2017-18 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

<table>
<thead>
<tr>
<th>Faculty/Staff Member:</th>
<th>Email:</th>
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<tbody>
<tr>
<td>Department/Office:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Lehigh ID #:</td>
<td></td>
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</tbody>
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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 $17,320 per year ($333.07 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 2017 tax return demonstrating that the student did not earn more than $17,320 per annum (or its equivalent) in 2017 will need to be submitted. *

7. For children using **undergraduate tuition benefits** who were born before 01/01/1994:

□ 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 2017 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.

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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 2017 tax year before April 30, 2018. 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:
☐ Approved

Notes:

☐ Denied

Reason:

Taxability:
☐ Tax exempt undergraduate tuition remission

☐ Fully taxable undergraduate tuition remission

☐ 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

2017 Tax Return Transcripts Requested:
☐ Custodial Parent
☐ Student

HR Representative Signature Date

Human Resources Follow-up (if applicable)

☐ Certified transcript of child’s 2017 federal income tax return received.
Date: ________________ Determination: ______________________________________

☐ Certified transcript of employee’s or custodial parent’s 2017 federal income tax return received.
Date: ________________ Determination: ______________________________________