

**TAX CERTIFICATION FOR DEPENDENT STATUS
FOR
DEPENDENT CHILDREN AGES 19 through 24**

In general, to be a taxpayer's qualifying child, a person must satisfy four tests:

- **Relationship** — the taxpayer's child or stepchild (whether by blood or adoption), foster child, sibling or stepsibling, or a descendant of one of these.
- **Residence** — has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents.
- **Age** — must be under the age of 19 at the end of the tax year, or under the age of 24 if a full-time student for at least five months of the year, or be permanently and totally disabled at any time during the year.
- **Support** — did not provide more than one-half of his/her own support for the year.

I hereby certify that my dependent child/children listed below qualifies or does not qualify as my tax dependent.

<u>Name</u>	<u>Date of Birth</u>	(Please circle one)
_____	_____	Qualifies / Does not Qualify
_____	_____	Qualifies / Does not Qualify
_____	_____	Qualifies / Does not Qualify
_____	_____	Qualifies / Does not Qualify

I am providing this information to my employer for tax reporting purposes only. I understand that my employer will rely upon this information in calculating the taxability of coverage provided to my dependent child/children ages 19 through age 24.

Signature of Employee

Print Name

Date