

**DECLARATION OF TAX DEPENDENCY
FOR DOMESTIC PARTNER AND/OR DOMESTIC PARTNER'S
CHILD AND/OR GRANDCHILD
UPAY 886 (R9/19) University of California Human Resources**

Send completed form to:

Employees:
Your Payroll Office

UCPath Locations:
Online via UCPath Online Inquiry or
Mail: 14350-1 Meridian Pkwy
Riverside, CA 92518
855-982-7284 for assistance

Retirees:
Retirement Administration
Service Center
P.O. Box 24570
Oakland, CA 94623-1570
Fax: 800-792-5178

Use this form to certify that your domestic partner and/or your domestic partner's child(ren) or grandchild(ren) enrolled in your UC-sponsored medical and/or dental plan is your tax dependent, in accordance with IRS regulations. **Social Security numbers are required for each tax dependent listed.** If you have questions about tax dependency requirements, please refer to IRS Publication 17—"Your Federal Income Tax," available on the IRS website (irs.gov). 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.

PERSONAL INFORMATION	
EMPLOYEE OR RETIREE NAME (Last, First, Middle Initial)	DAYTIME PHONE ()
MAILING ADDRESS (Number, Street)	(City, State, ZIP)

For Employees

CAMPUS/LAB DEPARTMENT	EMPLOYEE I.D.	CAMPUS/LAB PHONE ()
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For Retirees

FORMER CAMPUS/LAB	SOCIAL SECURITY NUMBER	RETIREMENT SYSTEM UNDER WHICH COVERAGE IS AUTHORIZED <input type="checkbox"/> UCRP <input type="checkbox"/> PERS <input type="checkbox"/> Other (specify): _____
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TAX DECLARATION—list those individuals who are your tax dependents

For tax year _____, I certify that the individual(s) named below, who are enrolled in University-sponsored health plans, are my tax dependents. I understand that as part of UC's audit process I will be required to submit evidence of 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.

Domestic Partner

NAME (Last, First, Middle Initial)	BIRTHDATE			SOCIAL SECURITY NUMBER
	MO	DY	YR	

Domestic Partner's Child or Grandchild

NAME (Last, First, Middle Initial)	MO	DY	YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	MO	DY	YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	MO	DY	YR	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)	MO	DY	YR	SOCIAL SECURITY NUMBER

REQUIRED SIGNATURES

I declare under penalty of perjury that the statements above are true and complete to the best of my knowledge.

SIGNATURE OF EMPLOYEE/RETIREE	DATE
SIGNATURE OF DOMESTIC PARTNER	DATE

FOR CAMPUS/LAB/INSURANCE SERVICES USE ONLY

NAME	DATE
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RETN: Pending

SEE REVERSE FOR PRIVACY NOTIFICATIONS

Please photocopy this form for your records.

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 Vice President—University of California Human Resources, 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 IX, 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.