

Certification of Dependent Status

Please print.

University of Minnesota Employee

Last Name	First Name	MI
Empl ID		

Registered Same-sex Domestic Partner

Last Name	First Name	MI
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Registered Same-sex Domestic Partner's Children

Last Name	First Name	MI
Last Name	First Name	MI
Last Name	First Name	MI
Last Name	First Name	MI

I certify that I have reviewed Section 152 of the Internal Revenue Code of 1986 (as amended) and that

My Registered Same-sex Domestic Partner

The children of my Registered Same-sex Domestic Partner

Listed above meet(s) the requirements of Section 152. I understand that falsely certifying dependency status could result in disciplinary action by the University. I acknowledge and understand that the University of Minnesota has advised me to consult with an attorney and tax advisor regarding the legal and tax implications of signing this certification. I further agree to immediately notify the University of any change in this tax status.

Signature of Employee	Date
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