

POSTDOCTORAL SCHOLARS, RESIDENTS AND CLINICAL FELLOWS
DECLARATION OF DOMESTIC PARTNER TAX DEPENDENCY
AND/OR DECLARATION OF CALIFORNIA REGISTRATION OF DOMESTIC PARTNERSHIP
Send completed form to: UCSF Payroll Office, Box 0812

This form serves two purposes:

1. To certify that your domestic partner and/or your partner's child(ren) or grandchild(ren) enrolled in a UC-sponsored health plan is your tax dependent.
2. And/or to certify that you have registered your domestic partnership with the State of CA.

If you have questions about tax dependency requirements, please request a copy of Publication 17—"Your Federal Income Tax" from the IRS. This publication contains tax dependency information as well as tables to determine who is a tax qualified dependent. We also suggest you consult a tax advisor. *If the above certification process does not apply to you, you do not need to complete this form.*

SUBSCRIBER'S PERSONAL INFORMATION		
SUBSCRIBER'S NAME (Last, First, Middle Initial)		
SOCIAL SECURITY NUMBER		
CAMPUS/ DEPARTMENT		
CAMPUS PHONE	HOME PHONE	EMAIL ADDRESS
MAILING ADDRESS		
DOMESTIC PARTNER'S PERSONAL INFORMATION		
NAME (Last, First, Middle initial)		BIRTH DATE (BD) MO DY YR SOCIAL SECURITY NUMBER
Domestic Partner's Child(ren) or Grandchild(ren)		
NAME (Last, First, Middle Initial)	BD/MO DY YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	BD/MO DY YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	BD/MO DY YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	BD/MO DY YR	SOCIAL SECURITY NUMBER

DECLARATION OF DOMESTIC PARTNER TAX DEPENDENCY – complete only if applicable

I understand that as part of UC's audit process I will be required to submit evidence of the tax dependency upon request. I understand that falsely certifying such dependency could result in disciplinary action from UC, as well as potential charges of tax fraud. I further agree to notify UC immediately of any change in this tax status.

I certify that the individual(s) named above, who are enrolled in University-sponsored health plans, are my tax dependents for tax year _____, and declare under penalty of perjury that the statements above are true and complete to the best of my knowledge.

SIGNATURE OF SUBSCRIBER / DATE

SIGNATURE OF DOMESTIC PARTNER/ DATE

DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION – complete only if applicable

I understand that as part of UC's audit process I will be required to submit evidence of the tax dependency upon request. I understand that falsely certifying such dependency could result in disciplinary action from UC, as well as potential charges of tax fraud. I further agree to notify UC immediately of any change in domestic partnership status.

I certify I and my domestic partner, named above, have officially registered our domestic partnership with the state of California on the date of (month/day/yr) _____, and declare under penalty of perjury that the statements above are true and complete to the best of my knowledge.

SIGNATURE OF SUBSCRIBER / DATE

SIGNATURE OF DOMESTIC PARTNER/ DATE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University Of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.