

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

Faculty/Staff Member: _____	Email: _____
Department/Office: _____	Phone: _____
Lehigh ID #: _____	
Child's Name: _____	Birth Date: _____
Social Security #: _____	Expected Graduation Date: _____
College or University: _____	
Relationship to Employee: <input type="checkbox"/> Child (Birth/Adopted) <input type="checkbox"/> Step Child <input type="checkbox"/> Child of Domestic Partner	

Dependency Questionnaire

1. Is/will the child be a full time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the child unmarried?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the child's legal residence that of the employee or custodial parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the child matriculated by age 30 for undergraduate study or by age 35 for graduate study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6A. Has the child been a full time student and employee dependent on a continuous, uninterrupted basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6B. If no, will the child earn less than \$17,320 per year (\$333.07 per week) while utilizing the tuition benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <u>undergraduate tuition benefits</u> who were born before 01/01/1994:		
<input type="checkbox"/> 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. *		
<input type="checkbox"/> 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: _____