

DUKE UNIVERSITY

CERTIFICATION OF DEPENDENT STATUS

Complete this form if your same sex 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: **Benefits, 705 Broad Street, PO Box 90502; Durham, NC 27708 or fax to: (919) 681-8774.** You should consult a tax advisor before signing this certification.

I. Certification of Dependent Tax Status

Employee: _____ Duke ID: _____
(please print) Last Name First Name M.I.

I, _____ (employee's name) have reviewed Section 152 of the Internal Revenue Code and certify that the status of the following person(s) as my dependent under Section 152 of the Internal Revenue Code is as follows:

Relationship	Full name (Last, First, M.I.)	My dependent under I.R.C. §152 (check if applicable)	Not my dependent under I.R.C. §152 (check if applicable)
Same Sex Partner			
Child			
Child			
Child			

II. Acknowledgments

- (1) I acknowledge and understand that the University has advised me to consult with a tax advisor regarding the legal and tax implications of signing this certification.
- (2) I have provided the information in this certification for use by the University for the sole purpose of determining the taxation of the University's medical, dental and vision benefits with respect to the individuals listed above.
- (3) I agree to immediately notify the University of any change in this tax status.
- (4) I understand that should Duke University suffer any loss due to any false statement contained in this Affidavit I agree to reimburse the University for such loss.

Sign here only if you certify that your same sex partner and/or his or her child(ren) qualify as a dependent under Section 152 Internal Revenue Code for the purposes of receiving University medical, dental and vision benefits.

Employee Signature

Date

Received and approved by Duke Human Resources:

Signature

Title

Date