

1 Control number 001309 WDP		OMB No. 1545-0008		Co. code WDP	Corp. code ABAA	Department 180	File number 001309		
2 Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP, INC. 2000 WEST 41ST STREET BALTIMORE MD 21211				6 Statutory Employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension Plan <input checked="" type="checkbox"/> Legal Rep. <input type="checkbox"/> 542 Emp. <input type="checkbox"/> Sub-Total <input type="checkbox"/> Deferred Compensation <input checked="" type="checkbox"/> Void <input type="checkbox"/>					
				7 Allocated tips			8 Advance EIC payment		
				9 Federal income tax withheld			10 Wages, tips, other compensation		
3 Employer's ID number 52-1494660		4 Employer's state ID number 04003940		11 Social security tax withheld		12 Social security wages			
5 Employee's SSA number 215-92-3389				13 Social security tips		14 Medicare wages and tips			
19 Employee's name, address, and ZIP code ROBERT E SMITH 6309 BLACKBURN CT BALTIMORE MD 21212				15 Medicare tax withheld		16 Nonqualified plans			
				17 See instrs. for Form W-2 401c D C		18 Other			
20		21		22 Dependent care benefits		23 Benefits included in Box 10			
24 State income tax		25 State wages, tips, etc.		26 Name of state MD MW509		27 Local income tax			
						28 Local wages, tips, etc.			
						29 Name of locality			

Copy D For Employer

Dept. of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 1992

For Paperwork Reduction Act Notice and instructions for completing this form, see separate instructions.

a Control number 001309 WDP	<input type="checkbox"/> Void	Co code WDP	Corp. code ABAA	Department 180	File number 001309
b Employer's identification number 52-1494660	1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]		
c Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP , INC. 2000 WEST 41ST STREET BALTIMORE MD 21211	3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]		
	5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]		
	7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]		
d Employee's social security number 215-92-3389	9 Advance EIC payment [REDACTED]		10 Dependent care benefits [REDACTED]		
e Employee's name, address, and ZIP code ROBERT E SMITH 2070 GEIST ROAD GLYNDON MD 21071	11 Nonqualified plans [REDACTED]		12 Benefits included in Box 1 [REDACTED]		
	13 See Instrs. for Form W-2 [REDACTED]		14 Other [REDACTED]		
	15 Statutory Employee <input type="checkbox"/>		Deceased Pension Plan <input checked="" type="checkbox"/>	Legal Rep. <input type="checkbox"/>	542 Emp. <input type="checkbox"/>
16 State Employer's state I.D. No. MD	17 State Wages, tips etc. [REDACTED]	18 State income tax [REDACTED]	19 Locality Name	20 Local wages, tips, etc.	21 Local income tax

E
For **W-2** Wage and Tax Statement **1993**
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Dept. of the Treasury-Internal Revenue Service
For Paperwork Reduction Act Notice,
see separate instructions.

OMB No. 1545-0008

FJS0006

001303 WDP		WDP		ACAA		180		001303															
2 Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP, INC. 2000 WEST 41ST STREET BALTIMORE MD 21211				6 Statutory Employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>		Legal Rep. <input type="checkbox"/>		942 Emp. <input type="checkbox"/>		Sub-Total Compensation <input type="checkbox"/>		Deferred Void Compensation <input checked="" type="checkbox"/>							
3 Employer's ID number 52-1494660				4 Employer's state ID number 04003940				7 Allocated tips				8 Advance EIC payment											
5 Employee's SSA number 213-54-1652				11 Social security tax withheld				12 Social security wages				9 Federal income tax withheld				10 Wages, tips, other compensation							
19 Employee's name, address, and ZIP code DAVID D SMITH 802 HILLSTEAD DRIVE LUTHERVILLE, MD 21093				13 Social security tips				14 Medicare wages and tips				15 Medicare tax withheld				16 Nonqualified plans							
20				21				22 Dependent care benefits				23 Benefits included in Box 10				17 See Instrs. for Form W-2 D				18 Other			
24 State income tax		25 State wages, tips, etc.		26 Name of state		27 Local income tax		28 Local wages, tips, etc.		29 Name of locality		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]					

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Dept. of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 1991

1 Control number 001304 WDP		OMB No. 1545-0008		Co. code WDP		Corp. code ACAA		Department 180		File number 001304													
2 Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP, INC. 2000 WEST 41ST STREET BALTIMORE MD 21211				6 Statutory Employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension Plan <input checked="" type="checkbox"/>		Legal Rep. <input type="checkbox"/>		942 Emp. <input type="checkbox"/>		Sub-Total Compensation <input type="checkbox"/>		Deferred Void Compensation <input checked="" type="checkbox"/>							
3 Employer's ID number 52-1494660				4 Employer's state ID number 04003940				7 Allocated tips				8 Advance EIC payment											
5 Employee's SSA number 213-54-1651				11 Social security tax withheld				12 Social security wages				9 Federal income tax withheld				10 Wages, tips, other compensation							
19 Employee's name, address, and ZIP code FREDERICK G. SMITH 1109 DULANEY GATE CIRCLE COCKESVILLE, MD 21030				13 Social security tips				14 Medicare wages and tips				15 Medicare tax withheld				16 Nonqualified plans							
20				21				22 Dependent care benefits				23 Benefits included in Box 10				17 See Instrs. for Form W-2 D				18 Other			
24 State income tax		25 State wages, tips, etc.		26 Name of state		27 Local income tax		28 Local wages, tips, etc.		29 Name of locality		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]					

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Dept. of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 1991

FJS0011

Federal Communications Commission

Docket No. 93 94 Exhibit No. 407A5

Presented by Scot Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter P. McNally

Date 9/13/94

1 Control number 001303 WDP		OMB No. 1545-0008		Co. code WDP	Corp. code ABAA	Department 180	File number 001303
2 Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP, INC. 2000 WEST 41ST STREET BALTIMORE MD 21211				6 Statutory Employee <input type="checkbox"/> Deceased Pension Plan <input checked="" type="checkbox"/> Legal Rep. <input type="checkbox"/> 942 Emp. <input type="checkbox"/> Sub-Total Compensation <input type="checkbox"/> Deferred Void <input checked="" type="checkbox"/>			
				7 Allocated tips		8 Advance EIC payment	
3 Employer's ID number 52-1494660		4 Employer's state ID number 04003940		9 Federal income tax withheld [REDACTED]		10 Wages, tips, other compensation [REDACTED]	
5 Employee's SSA number 213-54-1652		11 Social security tax withheld [REDACTED]		12 Social security wages [REDACTED]		13 Social security tips [REDACTED]	
19 Employee's name, address, and ZIP code DAVID D SMITH 802 HILLSTEAD DRIVE LUTHERVILLE MD 21093				14 Medicare wages and tips [REDACTED]		15 Medicare tax withheld [REDACTED]	
				16 Nonqualified plans		17 See instrs. for Form W-2 C [REDACTED] D [REDACTED]	
20 [REDACTED]		21 [REDACTED]		22 Dependent care benefits		23 Benefits included in Box 10 [REDACTED]	
24 State income tax [REDACTED]	25 State wages, tips, etc. [REDACTED]	26 Name of state MD MW509		27 Local income tax	28 Local wages, tips, etc.	29 Name of locality	

Copy D For Employer

Dept. of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 1992

For Paperwork Reduction Act Notice and instructions for completing this form, see separate instructions.

001303 WDP		WDP		ABAA	180	File number 001303	
b Employer's identification number 52-1494660				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code SINCLAIR BROADCAST GROUP INC. 2000 WEST 41ST STREET BALTIMORE MD 21211				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 Employee's social security number 213-54-1652				9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, address, and ZIP code DAVID D SMITH 802 HILLSTEAD DRIVE LUTHERVILLE MD 21093				11 Nonqualified plans		12 Benefits included in Box 1	
				13 See Instrs. for Form W-2		14 Other	
				15 Statutory Employee <input type="checkbox"/>		Deceased Pension Plan <input type="checkbox"/>	
						Legal Rep. <input type="checkbox"/>	
						942 Emp. <input type="checkbox"/>	
						Sub-Total Compensation <input type="checkbox"/>	
						Deferred Compensation <input checked="" type="checkbox"/>	
16 State Employer's state I.D. No. MD		17 State Wages, tips etc.		18 State income tax		19 Locality Name	
						20 Local wages, tips, etc	
						21 Local income tax	

FOR W-2 Wage and Tax Statement 1993
Copy D For Employer

Dept. of the Treasury-Internal Revenue Service
For Paperwork Reduction Act Notice,
see separate instructions.

OMB No. 1545-0008

FJS0005

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1990

1 Type or print your first name and middle initial FREDERICK G.		Last name Smith		2 Your social security number 213-54-1651	
Home address (number and street or rural route) 1109 DUMAINEY GATE CIRCLE		3 Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>		4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) 5 Additional amount, if any, you want deducted from each pay	
City or town, state, and ZIP code COCKEYSVILLE, MARYLAND 21030					
6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$500 and includes nonwage income, another person cannot claim me as a dependent. 					
If you meet all of the above conditions, enter the year effective and "EXEMPT" here ► 6 19					
7 Are you a full-time student? (Note: Full-time students are not automatically exempt.) 7 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature ► 		Date ► 7-1-90		. 19	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS)		9 Office code (optional)	10 Employer identification number		

Federal Communications Commission

Docket No. 93-94 Exhibit No. 407A136

Presented by Scupper Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter P. M. [unclear]

Date 9/13/94

1992 Form W-4



Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1993.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure

the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form

W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1992?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet For 1992, the value of your personal exemption(s) is reduced if your income is over \$105,250 (\$157,900 if married filing jointly, \$131,550 if head of household, or \$78,950 if married filing separately). Get Pub. 919 for details.

- A Enter "1" for yourself if no one else can claim you as a dependent. A
- B Enter "1" if:
 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.B 1
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld). C 1
- D Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return. D 1
- E Enter "1" if you will file as head of household on your tax return (see conditions under "Head of Household," above). E 1
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. F 1
- G Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. G 43

For accuracy, do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed \$29,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.</p>	OMB No. 1545-0010 1992
1 Type or print your first name and middle initial <u>ROBERT E.</u> Last name <u>SMITH</u>		2 Your social security number <u>215-92-3387</u>
Home address (number and street or rural route) <u>6309 BLACKBURN CT</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>
City or town, state, and ZIP code <u>BALTIMORE MD 21212</u>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information <input type="checkbox"/>
5 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) <u> 43 </u>		6 <u> S </u>
7 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$600 and includes nonwage income, another person cannot claim me as a dependent. 		[Shaded area]
If you meet all of the above conditions, enter the year effective and "EXEMPT" here <u> 7 </u> <u> 19 </u>		
8 Are you a full-time student? (Note: Full-time students are not automatically exempt.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		
Employee's signature ▶ <u>[Signature]</u>		Date ▶ <u>10/16</u> , 19 <u>92</u>
9 Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS)		10 Office code (optional)
11 Employer identification number		

Federal Communications Commission

Docket No. 93-94 Exhibit No. 40 TAB 7

Presented by Scipio Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter J. M. Kelly

Date 9/12/94

Form **W-4**
(Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

Print your full name ▶ DAVID D. SMITH Your social security number ▶ 713 54 1652

Address (including ZIP code) ▶ 5504 NORMANDY PLACE

Marital status: Single Married Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the single block.

1 Total number of allowances you are claiming (from line F of the worksheet on page 2)

2 Additional amount, if any, you want deducted from each pay (if your employer agrees) \$

3 I claim exemption from withholding because (see instructions and check boxes below that apply):

- a Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
- b This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both

a and b apply, enter "EXEMPT" here ▶

c If you entered "EXEMPT" on line 3b, are you a full-time student? Yes No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ David D. Smith Date ▶ 7-984, 19

Employer's name and address (including ZIP code) (FOR EMPLOYER'S USE ONLY) Employer identification number

Federal Communications Commission

Docket No. 93-94 Exhibit No. 10

Presented by Seasparrow Associates

Disposition

Identified	<u>9/13/94</u>
Received	<u>9/13/94</u>
Rejected	

Reporter John M. Huddy

Date 9/13/94

Print your full name FREDERICK GERSTELL Smith Year social security number 213 54 1651
Address (including zip code) 1109 Dulaney Gate Circle, Cockeysville MD Resident of County or Baltimore City 21030

- Total number of exemptions you are claiming from worksheet below 0
- Additional withholding per pay period under agreement with employer 0
- I claim exemption from withholding because (see instructions below and check boxes below that apply)
 - last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - this year I do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.
 If you checked both boxes above, enter "Exempt" here _____
 If you entered "Exempt", are you a full-time student? yes no

4. Certification of Non-Residence in the State of Maryland (see instructions on reverse side)
I certify that I am not domiciled in the State of Maryland and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is:

City, town, or post office address _____ County _____ State _____

Enter "Exempt" here _____
Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on Line 1 above or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or Line 4 (whichever applies).

Employee's Signature [Signature] Date 7-5-92
Employer's name and address (including zip code) (For Employer's Use Only) _____ Employer Identification No. _____

Detach along this line

Worksheet and Instructions

- Line 1**
- Number of personal exemptions (as authorized on Federal Form W-4) 0
 - Number of exemptions for dependents (as authorized on Federal Form W-4) 0
 - Number of additional exemptions for dependents over 65 years of age 0
 - Number of additional exemptions for excess itemized deductions 0
 - Total—Add Lines 1 through 4 and enter here and on Line 1 (Form MW 507) 0

Personal Exemptions—You may claim the following personal exemptions:

- 1—for yourself,
- 1—if you are 65 or older, and
- 1—if you are blind.

If you are married and your spouse either does not work or is not claiming his or her exemption(s) on a separate Form MW 507, you may also claim the following exemptions:

- 1—for your spouse,
- 1—if your spouse is 65 or older, and
- 1—if your spouse is blind.

Exemptions for Dependents—To qualify as your dependent, you must be entitled to an exemption for the dependent on your Federal Income Tax Return for the corresponding taxable year.

Additional Exemptions for Dependents Over 65 Years of Age—An additional exemption is allowed for dependents as defined above who are 65 years of age or older.

Additional Exemptions for Excess Itemized Deductions—You may claim additional withholding exemptions for excess itemized deductions based upon your prior year tax return. One additional withholding exemption is permitted for each \$800 of itemized deductions that exceeded the standard deduction allowance for the prior year. The total number of additional exemptions may not exceed the total number of additional exemptions that would have been permitted for the preceding tax year.

Line 2

Additional Withholding Per Pay Period Under Agreement with Employer—If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on Line 2.

come tax and had a right to a full refund of any tax withheld; and (b) this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

Line 3

Who May Claim the Exemption from Withholding of Income Tax—You may be entitled to claim an exemption from the withholding of Maryland income tax if: (a) last year you did not owe any Maryland in-

Requirements for Filing Form 502/503—An income tax return must be filed with the State of Maryland by every individual resident of this State who, by the

Print your full name Robert Edward Smith Your social security number 215 92 3389
 Address (including zip code) 6103 Allwood rd; BALT. 21210 Resident of County Baltimore
 1. Total number of exemptions you are claiming from worksheet below 0
 2. Additional withholding per pay period under agreement with employer _____
 3. I claim exemption from withholding because (see instructions below and check boxes below that apply)
 last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 this year I do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.
 If you checked both boxes above, enter "Exempt" here _____
 If you entered "Exempt", are you a full-time student? yes no
 4. Certification of Non-Residence in the State of Maryland (see instructions on reverse side)
 I certify that I am not domiciled in the State of Maryland and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is:

 City, town, or post office address County State
 Enter "Exempt" here _____
 Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on Line 1 above or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 of this form where applicable.
 Employee's Signature Robert E. Smith Date 6-9-86
 Employer's name and address (including zip code) (For Employer's Use Only) Employer Identification No. _____

----- Detach along this line -----
Worksheet and Instructions

- Line 1**
1. Number of personal exemptions (as authorized on Federal Form W-4)..... _____
 2. Number of exemptions for dependents (as authorized on Federal Form W-4)..... _____
 3. Number of additional exemptions for dependents over 65 years of age..... _____
 4. Number of additional exemptions for excess itemized deductions..... _____
 5. Total—Add Lines 1 through 4 and enter here and on Line 1 (Form MW 507)..... _____

Personal Exemptions—You may claim the following personal exemptions:
 1—for yourself,
 1—if you are 65 or older, and
 1—if you are blind.
 If you are married and your spouse either does not work or is not claiming his or her exemption(s) on a separate Form MW 507, you may also claim the following exemptions:
 1—for your spouse,
 1—if your spouse is 65 or older, and
 1—if your spouse is blind.

Exemptions for Dependents—To qualify as your dependent, you must be entitled to an exemption for the dependent on your Federal Income Tax Return for the corresponding taxable year.

Additional Exemptions for Dependents Over 65 Years of Age—An additional exemption is allowed for dependents as defined above who are 65 years of age or older.

Additional Exemptions for Excess Itemized Deductions—You may claim additional withholding exemptions for excess itemized deductions based upon your prior year tax return. One additional withholding exemption is permitted for each \$800 of itemized deductions that exceeded the standard deduction allowance for the prior year. The total number of additional exemptions may not exceed the total number of additional exemptions that would have been permitted for the preceding tax year.

Line 2
Additional Withholding Per Pay Period Under Agreement with Employer—If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on Line 2.
Line 3
Who May Claim the Exemption from Withholding of Income Tax—You may be entitled to claim an exemption from the withholding of Maryland income tax if: (a) last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; and (b) this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

Requirements for Filing Form 502/503—An income tax return must be filed with the State of Maryland by every individual resident of this State who, by the

Federal Communications Commission

Docket No. 93-94 Exhibit No. 407A131

Presented by Scupperdon Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter P. M. Kelly

Date 9/17/94

Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.
▶ See separate instructions.

1991

This Form is Open to
Public Inspection.

For the calendar plan year 1991 or fiscal plan year beginning January 1, 1991, and ending December 31, 1991

A If (1) through (4) do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

For IRS Use Only
EP-ID

- (1) the first return/report filed for the plan;
- (2) an amended return/report.

- (3) the final return/report filed for the plan; or
- (4) a short plan year return/report (less than 12 months).

Information in 1a through 6b is used to identify your employee benefit plan. Check it for accuracy and make any necessary corrections. Also complete any incomplete items in 1a through 6b. This page must accompany your completed return/report.

- 3 IF YOU MADE ANY CHANGES TO THE PREPRINTED INFORMATION OR FILLED IN ANY INCOMPLETE INFORMATION IN 1a THROUGH 6b BELOW, CHECK HERE. ▶
- 3 If your plan year changed since the last return/report, check this box ▶
- 3 If you filed for an extension of time to file this return/report, check this box and attach a copy of the extension ▶

1a Name and address of plan sponsor (employer, if for a single-employer plan) (address should include room or suite no.)

SINCLAIR BROADCAST GROUP, INC.
2000 W. 41ST STREET
BALTIMORE MD 21211

1b Employer identification number
52-1494660

1c Sponsor's telephone number
(410)467-4545

1d Business code (see instructions, page 18)
4830

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

SAME

2b Administrator's employer identification no.

2c Administrator's telephone number

3 If you are not filing a page one with the historical plan information preprinted and the name, address and EIN of the plan sponsor or plan administrator is different than that on the last return/report filed for this plan, enter the information from the last return/report in a and/or b and complete c.

a Sponsor EIN Plan number

b Administrator EIN

c If a indicates a change in the sponsor's name, address and EIN, is this a change in sponsorship only? (See instruction 3c for definition of sponsorship.) Enter "Yes" or "No."

Enter the applicable plan entry code listed in the instructions for line 4 on page 8. ▶ **A**

a(1) Name of plan ▶ SINCLAIR BROADCAST GROUP, INC.
401(K) PROFIT SHARING PLAN

(2) Does this plan cover self-employed individuals? (Enter "Yes" or "No.") ▶ **No**

Sb Effective date of plan (mo., day, yr.)
01/01/88

Sc Enter three-digit plan number ▶ 001

4 If filers must complete 6a, 6b, and 6c as applicable.

a(1) Welfare or fringe benefit plan (Enter the applicable codes from page 8 of the instructions in the boxes.) ▶

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(2) If you entered a code M, N, or O is the plan funded (see instructions)? ▶ Yes No

b Pension benefit plan (Enter the applicable pension codes from page 8 of the instructions.) ▶ **2A**

Be sure to include all required schedules and attachments. This page must accompany your completed return/report.
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor DAVID B. AMY Date 6/18/92

or print name of individual signing for employer/plan sponsor DAVID B. AMY

Signature of plan administrator David B. Amy Date 6/18/92

or print name of individual signing for plan administrator

For Paperwork Reduction Act Notice, see page 1 of the instructions. Form 5500 (1991)

Federal Communications Commission

Docket No. 93-94 Exhibit No. 407A(11)

Presented by Seamus Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter P. M. Tuley

Date 9/12/94

- 6c Other plan features (if you check box (1) or (2), attach Schedule E (Form 5500)): (1) ESOP (2) Leveraged ESOP
- (3) Participant-directed account plan (4) Pension plan maintained outside the United States
- (5) Master Trust (see instructions) (6) 103-12 investment entity (see instructions)
- (7) Common/collective trust (8) Pooled separate account

d Single-employer plans enter the tax year end of the employer in which this plan year ends Month 12 Day 31 Year 91 Yes No

e Is the employer a member of an affiliated service group? Yes No

f Does this plan contain a cash or deferred arrangement described in Code section 401(k)? Yes No

7 Number of participants as of the end of the plan year (welfare plans complete only a(4), b, c, and d):

a Active participants:	(1) Number fully vested	a(1)	84	
	(2) Number partially vested	a(2)	67	
	(3) Number nonvested	a(3)	4	
	(4) Total	a(4)	155	
b Retired or separated participants receiving benefits	b		0	
c Retired or separated participants entitled to future benefits	c		50	
d Subtotal (add a(4), b, and c)	d		205	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e		0	
f Total (add d and e)	f		205	
g Number of participants with account balances (Defined benefit plans do not complete this line item)	g		205	

h (1) Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached to this form? (See instructions.) Yes No

(2) If "Yes," enter the number of separated participants required to be reported N(1) X

8a Was this plan amended in this plan year or any prior plan year? If "No," go to item 9a Yes No

b If a is "Yes," enter the date the most recent amendment was adopted. Month 12 Day 31 Year 91

If the date in b is in the plan year for which this return/report is filed, complete c through f

c Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participants? Yes No

d Did any amendment during the current plan year provide former employees with an additional allocation or accrual this year? Yes No

e During this plan year did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of amendment? Yes No

f If e is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in e been both furnished to participants and filed with the Department of Labor? Yes No

9a Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year Yes No

b Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC? N/A

c Was a resolution to terminate this plan adopted during this plan year or any prior plan year? Yes No

d If a or c is "Yes," have you received a favorable determination letter from IRS for the termination? N/A

e If d is "No," has a determination letter been requested from IRS? N/A

f If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination? N/A

g If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC? N/A

h During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due? Yes No

i If h is "Yes," enter the amount of tax paid with your Form 5330 \$

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If "No," go to item 11. Yes No

If "Yes," identify other plan(s) b Name of plan(s) c Employer identification number(s) d Plan number(s)

e Has Form 5310 or 5310-A been filed? Yes No

11 Enter the plan funding arrangement code from page 9 of the instructions 1

12 Enter the plan benefit arrangement code from page 9 of the instructions 1

13a Is this a plan established or maintained pursuant to one or more collective bargaining agreements? Yes No

b If a is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions):

(1) (2) (3)

14 If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "-0-"