

**MI CHI GAN STATE UNI VERSI TY
AFFI DAVI T OF DEPENDENCY**

State of Michigan, County of _____

_____, being duly sworn deposes and
(employee name)

states that _____, is my
(dependent name)

_____ and is dependent on me for over half of his/her 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 him/her and will claim the same deduction as long as the dependent continues to meet IRS regulations for dependency.

Employee Signature

Notary Public
County of _____, Michigan

Employee Social Security Number

Received by Benefits Office:

Date

Signature