

UNIVERSITY OF SOUTHERN CALIFORNIA
TUITION ASSISTANCE
DEPENDENT CHILD CERTIFICATION
(To be used for children taking undergraduate classes – One form for each dependent)

Current/Former Employee's Name: _____

Social Security Number: _____

Student's Name: _____

Social Security Number: _____

Select One:

Dependent Child

I certify that:

1. The student named above is my child (including a stepchild or legally adopted child): and
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 in 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 withholdings 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 Rm. 212
Los Angeles, CA 90089-8016
Phone: 213-740-8855