

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
OFFICE OF MANAGEMENT AND BUDGET
EMPLOYEE TAX CERTIFICATION FOR
CIVIL UNION PARTNER OR DOMESTIC PARTNER BENEFIT

EMPLOYEE NAME: _____

EMPLOYEE SSN: _____ **PAYROLL NUMBER:** _____

CIVIL UNION/DOMESTIC PARTNER NAME: _____

CIVIL UNION/DOMESTIC PARTNER SSN: _____ **ENTER TAX YEAR:** _____

After reviewing the dependency requirements stated below, I hereby certify that my civil union partner or domestic partner qualifies as my tax dependent pursuant to section 152 of the Internal Revenue Code and, consequently, the cost incurred by the State of New Jersey to provide health benefits coverage to my dependent partner should be deemed a non-taxable benefit for federal tax purposes.

I fully understand that if conditions change that would cause my civil union partner or domestic partner to no longer qualify as my tax dependent, I must notify Centralized Payroll of that fact in writing immediately. I acknowledge that failure to do so could subject me to criminal prosecution for federal tax fraud.

I am also aware that I will be required to file this *Employee Tax Certification for Civil Union Partner or Domestic Partner Benefit* form prior to the beginning of each tax year in order for Centralized Payroll to continue to treat the civil union partner or domestic partner health benefits as a non-taxable benefit.

DEPENDENCY REQUIREMENTS

To claim your civil union partner or domestic partner as a dependent for tax filing purposes, the following five requirements provided under section 152 of the Internal Revenue Code must be met:

1. Your civil union partner or domestic partner must be a member of your household during the entire taxable year, and the relationship between you and your partner must not violate local law.
2. Your civil union partner or domestic partner must receive more than half of his or her support from you. In making this determination, the amount you contribute towards your civil union partner's or domestic partner's support must be compared with the amounts received for support of your partner from all other sources, including any amounts supplied by him, or her and including earnings.
3. Your civil union partner or domestic partner must not file a joint tax return for the tax year in which you are claiming the partner as a dependent.
4. Your civil union partner or domestic partner must have gross income less than the exemption deduction amount (\$3,650 for tax year 2010).
5. Your civil union partner or domestic partner must be a U.S. citizen, a U.S. national, or a resident of the U.S., Canada, or Mexico at some time during the calendar year in which you are claiming the partner as a dependent.

Before making this certification, we strongly suggest that you consult with a tax advisor to determine whether you may claim your civil union partner or domestic partner as a dependent for federal tax purposes.

SIGNATURE: _____ **DATE:** _____

RETURN THIS SIGNED FORM TO YOUR PAYROLL OFFICER