

Intuit
Domestic Partner Benefit Program Certification
of Legal Tax Dependents

Certification:

I, _____ certify that the following individual currently qualifies as my legal IRS tax dependent* as defined by Internal Revenue Code Section 152 and I expect that the individual will remain my legal IRS tax dependent.

Name of Domestic Partner

Additionally, I agree to notify Intuit by contacting a Customer Service Representative at 1-866-468-8236 immediately if they are no longer my IRS tax dependents.

Other Acknowledgements:

1. I am enrolling or currently covering the above-named individual on my Intuit medical/dental/vision benefits.
2. I have designated the above-named individual as my domestic partner.
3. I understand that tax status is separate from eligibility for medical/dental/vision benefits. If the individual meets the IRS definition of a tax dependent, I understand that I may pay for their coverage on a pre-tax basis and Intuit will not report imputed income for the value of the coverage paid for by Intuit. As a result, I understand that I should contact my tax advisor before signing this form.
4. I certify that the information I have provided in this form is true and correct and I agree to notify Intuit immediately if any information on this form changes. Any statements on this form which are known to be false may be cause for disciplinary action, including loss of benefits and/or termination of employment.
5. I agree to indemnify Intuit for any loss suffered due to any false statement contained in this Certification, including federal, state, and local income taxes, employment taxes, and any penalties or interest paid related to such taxes.

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IRS Tax Dependent*

An IRS tax dependent is a U.S. citizen or resident who is a "qualifying relative."

A "qualifying relative" generally is a person who:

- Is not your qualifying child or any other taxpayer's qualifying child during the calendar year;
- Receives over one-half of his or her support from you for the calendar year; or
- Is "related to you" or "lives with you for the entire calendar year as a member of your household."

Signature

Date

Name (Printed)

Intuit Employee ID # _____

Once complete, please mail or fax to the following:

Your Benefits Resources Customer Service Center
PO Box 661098
Dallas, TX 75266-1098

Fax number: 1-866-397-5379