

You should consult a tax advisor before signing this certification.

Complete this form if your domestic partner and/or his or her child(ren) qualify as your dependent under Section 152 of the Internal Revenue Code. Send your completed form to the NYU Benefits Office at 7 East 12th Street, 2nd Floor, New York, NY 10003-4475, Campus Mail Code: 8923.

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE UNIVERSITY ID NUMBER

EMPLOYEE SCHOOL OR DIVISION

EMPLOYEE TELEPHONE NUMBERS - WORK/HOME

I. Declaration of Federal Tax Status

I, _____ (employee) acknowledge and understand that the medical and dental benefits provided to my domestic partner and/or the children of my domestic partner will be treated as taxable income to me unless my domestic partner and/or the children of my domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code.

I further acknowledge and understand that tuition remission benefits for my domestic partner and/or the children of my domestic partner will be treated as taxable income to me regardless of the dependant status of my domestic partner and/or the children of my domestic partner under the Internal Revenue Code.

I certify the status of the following person(s) as my dependent under Section 152 of the Internal Revenue Code:

Relationship	Sex (M or F)	Full Name (Last, First, M .I.)	This person does qualify as my dependent under Section 152 of the Internal Revenue Code	This person does not qualify as my dependent under Section 152 of the Internal Revenue Code
Domestic Partner			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>
Child			<input type="checkbox"/>	<input type="checkbox"/>

II. Acknowledgments

1. I understand that any person/employer/company that suffers any loss due to any false statement contained in this Affidavit may bring a civil action against me to recover their losses, including reasonable attorney fees.
2. I understand that any false or misleading statements made to receive benefits for which I do not qualify may subject me to disciplinary action.
3. I have provided the information in this declaration for use by the NYU Benefits Office for the sole purpose of determining taxability for domestic partnership benefits.
4. I declare under the penalty of perjury under the laws of the United States that the foregoing statements are true and correct.

Sign here only if you certify that your domestic partner and/or the children of your domestic partner qualifies as a dependent under the Internal Revenue Code for the purposes of health and dental benefits.

EMPLOYEE SIGNATURE

DATE

Approved by NYU Benefits Office

Signature

Title

Date