

CHILD'S PROOF OF DEPENDENCY AFFIDAVIT

Dependent's Name

Social Security Number

I certify that the above-named child, while not my tax dependent, is:

Please check the appropriate box under Section A and Section B

A. My son or daughter (either natural or legally adopted),

OR

My stepson or stepdaughter,

OR

The son, daughter, stepson, or stepdaughter of my domestic partner and resides within the household of the domestic partnership

OR

A child who has a court-appointed legal relationship with me, or my domestic partner (i.e. adoption, guardianship, foster child) and who is a member of my household

AND

B. A child for whom I provide over one-half of his/her support;

OR

A child who:

- a) receives over one-half of his/her support from parents who are divorced, separated, or living apart, and
- b) is in the custody of one or both of his/her parents for more than one-half of the calendar year;

OR

A child who:

- a) receives over one-half of his/her support from parents (but neither parent contributes over one-half of the support),
- b) Receives over 10 percent of his/her support from me, and
- c) Have neither received a waiver of dependency from anyone else who contributes over 10 percent;

OR

A child:

- a) Who has not attained age 25, and
- b) Both of whose parents are deceased.

Employee's Signature

Date