

## Dependent Expense Form

Children participating in the Tuition Grant Plan must either be claimed on the employee's tax return or the employee must provide documentation that indicates that they meet the IRS' support requirement to be eligible.

**INSTRUCTIONS:** Complete and submit this form to the Benefits Service Center (scan/email to [benefits@jhu.edu](mailto:benefits@jhu.edu), fax: 443-997-5820, address: 1101 East 33<sup>rd</sup> Street, Suite D-200, Baltimore, MD 21218). One form is required for each calendar year, for each dependent student that is not claimed as a tax dependent. The applicant is responsible for the accuracy of the information. For each expense item, estimate the annual cost (if any) for the dependent and the dollar amount spent towards the expense item by the employee (contribution). Divide the contribution by the cost and provide that percentage in the column on the right (if completing the form online, the percentage will be calculated automatically). To be an eligible dependent, the total percentage amount of employee contribution must be greater than 50%. **Please print legibly.**

**Employee Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Calendar Year:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Please check the appropriate box below (required):**

I **will not** be claiming the above named student as a tax dependent for the calendar year indicated above in which he/she will participate in the tuition grant program. (Please complete the Annual Dependent Expenses section below.)

Check this box **ONLY** if you did not claim the above named student as a tax dependent **last year** but **WILL** claim him/her this year. (**STOP- Please sign and date below. Do not complete** the Annual Dependent Expenses section below.)

Annual Dependent Expenses			
Expense Item	Estimated Annual Cost	Estimated Annual Dollar Amount of Employee's Contribution	Percent of Employee's Contribution
Food	\$	\$	%
Clothing	\$	\$	%
Housing/Electric/Water, etc	\$	\$	%
Health Insurance	\$	\$	%
College Tuition	\$	\$	%
Automobile Expenses	\$	\$	%
Sports/Activities	\$	\$	%
Entertainment/Travel	\$	\$	%
Personal	\$	\$	%
Other: _____	\$	\$	%
<b>Totals</b>	\$	\$	

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return form to: Benefits Service Center – scan/email to [benefits@jhu.edu](mailto:benefits@jhu.edu), fax: 443-997-5820, or mail to address: 1101 East 33rd Street Suite D-200 Baltimore, MD 21218**

For Office Use Only	
Approved by:	
Date:	