



**MSU Human Resources
Affidavit of Dependency**

State of Michigan, County of _____, _____,
(employee name)

being duly sworn deposes and states that _____,
(dependent name)

is my _____ and is dependent on me for over half of their support.
(dependent relationship)

I certify the above dependent is a U.S. Citizen, has (or has applied for) permanent resident status in the United States, or is a U.S. National. I claim and receive Federal Income Tax deductions for them and will claim the same deduction as long as the dependent continues to meet IRS regulations for dependency.

Employee Signature **Employee ZPID**

Signed or attested before me by _____

on the _____ day of _____, _____.

Notary Signature **Notary Printed Name**

Notary public, State of Michigan, County of _____

My commission expires _____

Acting in the County of _____ (included when performing a notarial act outside of the Notary's county of commission)

Please return this form to MSU Human Resources by email (SolutionsCenter@hr.msu.edu), fax (517-432-3862) or drop-off in person at 1407 S. Harrison Rd., Suite 110, East Lansing, MI 48823.

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