



University Payroll Services
TUITION ASSISTANCE BENEFIT
DEPENDENT CHILD CERTIFICATION

(To be used for children taking undergraduate classes
One form for each dependent per calendar year)

Current/Former Employee's Name: _____

USC Employee # OR USC ID: _____

Student's Name: _____

Student USC ID: _____

Select One:

Dependent Child

I certify that:

1. The student named above is my child (including a stepchild or legally adopted child)
2. I provide over half of the support of the student named above.

I understand that a false certification about the student's dependent child status could result in tax penalties. I further agree to notify the University of any change to this tax status.

Not Dependent Child

(Please note: Tuition assistance benefits for children of registered domestic partners are not exempt from federal taxation)

I understand that the tax reporting and withholding will take place as follows:

| | |
|-----------------|---------------------------------|
| Spring semester | February, March and April |
| Summer sessions | July, August, and September |
| Fall semester | October, November, and December |

Current/Former Employee's Signature

Date

Return completed form to: University Payroll Services
University of Southern California
University Gardens Building #212
Los Angeles, CA 90089-8016
Phone: 213-740-8855