

## MOVE OUT NOTICE

I hereby advise this apartment community Broadstone Scottsdale Homes that I will vacate my apartment # 2164 on 3/22/2012 for the following reason(s): Expired lease.

The date given above is a definite vacating date, and you (the owner's agent) are hereby authorized to show the above mentioned apartment to prospective residents by appointment, if you so desire.

Should I subsequently wish to cancel or extend my notice to a later date, I will contact you immediately, either in person or through a written request. If my apartment has already been re-rented to a new resident by the time I make such a request, I understand that it may be impossible for you (the owner's agent) to grant this request.

I understand that the giving of this notice does not relieve me of any liability that I may have under my present Lease Agreement.



Resident's Signature

Forwarding Address:

7572 E Butea Dr.  
Scottsdale Az  
85255

**Release of the Security Deposit is subject to the following provisions:**

- All conditions of the Lease Agreement must be fulfilled.
- All keys must be returned.
- Complete vacation of the entire premises on or before move-out date specified on this notice.
- There must be NO damage to the above-mentioned apartment beyond normal wear and tear\*.
- The entire apartment – including the oven, range, refrigerator (defrosted), bathrooms, closets, cabinets, floors and carpets (no spots) – is to be clean.
- All debris and rubbish must have been placed in the appropriate waste containers.
- All rent paid through date of move-out.
- A forwarding address must be provided.

\*Our Standard Charge List appears on the back of this form.

**YOUR SECURITY DEPOSIT IS RETURNED BY A CHECK MAILED TO THE FORWARDING ADDRESS SHOWN ABOVE. THIS CHECK IS ADDRESSED JOINTLY TO ALL PERSONS WHO SIGNED THE LEASE.**

**FOR OFFICE USE ONLY**

Notice received on: 1/19/12 by whom: CMC via fax \_\_\_\_\_ drop box \_\_\_\_\_ in person X

Keys received on: \_\_\_\_\_ by whom: \_\_\_\_\_ drop box \_\_\_\_\_ in person \_\_\_\_\_ in apt /

Full 60 days notice given (Y/N)? Y

Pro-rated amount \$1074.50 through date of: 3.22.12

Cancellation fee owed (Y/N)? N

Original Total Deposit: \$ 0

Damage/Cleaning (see back) \$ \_\_\_\_\_

Cancellation Fee \$ \_\_\_\_\_

Concession Reimbursement \$ \_\_\_\_\_

Remainder of rent through 60 days \$ \_\_\_\_\_

Past Due Total Balance of \$ \_\_\_\_\_ Description: \_\_\_\_\_

Final Balance \$ \_\_\_\_\_

+ DOES NOT INCLUDE UTILITIES  
A CANNOT PAY ONLINE

Amount: \$4,000.00  
Account: 252563602  
Bank Number: 54086010

Sequence Number: 3150348190  
Capture Date: 01/17/2012  
Check Number: 9440039

## CREDIT - Cashier's Check Outstanding

No. 009440039

Notice to Purchaser - In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date

JANUARY 17, 2012

91-1701221  
NAZ

Banking **MAINFRIC 101**  
Center

009440039 00013 0003440039

BRUCE COLLINS

Remitter (Purchased By)

\$\*\*4000.00\*\*

"FOUR THOUSAND DOLLARS AND 00 CENTS"  
Pay

To  
The  
Order "FIRST AMERICAN TITLE"  
Of

03-14-3774B 09-2005

Bank of America, N.A.  
Phoenix, AZ

VOID AFTER 90 DAYS

Authorized Signature

*Not Negotiable*  
Credit Copy

Trans 00132 01/17/2012 09:42 NAZ  
R/T# 540860137 CC 0009979 T1/ 00013  
Account 004675526407  
Document # 9440039

CHKHAB\*\*\*\*\*  
05/15

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

0

Amount: \$4,000.00  
Account: 4675526407  
Bank Number: 54086013

Sequence Number: 3150348191  
Capture Date: 01/17/2012  
Check Number: 0



Name Brian Cullinan  
Address 7572 E Butte Dr  
Scottsdale AZ 85255  
Telephone No. (480) 466 0856

For AZ Use Only 03-14-3075S 05-2008

Checking / Savings Withdrawal - AZ  
Retiro de cuenta de cheques / Ahorros - AZ

DEBIT

Not Negotiable - Withdrawals are permitted  
only through payment to the depositor

No negociable. Se permiten retiros sólo a  
través de pago al depositario

Date / Fecha 1/17/12

4,00 Four Thousand and 00/100 Dollars /  
Dólares

Sig. Brian Cullinan  
Customer Signature / Firma del cliente

Account Number / Número de cuentas

004675526407

Total Withdrawal / Retiro total

4000.00

05408601370 46755264070 000004000000

05/15  
CKC#Z\*\*\*\*\*  
Official Check Sale \$4,000.00  
R/T# 540860137  
Account 004675526407  
Entity NAZ CC 0009979 T1P 00013  
Tran 00132 01/17/2012 09:41

BANK OF AMERICA WA TPE  
1229006614 E2491 01 P01  
01/17/12

3150348191



BANK OF AMERICA, N.A. (THE "BANK")

**Transaction  
History**

LINDA E MCVEY

REGULAR SAVINGS

BRIAN CULLINAN

\*\*\*\* \*\*\*\* 6407

Last Posting Date 01/18/2012

Date/Time Printed 1/19/2012 2:16 PM EST

**Since Last Statement Summary**

Last Statement Date 12/20/2011

Balance Last Statement (\$)	\$8,199.83
Deposits/Credits (+) # 3	\$1,001.83 Holds (-)
Withdrawals/Debits (-) # 1	\$4,000.00 Pending Credits (+)
Available Balance (\$)	\$5,201.66

Some of the information was not available when this page was printed. Please ask your Bank of America banker to assist you  
 Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Type	Amount	Available Balance
Amount included in Available Balance				
01/17/2012	Counter Debit	Debit	-\$4,000.00	\$5,201.66
01/17/2012	Online Banking transfer from CHK 3271 Confirmation# 3773863562	Transfer	\$1,000.00	\$9,201.66
01/09/2012	KEEPTHECHANGE CREDIT FROM ACCT3271 EFFECTIVE 01/06	Keep the Change	\$0.98	\$8,201.66
12/21/2011	KEEPTHECHANGE CREDIT FROM ACCT3271 EFFECTIVE 12/20	Keep the Change	\$0.85	\$8,200.68

Statement Period as of 12/21/2011

12/20/2011	Interest Earned	Credit	\$0.28	\$8,199.83
------------	-----------------	--------	--------	------------

\*\*\*No More Activity For This Account\*\*\*

For additional information or service, please contact the Customer Service Center at 1-800-432-1000

\*\*\*\* \*\*\*\* 6407

\* = Item(s) included in Previous Statement(s).

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

0075-HY77  
100 Payroll

Payrolls by Paychex, Inc.

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: 12/01/11 to 12/15/11  
Check Date: 12/16/11 Check #: 10436

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	1069.58
Chkg 3271	1706.25	32418.75
<b>NET PAY</b>	<b>1706.25</b>	<b>33488.33</b>

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Regular EARNINGS			2083.33		40833.27
<b>WITHHOLDINGS</b>	<b>DESCRIPTION</b>	<b>FILING STATUS</b>		<b>THIS PERIOD (\$)</b>		<b>YTD (\$)</b>
	Social Security			87.50		1715.00
	Medicare			30.21		592.12
	Fed Income Tax	S 3		221.87		4302.82
	AZ Income Tax	1.8%		37.50		735.00
	<b>TOTAL</b>			<b>377.08</b>		<b>7344.94</b>

NET PAY	THIS PERIOD (\$)	YTD (\$)
	<b>1706.25</b>	<b>33488.33</b>

Payrolls by Paychex, Inc.

**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	\$ 8,200
2. Paypal	Checking	b7uHmzg	\$ 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="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years? Discharge Date?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
d. Are you party to a lawsuit?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
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="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
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="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
g. Are you obligated to pay alimony, child support, or separate maintenance?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
h. Is any part of the down payment borrowed?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
i. Are you a co-maker or endorser on a note?	X <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
j. Are you a US Citizen?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
k. If you answered No to the last question, are you a permanent resident alien?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
l. Do you intend to occupy the property as your primary residence?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
m. Have you had an ownership interest in a property in the last three (3) years?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
1. What type of property did you own---Principal Residence (PR), Second Home (SH), or investment property (IP)?	<hr/>	
2. How did you hold title to the home---solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	<hr/>	

**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**  I do not wish to furnish this information      **CO-BORROWER**  I do not wish to furnish this information

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian/Alaska Native  Asian

Race:  American Indian/Alaska Native  Asian

Black or African American

Black or African American

Native Hawaiian or Other Pacific Islander  White

Native Hawaiian or Other Pacific Islander  White

Gender:  Male  Female

Gender:  Male  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 <sup>Realtor</sup> 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: The 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

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

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

<b>III. Employment Information*</b> : PROVIDE ALL BORROWER'S EMPLOYMENT INFORMATION, IF NEEDED USE EXTRA PAGE			
<b>Borrower:</b>	<b>Co-Borrower:</b>		
Name of Company: Epic Diagnostics	Position: Software	Name of Company:	Position:
Address: 8501 E Princess Dr, Suite 100	Address:		
City: Scottsdale	Zip Code: 85255	City:	Zip Code:
Phone: 480-477-5242	Phone:		
Income (gross monthly): \$4166	Income (gross monthly):		
Start Date: Feb 15th	Yrs in this line of Work: 14	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: GEFFNS @ NAU	Position: Student Worker	Company:	Position:
Address: 2112 Shaffer Ln	Zip: 86011	Address:	Zip:
Phone: Pete Gomersall	928-523-2408	Phone:	
Dates From: 2006 To: 2010	Income: 8,000+	Dates From:	To:
			Income :

## OMB No. 1545-0008

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

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

**2010**  
Form **W-2**

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

**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

## OMB No. 1545-0008

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

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

**2010**  
Form **W-2**

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

**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 <b>8134.50</b>	2 Federal income tax withheld <b>110.97</b>
b Employer identification number (EIN) <b>74-2579628</b>	3 Social security wages <b>2316.00</b>	4 Social security tax withheld <b>143.59</b>
a Employee's social security number <b>270-86-4986</b>	5 Medicare wages and tips <b>2316.00</b>	6 Medicare tax withheld <b>33.58</b>

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

**2010**  
Form **W-2**

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

**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

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

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

**2010**  
Form **W-2**

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

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

d Control Number	1 Wages, tips, other compensation <b>5069.75</b>	2 Federal income tax withheld <b>19.39</b>
b Employer identification number (EIN) <b>74-2579628</b>	3 Social security wages <b>750.00</b>	4 Social security tax withheld <b>46.50</b>
a Employee's social security number <b>270-86-4986</b>	5 Medicare wages and tips <b>750.00</b>	6 Medicare tax withheld <b>10.88</b>
c Employer's name, address and ZIP code NORTHERN ARIZONA UNIVERSITY PO BOX 4113 FLAGSTAFF AZ 86011-4113		

d Control Number	1 Wages, tips, other compensation <b>5069.75</b>	2 Federal income tax withheld <b>19.39</b>
b Employer identification number (EIN) <b>74-2579628</b>	3 Social security wages <b>750.00</b>	4 Social security tax withheld <b>46.50</b>
a Employee's social security number <b>270-86-4986</b>	5 Medicare wages and tips <b>750.00</b>	6 Medicare tax withheld <b>10.88</b>
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 AZ	Employer's state I.D. no. <b>74-2579628</b>	16 State wages, tips, etc. <b>5069.75</b>
----------------	--	--

**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

d Control Number	1 Wages, tips, other compensation <b>5069.75</b>	2 Federal income tax withheld <b>19.39</b>
b Employer identification number (EIN) <b>74-2579628</b>	3 Social security wages <b>750.00</b>	4 Social security tax withheld <b>46.50</b>
a Employee's social security number <b>270-86-4986</b>	5 Medicare wages and tips <b>750.00</b>	6 Medicare tax withheld <b>10.88</b>
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 AZ	Employer's state I.D. no. <b>74-2579628</b>	16 State wages, tips, etc. <b>5069.75</b>
----------------	--	--

**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

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 AZ	Employer's state I.D. no. <b>74-2579628</b>	16 State wages, tips, etc. <b>5069.75</b>
----------------	--	--

**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

d Control Number	1 Wages, tips, other compensation <b>5069.75</b>	2 Federal income tax withheld <b>19.39</b>
b Employer identification number (EIN) <b>74-2579628</b>	3 Social security wages <b>750.00</b>	4 Social security tax withheld <b>46.50</b>
a Employee's social security number <b>270-86-4986</b>	5 Medicare wages and tips <b>750.00</b>	6 Medicare tax withheld <b>10.88</b>
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 AZ	Employer's state I.D. no. <b>74-2579628</b>	16 State wages, tips, etc. <b>5069.75</b>
----------------	--	--

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

Department of the Treasury – Internal Revenue Service