



DOMESTIC PARTNER TAX ACKNOWLEDGEMENT

I, _____ (employee) acknowledge and understand that the medical benefits provided to my domestic partner and/or children or my domestic partner will be treated as taxable income to me unless my domestic partner and/or children of my domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____