



8041 – Human Resources
Lansing Community College
P.O. Box 40010
Lansing, Michigan 48901-7210
Phone: (517) 483-1870 Fax: (517) 483-1883

Domestic Partner Dependent Certification Form

This form is to be used by LCC employees to determine his/her imputed tax liability status for domestic partnership health care benefits.

I, _____ affirm and represent that effective with the tax year _____, I am claiming my domestic partner, _____, as my dependent for the purposes of my federal income taxes.

I understand and agree that should I no longer declare my domestic partner as a dependent for tax purposes, that I will immediately notify the LCC Human Resources Office. In addition, if I fail to make this notification, I may be held liable for any taxes due based on when the dependency ended.

By signing this document, I agree, upon request, to provide tax records, and/or any other supporting documentation as needed to verify dependency for federal income tax purposes.

Employee Name _____

Employee Signature _____

Employee SSN _____

Date of Signature _____