

Declaration of Dependent Tax Status

I, _____, certify that I have read and understand the following
(please print your name)

requirements regarding my Domestic Partner, _____, qualifying
(please print your partner's name)

as an eligible Dependent under Internal Revenue Code Section 152:

- 1) My Domestic Partner has lived with me for the entire calendar year as a member of my household,
- 2) My Domestic Partner is a US citizen, U.S. resident alien, U.S. National, or a resident of Canada or Mexico, for some part of the year,
- 3) My Domestic Partner's gross income for the year was less than \$3,400; and
- 4) I provided over half of my Domestic Partner's total support for the calendar year.

I certify that I have completed Table 3-1 from IRS Publication 17 and that my financial support for my Domestic Partner meets the 50% requirement as defined by the above IRS requirement.

I also understand that Allegheny College has a need to be able to verify the correct tax treatment of my Domestic Partner's health coverage and agree that should it become necessary, I will provide this information to Human Resources to verify compliance with the Internal Revenue Code.

(Signature)

(Date)

*Please complete this form and return it to Patricia Ferrey, Human Resources
If you have any questions please call 332-2313.*