

## DEPENDENT CERTIFICATION FORM

*For Qualified Relatives*

### EMPLOYER NAME

(PLEASE PRINT)

### EMPLOYEE INFORMATION

Last Name	First Name	MI	SSN
Address			
City	State	Zip Code	
Home Phone #	Work Phone #		

### DEPENDENT INFORMATION

Dependent Name	Relationship	DOB	SSN
Dependent Name	Relationship	DOB	SSN
Dependent Name	Relationship	DOB	SSN

***Individuals adding a Qualified Relative as a dependent must meet and acknowledge the following criteria:***

1. The person earned less than \$3,650 (this amount will change from year to year).
2. The employee provides at least half the person's support during the tax year; and
3. The person is not a qualified dependent of another taxpayer.

### QUALIFIED RELATIVE ACKNOWLEDGEMENT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***NOTE: This Form must be notarized prior to submitting to AXIS.***

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date