2023 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 Info	ormation					
Faculty/Staff Member:			Email: _				
Department/Office:			Phone:				
Lehigh ID #:							
			Birth Date:				
Social Security #:		_ Expected G	iraduation Date: _				
College or University:							
Relationship to Employee:	☐ Child (Birth/Adopted)	Step Child	☐ Child of Dome	estic Partner			
Dependency Questionnaire							
1. Is/will the child be a full ti	me student?		☐ Yes	□ No			
2. Is the child unmarried?				□ 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)?				□ No			
4. Is the child's legal residence	☐ Yes	□ No					
5. Has the child matriculated for graduate study?	35	□ No					
6A. Has the child been a full t continuous, uninterrupte	☐ Yes	□ No					
6B. If no, will the child earn le while utilizing the tuition	☐ 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 2023 tax return demonstrating that the student did not earn more than \$18,380 per annum (or its equivalent) in 2023 will need to be submitted. *							
7. For children using <u>underg</u>	raduate tuition benefits who	were born before	01/01/2000:				
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 2023 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.							

[Continued on reverse side \rightarrow]

^{*} 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 2023 tax year before April 30, 2024. 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.

S	ignature of Faculty/Staff Member	Date		
submit completed Statement of Dependency form to:				
Human Resources Office at 306 S. New Street, Suite 437, Bethlehem, PA 18015				

Human Resources Determination

or fax to 610-758-6226

Eligibility:		Taxability:					
☐ Approved			Tax exempt undergraduate tuition remission				
Notes:			Fully taxable undergraduate tuition remission				
			Tuition cash grant taxability determined by parent's HCE status and/or eligibility for room				
☐ Denied			& board expenses				
Reason:			Fully taxable tuition cash grant				
			Fully taxable graduate tuition remission				
			2022 Tay Bahara Tayara inta Barara ta da				
			2023 Tax Return Transcripts Requested:				
			☐ Custodial Parent				
HR Representative Signature	Date		☐ Student				
Human Resources Follow-up (if applicable)							
☐ Certified transcript of child's 2023 federal income tax return received.							
Date:	Determination:						
☐ Certified transcript of emp			federal income tax return received.				
Date:	Determination:						