federal income tax withheld \$							
						5 Total amount reported with this Form 1096 \$							
6 Enter an "X" in only one box below to indicate the type of form being filed.													
7 If this is your final return, enter an "X" here <input type="checkbox"/>													
W-2G 32	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 93
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

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

Instructions

Reminder. The only acceptable method of filing information returns with Enterprise Computing Center—Martinsburg (ECC—MTB) is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2010 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2011.
- With Forms 5498, 5498-ESA, or 5498-SA, file by May 31, 2011.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.

Form **1096** (2010)
38-2099803

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