



DEPENDENT VERIFICATION MATRIX

SPOUSE

Please black out all confidential information when submitting documents including financial data and the first five digits of SSN. Partners married 12 months or less, see Option 3. Partners married 12 months or more, see Option 1 or Option 2.

| PROOF OF ELIGIBILITY | |
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| Option 1 (Partners married one year or more) | Tax Return First page copy of most current tax year filed 1040 tax return – federal or state. Most current year is the latest year defined by the IRS filing deadline. <ul style="list-style-type: none"> • Tax return showing “Married filing jointly” OR “Married filing separately”. Both the partner and the spouse name must show on the form. • Tax year filed must show on form. • See last page of this document for an example return. |
| Option 2 (Partners married one year or more) | Marriage Certificate <u>AND</u> Proof of Joint Ownership (Both are Required) <ul style="list-style-type: none"> • Marriage certificate options (submit one from below) <ul style="list-style-type: none"> ◦ Marriage certificate ◦ Military ID for the spouse of the armed services member. Must show both spouse’s and partner’s names and SSN (only last 4 digits needs to be visible). Military ID must be within the expiration date printed on the back of the ID card. ◦ Printout of online marriage record (available in some states and countries) showing the names of the spouse and participant and the date of marriage. <p>AND</p> <ul style="list-style-type: none"> • Proof of joint ownership options (submit one from below) <ul style="list-style-type: none"> ◦ Mortgage, credit card, bank statements, utility bills statements dating from any time in the last 3 months – listing both names. Any other personal information should be blacked out for privacy purposes. ◦ Rental/lease agreement, deed, or property tax statement dating from the last 12 months – listing both names (if lease is older than 12 months, a rent receipt from the past 3 months must also be provided). Any other personal information should be blacked out for privacy purposes. ◦ Homeowner’s insurance in both names. Must currently be in effect. Any other personal information should be blacked out for privacy purposes. ◦ Auto insurance showing one spouse as the owner and one as a driver and must currently be in effect. Any other personal information should be blacked out for privacy purposes. |
| Option 3 (Partners married LESS than one year ONLY) | Marriage Certificate (for Partners within First 12 Months of Marriage Only) <ul style="list-style-type: none"> • Marriage certificate options (submit one from below) <ul style="list-style-type: none"> ◦ Marriage certificate (only if within first 12 months of marriage) ◦ Military ID for the spouse of the armed services member. Must show both spouse’s and partner’s names and SSN (only last 4 digits needs to be visible). Military ID must be within the expiration date printed on the back of the ID card. ◦ Printout of online marriage record (available in some states and countries) showing the names of the spouse and participant and the date of marriage. |

NATURAL CHILD, LEGALLY ADOPTED CHILD, STEPCHILD* OR COURT ORDERED SUPPORT OF A CHILD

Please black out all confidential information when submitting documents including financial data and the first five digits of SSN. NOTE: Tax returns and children social security cards CANNOT be accepted for child verifications. Please submit one option from those listed below only.

| PROOF OF RELATIONSHIP | |
|---|---|
| Option 1 | Birth certificate showing you and/or your verified spouse as the child's parent. |
| Option 2 | Hospital record showing you and/or your verified spouse as the child's parent. |
| Option 3 | Adoption placement agreement, petition for adoption or adoption papers approved by the court (with signature or seal visible on the photocopy) that shows you and/or your verified spouse as the adoptive parent. |
| Option 4 | Report of birth abroad of a citizen of the United States of America (issued by the Department of State) showing you and/or your verified spouse as the child's parent. (Translated into English) |
| Option 5 | Divorce decree that lists children born to, or adopted during, the marriage for either you or your verified spouse. Must have court signature, stamp, or seal visible on the photocopy. |
| Option 6 | Court child support order (with court signature, stamp, or seal visible on the photocopy) or document from the friend of the court that shows you and/or your verified spouse as the child's parent. |
| Option 7 | State affidavit of percentage of paternity (or like form) that acknowledges your or your verified spouse's paternity of the child. The form must have some indication that it was filed with the state or with the court. |
| *For stepchildren, you must provide a combination of documents that demonstrate your stepparent status by proving your relationship to the parent of the child (your spouse) and proving the relationship between your spouse and that child; for example you must first verify your spouse before we can verify the stepchild. | |

CHILD FOR WHOM YOU ARE THE LEGAL GURDIAN OR FOR WHOM YOU HAVE CUSTODY

Please black out all confidential information when submitting documents including financial data and the first five digits of SSN.

| PROOF OF RELATIONSHIP | |
|-----------------------|---|
| Option 1 | Court-awarded legal guardianship/custody papers showing: <ul style="list-style-type: none">• Granting of guardianship/custody under state law• Partner (or verified spouse) identified as the child's legal guardian/custodial parent• Name of dependent covered by the agreement• Signatures or court seal stamp (visible on the photocopy) |

EXAMPLE: TAX RETURN WITH PERSONAL INFORMATION BLACKED OUT

When submitting your tax return or tax returns, please black out all personal information and the first five digits of the SSN. Most current year tax return is the latest year defined by the IRS filing deadline. Specific information that needs to show on the return or returns includes:

1. Tax Year at the top of the form
2. Filing Status of Married filing jointly or Married filing separately
3. Partner and spouse full name
4. Partner and spouse last four digits of SSN
5. Full home address
6. Filing status

| Form 1040 Department of the Treasury—Internal Revenue Service | | 2023 | | OMB No. 1545-0074 | | IRS Use Only—Do not write or staple in this space. | |
|--|--|--|--|--|--------------------------------|--|----|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ | | | | | | See separate instructions. | |
| Your first name and middle initial | | Last name | | Your social security number | | | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | | | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | Apt. no. | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | State | | ZIP code | | | |
| Foreign country name | | Foreign province/state/country | | Foreign postal code | | | |
| Filing Status | | <input type="checkbox"/> Single | | <input type="checkbox"/> Head of household (HOH) | | | |
| Check only one box. | | <input type="checkbox"/> Married filing jointly (even if only one had income) | | <input type="checkbox"/> Qualifying surviving spouse (QSS) | | | |
| | | <input type="checkbox"/> Married filing separately (MFS) | | | | | |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____ | | | | | | | |
| Digital Assets | | At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Standard Deduction | | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | | | | | |
| Age/Blindness | | You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind | | Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind | | | |
| Dependents | | (1) First name Last name | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents | |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | | | |
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| Income | | 1a Total amount from Form(s) W-2, box 1 (see instructions) | | | | 1a | |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | | b Household employee wages not reported on Form(s) W-2 | | | | 1b | |
| | | c Tip income not reported on line 1a (see instructions) | | | | 1c | |
| | | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | 1d | |
| | | e Taxable dependent care benefits from Form 2441, line 26 | | | | 1e | |
| | | f Employer-provided adoption benefits from Form 8839, line 29 | | | | 1f | |
| | | g Wages from Form 9919, line 6 | | | | 1g | |
| | | h Other earned income (see instructions) | | | | 1h | |
| | | i Nontaxable combat pay election (see instructions) | | | | 1i | |
| | | z Add lines 1a through 1h | | | | 1z | |
| Attach Sch. B if required. | | 2a Tax-exempt interest | | 2a | b Taxable interest | | 2b |
| | | 3a Qualified dividends | | 3a | b Ordinary dividends | | 3b |
| | | 4a IRA distributions | | 4a | b Taxable amount | | 4b |
| | | 5a Pensions and annuities | | 5a | b Taxable amount | | 5b |
| | | 6a Social security benefits | | 6a | b Taxable amount | | 6b |
| | | c If you elect to use the lump-sum election method, check here (see instructions) | | | | <input type="checkbox"/> | |
| | | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | <input type="checkbox"/> | |
| | | 8 Additional income from Schedule 1, line 10 | | | | 8 | |
| | | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | 9 | |
| | | 10 Adjustments to income from Schedule 1, line 26 | | | | 10 | |
| | | 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | 11 | |
| | | 12 Standard deduction or itemized deductions (from Schedule A) | | | | 12 | |
| | | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | 13 | |
| | | 14 Add lines 12 and 13 | | | | 14 | |
| | | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | 15 | |
| Standard Deduction for— • Single or Married filing separately, \$13,800 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions. | | | | | | | |
| For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. | | | | | | | |
| Cat. No. 11320B | | | | | | Form 1040 (2023) | |