

IV. Asset Information: PLEASE LIST ASSET ACCOUNTS (401K, PENSION, IRA, MUTUAL FUNDS, STOCKS/BONDS) AND CHECKING/SAVINGS ACCOUNT BALANCES AND NUMBERS.

| Name of Institution: | Account Type: | Account #: | Balance: |
|----------------------|---------------|-------------------------|----------|
| 1. Bank of America | Savings | 004675526407 | \$ 9,200 |
| 2. Paypal | checking | by #11111111 | \$ 930 |
| 3. Bank of America | Checking | 004654223271 | \$ 1,155 |

VI. Rental Properties/Second Home Info: PLEASE LIST ADDITIONAL PROPERTIES & INFO ON A SEPARATE SHEET OF PAPER

| | | |
|----------------------|----------------------|-----------------|
| Address: | State: | Zip Code: |
| Date Purchase: | | Purchase price: |
| Present Market Value | | |
| Rental Income: | | |
| Mortgage payment: | Taxes/Insurance/HOA: | |

VII. Declarations:

| | Borrower: | Co-Borrower |
|---|--------------------------------------|-------------|
| a. Are there any outstanding judgments against you? | Y <input checked="" type="radio"/> N | Y N |
| b. Have you been declared bankrupt within the past 7 years? Discharge Date? | Y <input checked="" type="radio"/> N | Y N |
| c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years? | Y <input checked="" type="radio"/> N | Y N |
| d. Are you party to a lawsuit? | Y <input checked="" type="radio"/> N | Y N |
| e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? | Y <input checked="" type="radio"/> N | Y N |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? | Y <input checked="" type="radio"/> N | Y N |
| g. Are you obligated to pay alimony, child support, or separate maintenance? | Y <input checked="" type="radio"/> N | Y N |
| h. Is any part of the down payment borrowed? | Y <input checked="" type="radio"/> N | Y N |
| i. Are you a co-maker or endorser on a note? | Y <input checked="" type="radio"/> N | Y N |
| j. Are you a US Citizen? | <input checked="" type="radio"/> Y N | Y N |
| k. If you answered No to the last question, are you a permanent resident alien? | Y N | Y N |
| l. Do you intend to occupy the property as your primary residence? | <input checked="" type="radio"/> Y N | Y N |
| m. Have you had an ownership interest in a property in the last three (3) years? | Y N | Y N |
| 1. What type of property did you own---Principal Residence (PR), Second Home (SH), or investment property (IP)? | _____ | _____ |
| 2. How did you hold title to the home---solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? | _____ | _____ |

VIII. Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether or not you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under application state law for the particular type of loan applied for.)

| | |
|--|---|
| BORROWER <input type="checkbox"/> I do not wish to furnish this information | CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White | Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |

Thank you for taking the time to fill out this application. I will input the information into my loan origination software and then check your credit. At that time I will call to gather any more information I may need. Each borrower is very unique and some of the information in this application may or may not be used to qualify you with a bank. It is always best to start out with the most information possible and it is my job to determine what loan programs will fit your needs. I truly appreciate your business and look forward to working with you.

Thank you,
Steve Miksta
Guaranteed Rate

Borrower name(s): Brian Cullinan

Current address: 9259 E Raintree Dr
Scottsdale, AZ 85260

Loan Officer Name:
Steve Miksta

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION DISCLOSURE

To Whom It May Concern:

I/We have applied for a mortgage loan from Guaranteed Rate, Inc. As part of the application process, Guaranteed Rate, Inc. and the guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program, and such information is subject to re-verification after the date of the loan disbursement.

I/We authorize you to provide to Guaranteed Rate, Inc., and to any investor to whom Guaranteed Rate, Inc. may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they may request. Such information shall include, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; copies of income tax returns; and rental/mortgage verifications.

Guaranteed Rate, Inc. or any investor that purchases the mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.

I/We understand and agree that Guaranteed Rate, Inc. reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.

I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014. A copy of this authorization may be accepted as an original. Your prompt reply to Guaranteed Rate, Inc., the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.

Applicant Name Brian Cullinan

Co-Applicant Name


Applicant Signature & Date

Co-Applicant Signature & Date

THE MORTGAGE CONCIERGE PROGRAM

Important Contact Information

What is your preferred method of communication (Circle One)? Phone Email Text

It would be helpful during this process to know if you will be unavailable or out of town at any point. Please list any dates below:

Date: _____ to _____ Date: _____ to _____

Are there any Financial Professionals whose input/assistance (e.g. CPA, Financial Planner, Trust Attorney, Insurance Agent) we may need in order to facilitate closing? _____ If yes, please provide name and number/email.

Name: Jeff Kalina ^{Realtor} Phone #: 602-625-4222 Email: jeffkalina@cox.net

Name: _____ Phone #: _____ Email: _____

Please provide all Human Resource Managers for any employers.

Name: Mike Stowell Phone #: 480-477-5242 Email: mstowell@epicdiagnostics.com

Name: _____ Phone #: _____ Email: _____

Please list any friends or family that might be looking to refinance or purchase a home and would be interested in receiving some assistance and information from me.

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

In addition, I'd like to get to know a little more about you. Please complete the information below. It will only be used to enhance the service I provide for you.

What are the ages and names of your children?

Favorite Restaurant: True Food

Favorite Store: Barneys NY

Favorite Past-time: Writing Code

Hobbies: Electrical engineering

Favorite Gift Card: Amazon

Sports Team: Buckeyes

Travel Destination: Virgin Islands

Organizations: Wikipedia

I. Borrower Information:

CoBorrower:

| | |
|---|--|
| Full Name: <u>Brian James Cullinan</u> | Full Name: |
| Date of Birth: <u>11/12/1986</u> | Date of Birth: |
| Social Security Number: <u>270-86-4986</u> | Social Security Number: |
| Home Phone: | |
| Cell Phone: <u>480-466-0856</u> | Cell Phone: |
| Fax Number: | |
| Email Address: <u>bjcullinan@gmail.com</u> | Email Address: |
| Years in School: <u>5</u> | Years in School: |
| Number & Age of Dependents: | Number & Age of Dependents: |
| Are you currently legally married? Yes or <u>No</u> | Tax Returns Filed Jointly (if married)? Yes or No Have any extensions been filed? Yes or No |

II. Residential Information:

| | |
|--|----------------------------------|
| Present Address: <u>9259 E Aintree Dr</u> | |
| Present City, State, Zip Code: <u>Scottsdale Az 85260</u> | |
| Length of time at this address: <u>9 months</u> | Rent or Own: <u>Rent</u> |
| Monthly Payment: <u>\$935</u> | Taxes: |
| Balance on the mortgage(s): | Original Purchase Price: |
| Home Owner's Ins. Company: <u>State Farm</u> | Present Market Value: |
| Agent's Name: <u>Jeremy Mueller</u> | Phone: |
| HOA Name: | Insurance Monthly: |
| HOA Contact Name: | Monthly dues: |
| HOA Phone #: | |
| Previous Addresses (if you have lived at your current residence for less than two years)*: | |
| Address: <u>3200 S Litzler Dr</u> | |
| City: <u>Flagstaff</u> | State, Zip Code: <u>Az 86001</u> |
| Move in/out dates: <u>May 2006 - Jan 2011</u> | Rent or Own: <u>Rent</u> |

III. Employment Information*: PROVIDE ALL BORROWER'S EMPLOYMENT INFORMATION, IF NEEDED USE EXTRA PAGE

| | | | |
|---|-------------------------------------|------------------------------------|---------------------------|
| Borrower: | | Co-Borrower: | |
| Name of Company: <u>Epic Diagnostics</u> | Position: <u>Software</u> | Name of Company: | Position: |
| Address: <u>8501 E Princess Dr. Suite 100</u> | Address: | | |
| City: <u>Scottsdale</u> | Zip Code: <u>85255</u> | City: | Zip Code: |
| Phone: <u>480-477-5242</u> | Phone: | | |
| Income (gross monthly): <u>\$4166</u> | Income (gross monthly): | | |
| Start Date: <u>Feb 15th</u> | Yrs in this line of Work: <u>14</u> | Start Date: | Yrs in this line of Work: |
| Which do you file? W2's or 1099's: | Additional income: | Which do you file? W2's or 1099's: | Additional income: |
| Additional income info (commissions, bonuses): | | | |
| *Please list the same information as above for previous employers if your employment info given does not cover two years. | | | |
| Company: <u>CEFNS @ NAU</u> | Position: <u>Student Worker</u> | Company: | Position: |
| Address: <u>2112 S Huffer Ln</u> | Zip: <u>86011</u> | Address: | Zip: |
| Phone: <u>Pete Gomersall 928-523-2408</u> | Phone: | | |
| Dates From: <u>2006</u> To: <u>2000</u> | Income: <u>8,000+</u> | Dates From: | To: Income: |

EPIC RESEARCH & DIAGNOSTIC INC
8501 E PRINCESS DR STE 100
SCOTTSDALE AZ 85255

0075-HY77
100 Payroll

Payrolls by Paychex, Inc.

BRIAN J CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 85255

VOID

VOID

PERSONAL AND CHECK INFORMATION

Brian J Cullinan
7572 E Buteo Dr
Scottsdale, AZ 85255

Soc Sec #: xxx-xx-4986 **Employee ID:** 15
Home Department: 100 Payroll

Pay Period: 12/16/11 to 12/31/11
Check Date: 12/30/11 **Check #:** 10445

NET PAY ALLOCATIONS

| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
|----------------|------------------|-----------------|
| Check Amount | 0.00 | 1069.58 |
| Chkg 3271 | 1706.25 | 34125.00 |
| NET PAY | 1706.25 | 35194.58 |

EARNINGS

| DESCRIPTION | HRS/UNITS | RATE | THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
|-----------------|-----------|------|------------------|-----------|----------|
| Regular | | | 2083.33 | | 42916.60 |
| EARNINGS | | | 2083.33 | | 42916.60 |

WITHHOLDINGS

| DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | YTD (\$) |
|-----------------|---------------|------------------|----------------|
| Social Security | | 87.50 | 1802.50 |
| Medicare | | 30.21 | 622.33 |
| Fed Income Tax | S 3 | 221.87 | 4524.69 |
| AZ Income Tax | 1.8% | 37.50 | 772.50 |
| TOTAL | | 377.08 | 7722.02 |

NET PAY

| THIS PERIOD (\$) | YTD (\$) |
|------------------|----------|
| 1706.25 | 35194.58 |

Payrolls by Paychex, Inc.

OMB No. 1545-0008
d Control Number

| | |
|-----------------------------------|--------------------------------|
| 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| 8134.50 | 110.97 |
| 3 Social security wages | 4 Social security tax withheld |
| 2316.00 | 143.59 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 2316.00 | 33.58 |

b Employer identification number (EIN)
74-2579628
c Employer's name, address and ZIP code
NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

| | | |
|----------------------------|-----------------------|-----------------------|
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code |
| 12b Code | 12c Code | 12d Code |
| 13 Statutory employee | 14 Other | |

e Employee's name, address and ZIP code
BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 852552010
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 8134.50 |

Wage and Tax Statement

Copy C For EMPLOYEE'S
RECORDS (See Notice to
Employee on back of Copy B.)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 ServiceOMB No. 1545-0008
d Control Number

| | |
|-----------------------------------|--------------------------------|
| 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| 8134.50 | 110.97 |
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| 2316.00 | 143.59 |
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74-2579628
c Employer's name, address and ZIP code
NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

| | | |
|----------------------------|-----------------------|-----------------------|
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| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code |
| 12b Code | 12c Code | 12d Code |
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e Employee's name, address and ZIP code
BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 852552010
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 8134.50 |

Wage and Tax Statement

Copy 2 To Be Filed With
Employee's State, City, or
Local Income Tax Return.Department of the Treasury -
Internal Revenue Service

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 8134.50 | 110.97 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 74-2579628 | 2316.00 | 143.59 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 270-86-4986 | 2316.00 | 33.58 |

c Employer's name, address and ZIP code
NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

| | | |
|----------------------------|-----------------------|-----------------------|
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code |
| 12b Code | 12c Code | 12d Code |
| 13 Statutory employee | 14 Other | |

e Employee's name, address and ZIP code
BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 852552010
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 8134.50 |

Wage and Tax Statement

Copy B To Be Filed With
Employee's FEDERAL Tax
Return.This information is being furnished to the
Internal Revenue Service.Department of the Treasury -
Internal Revenue Service

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 8134.50 | 110.97 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 74-2579628 | 2316.00 | 143.59 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 270-86-4986 | 2316.00 | 33.58 |

c Employer's name, address and ZIP code
NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

| | | |
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e Employee's name, address and ZIP code
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7572 E BUTEO DR
SCOTTSDALE AZ 852552010
Form
W-2

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Wage and Tax Statement

Copy 2 To Be Filed With
Employee's State, City, or
Local Income Tax Return.Department of the Treasury -
Internal Revenue Service

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 5069.75 | 19.39 |
| b Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 74-2579628 | 750.00 | 46.50 |
| a Employee's social security number | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 270-86-4986 | 750.00 | 10.88 |

c Employer's name, address and ZIP code

NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

| | | |
|----------------------------|-----------------------|-----------------------|
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment |
| | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code |
| | | |
| 12b Code | 12c Code | 12d Code |
| | | |
| 13 Statutory employee | Retirement plan | Third-party sick pay |
| | | |
| 14 Other | | |

e Employee's name, address and ZIP code

BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 85255

2009
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 5069.75 |

Wage and Tax Statement

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

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

| | |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 3.89 | |
| 19 Local income tax | 20 Locality name |
| | |

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
| d Control Number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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| 74-2579628 | 750.00 | 46.50 |
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c Employer's name, address and ZIP code

NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
FLAGSTAFF AZ 86011-4113

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| | | |
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| | | |
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| | | |
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e Employee's name, address and ZIP code

BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 85255

2009
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 5069.75 |

Wage and Tax Statement

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

| | |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 3.89 | |
| 19 Local income tax | 20 Locality name |
| | |

Department of the Treasury -
Internal Revenue Service

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
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NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
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| 14 Other | | |

e Employee's name, address and ZIP code

BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 85255

2009
Form
W-2

| | | |
|----------|---------------------------|----------------------------|
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. |
| AZ | 74-2579628 | 5069.75 |

Wage and Tax Statement

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

This information is being furnished to the Internal Revenue Service.

Department of the Treasury -
Internal Revenue Service

| | |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 3.89 | |
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| | |

OMB No. 1545-0008

| | | |
|--|-----------------------------------|--------------------------------|
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NORTHERN ARIZONA UNIVERSITY
PO BOX 4113
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BRIAN JAMES CULLINAN
7572 E BUTEO DR
SCOTTSDALE AZ 85255

2009
Form
W-2

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Wage and Tax Statement

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Department of the Treasury -
Internal Revenue Service