



USM REQUEST FOR TUITION REMISSION – AFFIDAVIT (A) TAXABILITY FOR SELF, SPOUSE OR CHILD

EMPLOYEE NAME: _____ **DEPENDENT CHILD/SPOUSE NAME:** _____

This affidavit must be completed by all employees and retirees requesting TUITION REMISSION (TR) to determine whether the Institution must treat the requested TR as taxable income to the employee or retiree under Federal Internal Revenue rules. In most cases, TR is **not** taxable for undergraduate courses taken by an employee, retiree, spouse or child who qualifies as the employee’s dependent under federal tax law standards. In addition, specific IRS rules govern the taxability of TR for graduate education and children of divorced and separated parents. Those rules are summarized on a Tax Chart on the USM’s Website at:

<http://www.usmd.edu/usm/adminfinance/tuitiontax.pdf>.

This affidavit is necessary to comply with federal tax law and to protect you and the USM Institution from potential tax liabilities and penalties. To complete the affidavit, **read the statements below and INITIAL any statement that applies to you.**

1. UNDERGRADUATE TUITION REMISSION FOR A SPOUSE - If you are seeking TR for your spouse, initial ALL applicable statements:

____ I certify that the person for whom I am requesting TR: (a) is my spouse and that we have entered a legally effective marriage, **and** (b) that we are not estranged, and that he/she does not maintain a separate domicile.

2. UNDERGRADUATE TUITION REMISSION FOR A CHILD -

a. If you are seeking undergraduate TR for a child whom you will claim as a dependent on your income tax return for the year 20____, initial the following:

____ I certify that the person for whom I am requesting TR is my biological child, stepchild or legally adopted child and that I intend to claim the child as my dependent on my federal income tax return for the 20____ calendar year. If I do not claim my child as a dependent on my income tax return for the 20____ calendar year as indicated above, I will **notify** my HR Office as soon as possible and no later than 15 days of filing my tax return, and I understand that the value of my child’s TR will be considered taxable income to me.

b. If you are seeking undergraduate TR for a child whom you will NOT claim as a dependent on your income tax return for the year 20____, initial ONE applicable statement:

____ (i) I certify that the person for whom I am requesting TR (a) is my biological child, stepchild or legally adopted child, and (b) I do **not** intend to declare my child as a dependent on my federal income tax return for the 20____ calendar year, and (c) I understand that the value of my child’s TR will be considered taxable income to me. OR

____ (ii) Although I do not intend to declare my biological child, stepchild or legally adopted child as a dependent on my federal income tax return for the 20____ calendar year, (a) I am currently divorced or separated from the child’s parent (b) the child’s other parent will claim the child as a dependent on his/her federal income tax return for the 20____ calendar year, and (c) my marriage to the other parent was one that is recognized under federal law. If the child’s other parent does not claim my child as a dependent for this tax year, I will **notify** my HR Office as soon as possible and no later than 15 days of the filing of the tax return of the child’s other parent, and I understand that the value of my child’s TR will be considered taxable income to me.

3. TUITION REMISSION FOR GRADUATE EDUCATION - If you are seeking TR for graduate education for yourself or a family member, initial ONE applicable statement:

- _____ I am applying for TR for my own education in courses at the graduate level, and the courses qualify as a “working condition fringe benefit,” which means: the courses are required by law or the Institution for me to keep my present job OR maintain or improve skills required for my current employment, AND the courses will not qualify for the minimum educational requirements for my current position, AND the courses will not qualify me for a new trade or business.
- _____ I am applying for TR for my own education in courses at the graduate level which do not qualify as a “working condition fringe benefit” as that term is used in the Internal Revenue Code, and I understand that I will be taxed for the value of the TR that may exceed \$5,250.
- _____ I am applying for TR for the education of my spouse or child in courses at the graduate level, and I understand that I will be taxed for the full value of the TR.

4. GENERAL ACKNOWLEDGEMENTS - All applicants must INITIAL EACH of the following:

I understand that the following requirements are applicable to my application for and receipt of Tuition Remission:

- _____ a. I have read and I understand the relevant USM-BOR TR policies (VII-4.10 and VII-4.20), which appear at <http://www.usmd.edu/regents/bylaws/SectionVII/> and the USM Tuition Remission–Deadlines And Restrictions Chart, which appears at: <http://www.usmd.edu/usm/adminfinance/tuitionchart.pdf>
- _____ b. To the extent that any TR is taxable income under IRS regulations, the value of the TR will be added to my salary for taxation over designated pay periods during the semester when TR is used, according to the schedule set by the State Central Payroll Bureau.
- _____ c. **If I am applying for Tuition Remission as a USM retiree, I understand that I must be, and affirm that I am, receiving a retirement periodic distribution from either the State Retirement System or from the MD Optional Retirement Program (ORP) during the period of time I am using Tuition Remission.**
- _____ d. I understand that the Institution where student registers for courses has final approval authority for my TR request.

5. I HEREBY SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT:

- a. The information given above is true and accurate;
- b. I understand that willful falsification of information in this Affidavit can result in referral for investigation and prosecution, full disciplinary action by the Institution, and civil action by the Institution to recover any costs that it may incur because of such a false statement; and
- c. For compliance and audit purposes, I agree to provide to the Institution a copy of any documentation (including relevant tax returns) that the HR Office deems necessary to ascertain my eligibility or the tax status of my spouse or child. I understand that failure to timely provide all requested information will result in the Institution treating the value of the TR as taxable income to me.
- d. I understand that I must notify the HR Office no later than 15 days of my first becoming aware of any change in the information that I have provided in this Affidavit and as a result, I understand that the value of the TR may be taxable income to me and applied retroactively to the appropriate taxable year. I further understand that failure to notify the Institution of any changes may be considered willful falsification, to be treated as described in item b. of this section.

Signature of Employee: _____ **Date:** _____

Signature of Department Head/Designee: _____ **Date:** _____

Signature of Human Resources Representative at Employing Institution: _____ **Date:** _____