



The California State University Domestic Partner Dependent Certification Form

This form is to be used by a CSU employee to determine his/her imputed tax liability status for domestic partnership (DP) health-related benefits. (Currently only health and dental 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, _____, as my dependent for the purposes of my federal income taxes. I understand that should I no longer declare my domestic partner as a dependent for tax purposes, that I will immediately notify my benefits/payroll department. In addition, if I fail to make this notification, I may be held liable for any taxes due based on when the dependency ended. By signing this document, I agree, upon request, to provide the CSU or the State Controller's Office access to my tax records, domestic 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 benefits will be taxed as imputed income for federal income tax purposes.

Employee Signature

Employee SNN

Campus

Date Signed

Office Use Only

Telephone Number

Campus Representative Signature

Date

Mail this form to:

State Controller's Office
PPSD-PMAB – 10th Floor
300 Capitol Mall – P.O. Box 942850
Sacramento, CA 94250-5878

cc: Employee
Human Resources/Payroll

Privacy Statement

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by CSU and the State Controller's Office for the purposes of payroll and deductions and to properly identify you for the purposes of income tax exemption. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information will result in the form not being processed which may impact your tax withholding.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Copies of the Domestic Partner Dependent Certification form are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of this form upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878.