

UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div. PROOF OF CLAIM

Name of Debtor: Katherine L. Henderson Case Number: 3:09-bk 07877-JAF

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Taylor Bean & Whitaker
Name and address where notices should be sent: Katherine L. Henderson, 1904 A West Glenhurst Rd, Ocala FL 34472
Telephone number: 352-2479274-8364
CLAIM FILED JACKSONVILLE, FLORIDA JUN 11 2010 CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number:
Filed on:

Name and address where payment should be sent (if different from above):
Telephone number:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2364.16
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
Specify the priority of the claim.

2. Basis for Claim:
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:
3a. Debtor may have scheduled account as:

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$ Annual Interest Rate %
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:
Amount of Secured Claim: \$ Amount Unsecured: \$

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: 2 months last wages

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
Amount entitled to priority: \$
*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 6/10/10 Signature: Katherine L. Henderson
FOR COURT USE ONLY T, B & W Mortgage Corp. 02570

CO. FILE DEPT. CLOCK NUMBER
I44 103096 197069 0081982420 1

Earnings Statement



018-0001
MASLOW INSURANCE AGENCY LLC
315 NE 14TH STREET
OCALA, FL 34470

Period Beginning: 07/25/2009
Period Ending: 08/07/2009
Pay Date: 08/14/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
FL: No State Income Tax

KATHERINA L HENDERSON
1904 A WEST GLENEAGLES RD
OCALA FL 34472

Earnings	rate	hours	this period	year to date
Bonus Pay			320.00	6,828.00
Regular				19,037.65
Gross Pay			\$320.00	25,865.65

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Social Security Tax	-19.84	1,603.67
	Medicare Tax	-4.64	375.05
	Federal Income Tax		2,192.29
	Other		
	Long Term Disab		35.00
	Tbw Foundation		28.00
Net Pay		\$295.52	

Your federal taxable wages this period are \$320.00

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MASLOW INSURANCE AGENCY LLC
315 NE 14TH STREET
OCALA, FL 34470

144
Payroll check number: 0081982420
Pay date: 08/14/2009

63-1012/632

Pay to the order of:

KATHERINA L HENDERSON

This amount:

TWO HUNDRED NINETY FIVE AND 52/100 DOLLARS **\$295.52**

VOID NON-NEGOTIABLE VOID NON-NEGOTIABLE AVAILABLE AT 877-423-7243

VOID AFTER 180 DAYS

THIS IS NOT A CHECK



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CO. FILE DEPT. CLOCK NUMBER
144 103096 197069 0081972816 1

Earnings Statement



030-0001
MASLOW INSURANCE AGENCY LLC
315 NE 14TH STREET
OCALA, FL 34470

Period Ending: 08/05/2009
Pay Date: 08/07/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
FL: No State Income Tax

KATHERINA L HENDERSON
1904 A WEST GLENEAGLES RD
OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	64.00	922.88	19,037.65
Bonus Pay				6,508.00
Gross Pay			\$922.88	25,545.65

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-31.71	2,192.29
	Social Security Tax	-57.22	1,583.83
	Medicare Tax	-13.38	370.41
	Other		
	Long Term Disab		35.00
	Tbw Foundation		28.00
	Net Pay	\$820.57	

Your federal taxable wages this period are \$922.88

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MASLOW INSURANCE AGENCY LLC
315 NE 14TH STREET
OCALA, FL 34470

144
Payroll check number: 0081972816
Pay date: 08/07/2009

63-1012/632

Pay to the order of:
This amount:

KATHERINA L HENDERSON
EIGHT HUNDRED TWENTY AND 57/100 DOLLARS \$820.57

VOID NON-NEGOTIABLE AVAILABLE AT 877-423-7243

VOID AFTER 180 DAYS



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036-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 07/11/2009
 Period Ending: 07/24/2009
 Pay Date: 07/31/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	1153.85	72.00		18,114.77
Regular	1153.85		1,153.85	
Personal/Sick		8.00		
Bonus Pay				6,508.00
Gross Pay			\$1,153.85	24,622.77

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
EMPLOYEE ID		54040151

<u>Deductions</u>	<u>Statutory</u>		
	Federal Income Tax	-65.48	2,160.58
	Social Security Tax	-71.54	1,526.61
	Medicare Tax	-16.73	357.03
	<u>Other</u>		
	Checking 1	-998.10	
	Tbw Foundation	-2.00	28.00
	Long Term Disab		35.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000310024
 Pay date: 07/31/2009

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
KATHERINA L HENDERSON	XXXXXXXXX6835	XXXX XXXX	\$998.10

THIS IS NOT A CHECK

CO FILE DEPT CLOCK VCHR. NO.
 I44 103096 197069 0000290026 1

031-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 06/27/2009
 Period Ending: 07/10/2009
 Pay Date: 07/17/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
1904 A WEST GLENEAGLES RD
OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00		16,960.92
Regular	1153.85		1,153.85	
Bonus Pay			321.00	6,508.00
Holiday Pay		8.00		
Gross Pay			\$1,474.85	23,468.92

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
Federal Income Tax		-113.63	2,095.10
Social Security Tax		-91.44	1,455.07
Medicare Tax		-21.39	340.30
Other			
Checking 1		-1,242.89	
Long Term Disab		-3.50	35.00
Tbw Foundation		-2.00	26.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,474.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000290026
 Pay date: 07/17/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	xxxxxxxx6835	xxxx xxxx	\$1,242.89

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NON-NEGOTIABLE



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030-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 06/13/2009
 Period Ending: 06/26/2009
 Pay Date: 07/02/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00	1,153.85	15,807.07
Bonus Pay				6,187.00
Gross Pay			\$1,153.85	21,994.07

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Important Notes

HAVE A SAFE 4TH OF JULY HOLIDAY

Deductions	Statutory		
	Federal Income Tax	-65.48	1,981.47
	Social Security Tax	-71.54	1,363.63
	Medicare Tax	-16.73	318.91
	Other		
	Checking 1	-994.60	
	Long Term Disab	-3.50	31.50
	Tbw Foundation	-2.00	24.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000270023
 Pay date: 07/02/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	xxxxxxxx6835	xxxx xxxx	\$994.60

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NON-NEGOTIABLE



CO. FILE DEPT. CLOCK VCHR. NO.
 144 103096 197069 0000250024 1

Earnings Statement



029-0001
 MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Period Beginning: 05/30/2009
 Period Ending: 06/12/2009
 Pay Date: 06/19/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00	1,153.85	14,653.22
Bonus Pay				6,187.00
Gross Pay			\$1,153.85	20,840.22

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-65.48	1,915.99
	Social Security Tax	-71.54	1,292.09
	Medicare Tax	-16.73	302.18
	Other		
	Checking 1	-994.60	
	Long Term Disab	-3.50	28.00
	Tbw Foundation	-2.00	22.00
	Net Pay	\$0.00	

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000250024
 Pay date: 06/19/2009

Deposited to the account of	account number	transit_ABA	amount
KATHERINA L HENDERSON	xxxxxxxx6835	xxxx xxxx	\$994.60

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Earnings Statement



029-0001
 MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Period Beginning: 05/16/2009
 Period Ending: 05/29/2009
 Pay Date: 06/05/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00		13,499.37
Regular	1153.85		1,153.85	
Bonus Pay			1,506.00	6,187.00
Holiday Pay		8.00		
Gross Pay			\$2,659.85	19,686.37

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-291.38	1,850.51
	Social Security Tax	-164.91	1,220.55
	Medicare Tax	-38.57	285.45
	Other		
	Checking 1	-2,159.49	
	Long Term Disab	-3.50	24.50
	Tbw Foundation	-2.00	20.00
Net Pay		\$0.00	

Your federal taxable wages this period are
 \$2,659.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000230022
 Pay date: 06/05/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	XXXXXXXX6835	XXXX XXXX	\$2,159.49

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030-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 05/02/2009
 Period Ending: 05/15/2009
 Pay Date: 05/22/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00		12,345.52
Regular	1153.85		1,153.85	
Bonus Pay			736.00	4,681.00
Gross Pay			\$1,889.85	17,026.52

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-175.88	1,559.13
	Social Security Tax	-117.17	1,055.64
	Medicare Tax	-27.40	246.88
	Other		
	Checking 1	-1,563.90	
	Long Term Disab	-3.50	21.00
	Tbw Foundation	-2.00	18.00
	Net Pay	\$0.00	

Your federal taxable wages this period are \$1,889.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000210023
 Pay date: 05/22/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	XXXXXXXX6835	XXXX XXXX	\$1,563.90

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 I44 103096 197069 0000190024 1

Earnings Statement



035-0001
 MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Period Beginning: 04/18/2009
 Period Ending: 05/01/2009
 Pay Date: 05/08/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>
Regular	1153.85	80.00		11,191.67
Regular	1153.85		1,153.85	
Bonus Pay			495.00	3,945.00
Gross Pay			\$1,648.85	15,136.67

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
EMPLOYEE ID		54040151

<u>Deductions</u>	<u>Statutory</u>		
	Federal Income Tax	-139.73	1,383.25
	Social Security Tax	-102.23	938.47
	Medicare Tax	-23.91	219.48
	<u>Other</u>		
	Checking 1	-1,377.48	
	Long Term Disab	-3.50	17.50
	Tbw Foundation	-2.00	16.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,648.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000190024
 Pay date: 05/08/2009

<u>Deposited to the account of</u>	<u>account number</u>	<u>transit ABA</u>	<u>amount</u>
KATHERINA L HENDERSON	XXXXXXXX6835	XXXX XXXX	\$1,377.48

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CO. FILE DEPT. CLOCK VCHR. NO.
 144 103096 197069 0000170022 1

028-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 04/04/2009
 Period Ending: 04/17/2009
 Pay Date: 04/24/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00	1,153.85	10,037.82
Bonus Pay				3,450.00
Gross Pay			\$1,153.85	13,487.82

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-65.48	1,243.52
	Social Security Tax	-71.53	836.24
	Medicare Tax	-16.73	195.57
	Other		
	Checking 1	-994.61	
	Long Term Disab	-3.50	14.00
	Tbw Foundation	-2.00	14.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000170022
 Pay date: 04/24/2009

Deposited to the account of KATHERINA L HENDERSON account number ***** transit ABA amount \$994.61

THIS IS NOT A CHECK

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037-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 03/21/2009
 Period Ending: 04/03/2009
 Pay Date: 04/10/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00		8,883.97
Regular	1153.85		1,153.85	
Bonus Pay			2,105.00	3,450.00
Gross Pay			\$3,258.85	12,333.97

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-416.15	1,178.04
	Social Security Tax	-202.05	764.71
	Medicare Tax	-47.25	178.84
	Other		
	Checking 1	-2,587.90	
	Long Term Disab	-3.50	10.50
	Tbw Foundation	-2.00	12.00
Net Pay		\$0.00	

Your federal taxable wages this period are
 \$3,258.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000150023
 Pay date: 04/10/2009

Deposited to the account of KATHERINA L HENDERSON
 account number *****
 translt ABA
 amount \$2,587.90

THIS IS NOT A CHECK



Earnings Statement



007-0001
MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Period Beginning: 03/07/2009
 Period Ending: 03/20/2009
 Pay Date: 03/27/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00	1,153.85	7,730.12
Bonus Pay				1,345.00
Gross Pay			\$1,153.85	9,075.12

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory	Other	year to date
Federal Income Tax	-65.48		761.89
Social Security Tax	-71.54		562.66
Medicare Tax	-16.73		131.59
Long Term Disab	-3.50		7.00
Tbw Foundation	-2.00		10.00
Net Pay		\$994.60	

Deposits
Account No. *****
Transit/ABA
Pending

Important Notes
 YOUR BANK WAS NOTIFIED OF YOUR REQUEST FOR DIRECT DEPOSIT. IT WILL BEGIN AFTER ACCOUNT VERIFICATION.

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

144 63-1012/632

Payroll check number: 0081788457
 Pay date: 03/27/2009

Pay to the order of: **KATHERINA L HENDERSON**
 This amount: **NINE HUNDRED NINETY FOUR AND 60/100 DOLLARS** **\$994.60**

VOID NON-NEGOTIABLE VOID NON-NEGOTIABLE AVAILABLE AT 877-423-7243
 VOID AFTER 180 DAYS

THIS IS NOT A CHECK



CO FILE DEPT. CLOCK VCHR. NO.
 144 103096 197069 0000110025 1

038-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470



Earnings Statement



Period Beginning: 02/21/2009
 Period Ending: 03/06/2009
 Pay Date: 03/13/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00	1,038.24	6,576.27
Bonus Pay			820.00	1,345.00
Gross Pay			\$1,858.24	7,921.27

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
Federal Income Tax		-171.14	696.41
Social Security Tax		-115.21	491.12
Medicare Tax		-26.95	114.86
Other			
Checking 1		-1,539.44	
Long Term Disab		-3.50	3.50
Tbw Foundation		-2.00	8.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,858.24

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000110025
 Pay date: 03/13/2009

Deposited to the account of KATHERINA L HENDERSON account number ***** transit ABA amount \$1,539.44

THIS IS NOT A CHECK

CO FILE DEPT CLOCK VCHR. NO.
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038-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 02/07/2009
 Period Ending: 02/20/2009
 Pay Date: 02/27/2009



Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00		5,538.03
Regular	1153.85		1,153.85	
Holiday Pay		8.00		
Bonus Pay				525.00
Gross Pay			\$1,153.85	6,063.03

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
Federal Income Tax		-96.24	525.27
Social Security Tax		-71.54	375.91
Medicare Tax		-16.73	87.91
Other			
Checking 1		-967.34	
Tbw Foundation		-2.00	6.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 0000090025
 Pay date: 02/27/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	*****		\$967.34

THIS IS NOT A CHECK

CO. FILE DEPT. CLOCK VCHR. NO.
 144 103096 197069 0000070023 1

041-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 01/24/2009
 Period Ending: 02/06/2009
 Pay Date: 02/13/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00		4,384.18
Regular	1153.85		1,153.85	
Bonus Pay			395.00	525.00
Gross Pay			\$1,548.85	4,909.18

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-155.49	429.03
	Social Security Tax	-96.03	304.37
	Medicare Tax	-22.46	71.18
	Other		
	Checking 1	-1,274.87	
	Tbw Foundation		4.00
Net Pay		\$0.00	

Your federal taxable wages this period are \$1,548.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 00000070023
 Pay date: 02/13/2009

Deposited to the account of KATHERINA L HENDERSON account number ***** transit ABA amount \$1,274.87

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NON-NEGOTIABLE

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 I44 103096 197069 0000050020 1

037-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 01/10/2009
 Period Ending: 01/23/2009
 Pay Date: 01/30/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	80.00		3,230.33
Regular	1153.85		1,153.85	
Bonus Pay				130.00
Gross Pay			\$1,153.85	3,360.33

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
Federal Income Tax	-96.24		273.54
Social Security Tax	-71.54		208.34
Medicare Tax	-16.73		48.72
Other			
Checking 1	-965.34		
Tbw Foundation	-4.00		4.00
Net Pay	\$0.00		

Your federal taxable wages this period are \$1,153.85

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 0000050020
 Pay date: 01/30/2009

Deposited to the account of KATHERINA L HENDERSON
 account number *****
 transit ABA
 amount \$965.34

THIS IS NOT A CHECK

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NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
 144 103096 197069 0000030020 1

040-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Earnings Statement



Period Beginning: 12/27/2008
 Period Ending: 01/09/2009
 Pay Date: 01/16/2009

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00	1,038.24	2,076.48
Bonus Pay			130.00	130.00
Gross Pay			\$1,168.24	2,206.48

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-98.40	177.30
	Social Security Tax	-72.43	136.80
	Medicare Tax	-16.94	31.99
	Other		
	Checking 1	-980.47	
	Net Pay	\$0.00	

Your federal taxable wages this period are \$1,168.24

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 0000030020
 Pay date: 01/16/2009

Deposited to the account of KATHERINA L HENDERSON account number ***** transit ABA amount \$980.47

THIS IS NOT A CHECK

CO FILE DEPT. CLOCK VCHR. NO.
 I44 103096 197069 0000010021 1

039-0001

MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 FL: No State Income Tax

Earnings Statement



Period Beginning: 12/13/2008
 Period Ending: 12/26/2008
 Pay Date: 01/02/2009

0000000017
KATHERINA L HENDERSON
1904 A WEST GLENEAGLES RD
OCALA FL 34472

Earnings	rate	hours	this period	year to date
Regular	1153.85	72.00	1,038.24	1,038.24
Gross Pay			\$1,038.24	1,038.24

Other Benefits and Information	this period	total to date
EMPLOYEE ID		54040151

Deductions	Statutory		
	Federal Income Tax	-78.90	78.90
	Social Security Tax	-64.37	64.37
	Medicare Tax	-15.05	15.05
	Other		
	Checking 1	-879.92	
	Net Pay	\$0.00	

Your federal taxable wages this period are \$1,038.24

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MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA, FL 34470

Advice number: 0000010021
 Pay date: 01/02/2009

Deposited to the account of	account number	transit ABA	amount
KATHERINA L HENDERSON	*****		\$879.92

THIS IS NOT A CHECK

Scanned: 6/11/2011 3:12:37 PM **NON-NEGOTIABLE**

2008 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

Employee Reference Copy
W-2 Wage and Tax Statement **2008**
 OMB No. 1545-0008

1. The following information reflects your final 2008 pay stub plus any adjustments submitted by your employer.

Control number 103096 70/144	Dept. 197069	Corp. A	Employer use only 41
---------------------------------	-----------------	------------	-------------------------

Gross Pay	2538.37	Social Security Tax Withheld Box 4 of W-2	157.38	FL. State Income Tax Box 17 of W-2 SU/SDI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	174.78	Medicare Tax Withheld Box 6 of W-2	36.81	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	2,538.37	2,538.37	2,538.37	
Reported W-2 Wages	2,538.37	2,538.37	2,538.37	

Employer's name, address, and ZIP code
MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA FL 34470

Batch #01569

Employee's name, address, and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Social Security Number: 263-96-3939
 Taxable Marital Status: MARRIED
 Exemptions/Allowances:
FEDERAL: 0
STATE: No State Income Tax

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Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
Wages, tips, other comp. 2538.37	2 Federal income tax withheld 174.78
Social security wages 2538.37	4 Social security tax withheld 157.38
Medicare wages and tips 2538.37	6 Medicare tax withheld 36.81
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Wages, tips, other comp. 2538.37	2 Federal income tax withheld 174.78		
Social security wages 2538.37	4 Social security tax withheld 157.38		
Medicare wages and tips 2538.37	6 Medicare tax withheld 36.81		
Control number 103096 70/144	Dept. 197069	Corp. A	Employer use only 41

Employer's name, address, and ZIP code
MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA FL 34470

Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

5 State Employer's state ID no. FL	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax **2008**

1 Wages, tips, other comp. 2538.37	2 Federal income tax withheld 174.78		
3 Social security wages 2538.37	4 Social security tax withheld 157.38		
5 Medicare wages and tips 2538.37	6 Medicare tax withheld 36.81		
d Control number 103096 70/144	Dept. 197069	Corp. A	Employer use only 41

Employer's name, address, and ZIP code
MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA FL 34470

b Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FL. State Filing Copy
W-2 Wage and Tax **2008**

1 Wages, tips, other comp. 2538.37	2 Federal income tax withheld 174.78		
3 Social security wages 2538.37	4 Social security tax withheld 157.38		
5 Medicare wages and tips 2538.37	6 Medicare tax withheld 36.81		
d Control number 103096 70/144	Dept. 197069	Corp. A	Employer use only 41

Employer's name, address, and ZIP code
MASLOW INSURANCE AGENCY LLC
 315 NE 14TH STREET
 OCALA FL 34470

b Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FL. State Filing Copy
W-2 Wage and Tax **2008**

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2009 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2009

OMB No 1545-0008
 Control number 03096 70/144 Dept. 197069 Corp. Employer use only T 41

Employer's name, address, and ZIP code
TAYLOR BEAN & WHITAKER
 315 NE 14TH STREET
 OCALA FL 34470

Batch #03530

Employee's name, address, and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
Wages, tips, other comp. 25865.65	2 Federal income tax withheld 2192.29
3 Social security wages 25865.65	4 Social security tax withheld 1603.67
5 Medicare wages and tips 25865.65	6 Medicare tax withheld 375.05
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2009 pay stub plus any adjustments submitted by your employer.

Gross Pay	25865.65	Social Security Tax Withheld Box 4 of W-2	1603.67	FL State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	2192.29	Medicare Tax Withheld Box 6 of W-2	375.05	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
25,865.65	25,865.65	25,865.65	25,865.65	25,865.65
Reported W-2 Wages	25,865.65	25,865.65	25,865.65	25,865.65

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

Social Security Number: 263-96-3939
 Taxable Marital Status: MARRIED
Exemptions/Allowances:
 FEDERAL: 0
 STATE: No State Income Tax

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Fold and Detach Here

1 Wages, tips, other comp. 25865.65	2 Federal income tax withheld 2192.29		
3 Social security wages 25865.65	4 Social security tax withheld 1603.67		
5 Medicare wages and tips 25865.65	6 Medicare tax withheld 375.05		
d Control number 103096 70/144	Dept. 197069	Corp. T	Employer use only 41

c Employer's name, address, and ZIP code
TAYLOR BEAN & WHITAKER
 315 NE 14TH STREET
 OCALA FL 34470

b Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 25865.65	2 Federal income tax withheld 2192.29		
3 Social security wages 25865.65	4 Social security tax withheld 1603.67		
5 Medicare wages and tips 25865.65	6 Medicare tax withheld 375.05		
d Control number 103096 70/144	Dept. 197069	Corp. T	Employer use only 41

c Employer's name, address, and ZIP code
TAYLOR BEAN & WHITAKER
 315 NE 14TH STREET
 OCALA FL 34470

b Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits

11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 25865.65	2 Federal income tax withheld 2192.29		
3 Social security wages 25865.65	4 Social security tax withheld 1603.67		
5 Medicare wages and tips 25865.65	6 Medicare tax withheld 375.05		
d Control number 103096 70/144	Dept. 197069	Corp. T	Employer use only 41

c Employer's name, address, and ZIP code
TAYLOR BEAN & WHITAKER
 315 NE 14TH STREET
 OCALA FL 34470

b Employer's FED ID number 20-8638844	a Employee's SSA number 263-96-3939
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits

11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
KATHERINA L HENDERSON
 1904 A WEST GLENEAGLES RD
 OCALA FL 34472

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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Instructions for Employee

- 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 is also included in box 1. You must complete Schedule 2 (Form 1040A) or 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 2009, 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.
- 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.
- E—**Elective deferrals under a section 403(b) salary reduction agreement
- F—**Elective deferrals under a section 408(k)(6) salary reduction SEP
- G—**Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
- 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.
- L—**Substantiated employee business expense reimbursements (nontaxable)
- 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.
- 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

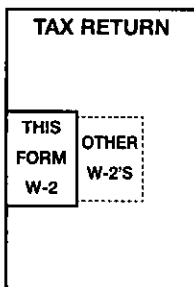
- on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
- S—**Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
- T—**Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
- V—**Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)
- W—**Employer contributions 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 under a section 401(k) plan.
- BB—**Designated Roth contributions under a section 403(b) plan.
- 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.
- 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.**
- Department of The Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 2009 if (a) you do not have a qualifying child and you earned less than \$13,440 (\$18,440 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,463 (\$40,463 if married filing jointly), (c) you have two qualifying children and you earned less than \$40,295 (\$45,295 if married filing jointly), or (d) you have three or more qualifying children and earned less than \$43,279 (\$48,279 if married filing 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 \$1,826 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 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 those on your social security card, you should ask for a new card

that displays your correct name at any SSA office or by calling 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2009 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 Publication 505, Tax Withholding and Estimated Tax.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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