



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	
<p>Option 1 (Partners married one year or more)</p>	<p>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.</p> <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.
<p>Option 2 (Partners married one year or more)</p>	<p>Marriage Certificate <u>AND</u> Proof of Joint Ownership (Both are Required)</p> <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.
<p>Option 3 (Partners married LESS than one year ONLY)</p>	<p>Marriage Certificate (for Partners within First 12 Months of Marriage Only)</p> <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

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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 **2025** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not enter or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 20 _____ See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse

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. _____

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 Single Head of household (HOH) Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Check only one box. Married filing separately (MFS). Enter spouse's SSN above and full name here: _____ If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2025, 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.) _____ Yes No

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income 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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
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 31	1f
g	Wages from Form 9919, line 6	1g
h	Other earned income (see instructions). Enter type and amount:	1h
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	1z
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
7a	Capital gain or (loss). Attach Schedule D if required	7a
8	Additional income from Schedule 1, line 10	8
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9
10	Adjustments to income from Schedule 1, line 26	10
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a

Attach Sch. B if required.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2025) Created 9/5/25