



# California State University Domestic Partner Tax Dependent Cancellation Form

This is to certify that effective \_\_\_\_\_, I \_\_\_\_\_  
(name of employee)  
am no longer claiming my domestic partner, \_\_\_\_\_ as my  
(name of domestic partner)  
tax dependent for the \_\_\_\_\_ tax year.

I understand that by rescinding this certification, the domestic partner benefits will be taxed as imputed income.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee SSN

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Date Signed

### Office Use Only

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Campus Representative Signature

\_\_\_\_\_  
Date

Mail this form to: State Controller's Office  
Attention: Mr. Tom Parker  
PPSD – PMAB – 10<sup>th</sup> Floor  
300 Capitol Mall – P.O. Box 942850  
Sacramento, CA 94250-5878

cc: Employee  
Payroll Department  
Personnel File

CSU –10/2000