



**TAX CERTIFICATION OF DEPENDENT STATUS
FOR
DEPENDENT CHILDREN AGES 19 through 24**

I have enrolled my child/children ages 19 through 24 as dependents:

Name	Date of Birth
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A **Qualifying child** is who: resides with the taxpayer 50% of the year; is either under age 19, or a full-time student ages 19 through 23; and has not provided greater than 50% of the child's own support for the calendar year in which the taxpayer's taxable year begins. A child is no longer qualified during the year in which the child turns age 24.

A **Qualifying relative** for health plan purposes is one who: bears a special relationship to the taxpayer (blood relative or an individual who resides in the taxpayer's household); receives greater than 50% of their support from the taxpayer; and is not a qualifying child for any taxpayer for the year in question.

I hereby certify that my dependent child/children _____ **qualifies** as my tax dependent.

I hereby certify that my dependent child/children _____ **does not qualify** as my tax dependent.

I am providing this information to my employer for tax reporting purposes only. I understand that my employer will rely upon this information in calculating the taxability of coverage provided to my dependent child/children ages 19 through age 24.

Signature of Employee

Printed Name

Date

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