2015-16 Statement of Dependency to Confirm Tuition Benefits Eligibility

This form is to be completed by all faculty and staff accessing University benefits for children age 19 and older or following a break in full-time student status.

Employee Information

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<th>Faculty/Staff Member:</th>
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<td>Department/Office:</td>
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<td>Lehigh ID #:</td>
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Child’s Name: ___________________________ Birth Date: ___________________________

Social Security #: ___________________________ Expected Graduation Date: ___________________________

College or University: ___________________________

Relationship to Employee: ☐ Child (Birth/Adopted) ☐ Step Child ☐ Child of Domestic Partner

Dependency Questionnaire

1. Is/will the child be a full time student? ☐ Yes ☐ No

2. Is the child unmarried? ☐ Yes ☐ No

3. Is/will the child claimed as a tax dependent of the employee or the custodial parent while attending school (at least through age 23)? ☐ Yes ☐ No

4. Is the child’s legal residence that of the employee or custodial parent? ☐ Yes ☐ No

5. Has the child matriculated by age 30 for undergraduate study or by age 35 for graduate study? ☐ Yes ☐ No

6A. Has the child been a full time student and employee dependent on a continuous, uninterrupted basis? ☐ Yes ☐ No

6B. If no, will the child earn less than $16,780 per year ($322.69 per week) while utilizing the tuition benefit? ☐ Yes ☐ No

If the child is accessing the benefit following a break in the full time student status and/or dependency status, a certified copy of the student’s 2015 tax return demonstrating that the student did not earn more than $16,780 per annum (or its equivalent) in 2015 will need to be submitted. *

7. For children using undergraduate tuition benefits who were born before 01/01/1992:

☐ My child will be claimed as a dependent on my federal tax return or the return of his/her custodial parent. I should not be taxed on the value of the tuition benefit. I will provide a certified transcript of my 2015 federal income tax return and/or the return of the child’s custodial parent, as applicable. *

☐ My child will not be claimed as a dependent on my federal tax return nor on the return of his/her custodial parent. I understand that I will be subject to tax withholding on the value of the tuition benefit that I receive.

* Certified transcripts of federal income tax returns can be obtained by submitting IRS form 4506-T to the Internal Revenue Service. This form can be downloaded from www.irs.gov.
Employee Certification

I certify that the information provided on this form is complete and accurate. I agree that should the dependency status change and my child is no longer my dependent, I will inform the University in a timely manner and repay to Lehigh University all ineligible tuition rewards received as a benefit through any University tuition benefit program.

I will provide required certified transcript(s) of federal income tax return(s) for the 2015 tax year before April 30, 2016. If I fail to provide this evidence of dependency status, I will repay to Lehigh University all ineligible tuition awards received as a benefit through any University tuition benefit program.

_________________________   ________________
Signature of Faculty/Staff Member            Date

Submit completed Statement of Dependency form to:
Human Resources Office at 428 Brodhead Avenue, Bethlehem, PA  18015
or fax to 610-758-6226

Human Resources Determination

Eligibility:                                                                 Taxability:
☐ Approved                                                                 ☐ Tax exempt undergraduate tuition remission

☐ Denied                                                                 ☐ Fully taxable undergraduate tuition remission

Reason:                                                                 ☐ Tuition cash grant taxability determined by

                                      parent’s HCE status and/or eligibility for room & board expenses

                                      ☐ Fully taxable tuition cash grant

                                      ☐ Fully taxable graduate tuition remission

2015 Tax Return Transcripts Requested:
☐ Custodial Parent
☐ Student

HR Representative Signature            Date

Human Resources Follow-up (if applicable)

☐ Certified transcript of child’s 2015 federal income tax return received.
Date: ____________________  Determination: ______________________________________________________

☐ Certified transcript of employee’s or custodial parent’s 2015 federal income tax return received.
Date: ____________________  Determination: ______________________________________________________