

Certification of Tax-Qualified Dependents

Domestic Partner Benefits

INSTRUCTIONS: This form should be completed in conjunction with IU's *Affidavit of Domestic Partnership*. The purpose of the form is for an employee to certify that a domestic partner and/or children of the partner are the IRS-defined tax dependents of the employee and therefore not subject to federal or state income taxes assessed on the value of health plan benefits for those individuals. Do **not** include on this form children of the employee who are eligible dependents of the employee aside from the domestic partner relationship. Carefully read *Important Tax Information for Same-Sex Domestic Partner Benefits* at hr.iu.edu/pubs/forms/dptaxinfo.pdf.

Submit this form to liross@indiana.edu or fax to 812-855-3409.

EMPLOYEE INFORMATION:

Employee Name (Last, First, MI): _____ 10-digit ID: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - _____

DOMESTIC PARTNER INFORMATION:

Domestic Partner Name (Last, First, MI): _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - _____

DOMESTIC PARTNER DEPENDENT CHILD INFORMATION: List only children of the domestic partner who are IRS-defined dependents of the employee for federal income tax purposes.

Name (Last, First, MI): _____ SSN: ____ - ____ - _____ DOB: ____/____/____ RC: ____

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Name (Last, First, MI): _____ SSN: ____ - ____ - _____ DOB: ____/____/____ RC: ____

RC (Relationship Code): DS = biological or adopted son of domestic partner
DD = biological or adopted daughter of domestic partner

CERTIFICATION

A. Partner Certification as a Tax-Qualified Dependent

I have read the *Important Tax Information for Same-Sex Domestic Partner Benefits* at hr.iu.edu/pubs/forms/dptaxinfo.pdf and, based on consultation with a tax advisor, I certify that the previously named person whom I am enrolling for coverage is my legal tax dependent under IRS Section 152. I understand that falsely certifying dependency status could result in disciplinary action (including termination) from Indiana University, as well as potential charges of tax fraud. I further agree to notify Indiana University immediately of any change in this tax status.

Employee Signature: _____ Date: ____/____/____

B. Dependent Child Certification as a Tax-Qualified Dependent

I have read the *Important Tax Information for Same-Sex Domestic Partner Benefits* at hr.iu.edu/pubs/forms/dptaxinfo.pdf and, based on consultation with a tax advisor, I hereby certify that the previously named dependent children whom I am enrolling for coverage is/are my legal tax dependent(s) under IRS Section 152. I understand that falsely certifying dependency status could result in disciplinary action (including termination) from Indiana University, as well as potential charges of tax fraud. I further agree to notify Indiana University immediately of any change in this tax status.

Employee Signature: _____ Date: ____/____/____

FOR UHRS USE ONLY

Certification received and approved by: _____ Date: ____/____/____