

## Domestic Partner Tax ~~Dependent~~ Certification Form

This form is to be used by a CSU employee to determine imputed tax liability status for domestic partnership (DP) health related benefits. (Currently only health related benefits are subject to DP imputed tax liability.) Please check the appropriate statement and complete the employee portion of the form.

\_\_\_\_\_ This is to certify, under the penalty of perjury, that effective with tax year \_\_\_\_\_, I, \_\_\_\_\_, am claiming my domestic partner, \_\_\_\_\_ dependent for the purposes of my federal income taxes. I understand that should I no longer declare my partner as a dependent for tax purposes, that I will immediately notify my benefits/payroll department. In addition, I may be held liable for taxes due based on when the dependency ended. By signing this I agree, upon request, to provide the CSU or the State Controller's Office access to my tax records, partner filing documents, and/or any other supporting documentation as needed to verify dependency for federal income tax purposes.

\_\_\_\_\_ This is to certify, under the penalty of perjury, that effective with tax year \_\_\_\_\_, I, \_\_\_\_\_, am no longer claiming my domestic partner, \_\_\_\_\_, as my dependent for the purposes of my federal income taxes. I understand that by rescinding this certification, the domestic partner will be taxed as imputed income for federal income tax purposes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee SNN

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Date Signed

Office Use Only
Campus Representative Signature
Mail or fax this form to: <div style="text-align: center; margin-left: 100px;">             State Controller's Office              PPSD-PPOB/CSU Benefits 9th Floor              300 Capitol Mall              Sacramento, CA 95814           </div>

by CSU and the State Controller's Office for the purposes of payroll and property tax identification. Failure to provide this information will result in the withholding of your tax withholding.

social security number and identification purposes. Legal representation authorizing maintenance of this