



USM REQUEST FOR TUITION REMISSION

Each USM Employee or Retiree seeking tuition remission for self, a spouse or child shall complete this application and accompanying certification to provide the information necessary to comply with both the USM-BOR Tuition Remission policies (VII-4.10; VII-4.20) and Internal Revenue Service regulations regarding the income tax law status of the tuition remission benefit requested by the employee. This page provides the information necessary to ascertain eligibility and process the request; additionally the employee/retiree is also required to complete and sign the Affidavit for tax status of the tuition remission recipient.

Upon obtaining departmental authorization, the employee/retiree must present this request to the employing Institution Human Resources Office for approval. A new request must be completed for each semester/session. If the student is registering at multiple Institutions, a separate request must be completed for each Institution.

1. Calendar Year: 20 _____ Semester for which tuition remission is requested (enrollment term) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ (include summer session # if institution has more than one Summer Session) <input type="checkbox"/> Other _____	
2. Employee Name: (Last Name, First Name)	10. Student Name (Spouse/Child): (Last Name, First Name)
3. Employee SSN:	11. Student SSN (Spouse/Child):
4. Employee Date of Hire: Month/Day/Year ____/____/____ Do you have prior USM Service/dates? Yes _____ No _____	12. Student is Employee's: <input type="checkbox"/> Opposite Sex Spouse <input type="checkbox"/> Child <input type="checkbox"/> Same Sex Spouse
5. Complete if employee is retired or deceased: Month/Day/Year <input type="checkbox"/> Retired ____/____/____ <input type="checkbox"/> Deceased ____/____/____	13. Student's Date of Birth: (Required for a child - if employee or spouse of employee, leave blank) Month/Day/Year ____/____/____
6. Active Employee is Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____% Retired or deceased employee was employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Enter % employed if less than full time _____%	14. Student Enrollment Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
7. Employee Status: <input type="checkbox"/> Nonexempt <input type="checkbox"/> Contingent Catg. II <input type="checkbox"/> Grad. Asst. <input type="checkbox"/> Exempt <input type="checkbox"/> Retiree <input type="checkbox"/> Grad. Research Asst. <input type="checkbox"/> Faculty <input type="checkbox"/> Fellow <input type="checkbox"/> Grad. Teaching Asst.	15. Academic Program: student - spouse/child of employee must complete this section if employee began USM employment on or after 1/1/1990)
8. Employee's Home Institution: <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MIANR-AES <input type="checkbox"/> MIANR-UME/CES <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> SMCM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMB-MIEMSS <input type="checkbox"/> UMBC <input type="checkbox"/> UMBI <input type="checkbox"/> UMCES <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> USMO	16. Institution where employee/student is registered: <input type="checkbox"/> BCCC <input type="checkbox"/> BSU <input type="checkbox"/> CSU <input type="checkbox"/> FSU <input type="checkbox"/> MSU <input type="checkbox"/> SU <input type="checkbox"/> SMCM <input type="checkbox"/> TU <input type="checkbox"/> UB <input type="checkbox"/> UMB <input type="checkbox"/> UMBC <input type="checkbox"/> UMCP <input type="checkbox"/> UMES <input type="checkbox"/> UMUC <input type="checkbox"/> For Grad Assistants: Check box if your course is held at a different Institution from where you registered for the course (ie: an inter-institutional course). <input type="checkbox"/> Check if student applied, but was not admitted to, the Home Inst.
9. Employee's Institution Work Address: _____ Employee's Work Phone #: _____ Employee's Institution E-mail Address: _____	17. Number of credit hours to be remitted: _____ List account number(s) from which employee is paid: _____ _____ _____
18. Institution transfer of funds: Yes _____ No _____ (To be completed by Institution HR Benefits Coordinator)	

Please continue on to the TR Affidavit - complete and sign. This TR Request shall not be processed without the completed and signed TR Affidavit.



USM REQUEST FOR TUITION REMISSION – AFFIDAVIT (A)
TAXABILITY FOR SELF, SPOUSE OR CHILD

EMPLOYEE NAME: _____ DEPENDENT CHILD/SPOUSE NAME: _____

This affidavit must be completed by all employees and retirees requesting TUITION REMISSION (TR) to determine whether the Institution must treat the requested TR as taxable income to the employee or retiree under Federal Internal Revenue rules. In most cases, TR is **not** taxable for undergraduate courses taken by an employee, retiree, spouse or child who qualifies as the employee’s dependent under federal tax law standards. In addition, specific IRS rules govern the taxability of TR for graduate education, same sex spouses and their children, and children of divorced and separated parents. Those rules are summarized on a Tax Chart on the USM’s Website at: <http://www.usmd.edu/usm/adminfinance/tuitiontax.pdf>.

This affidavit is necessary to comply with federal tax law and to protect you and the USM Institution from potential tax liabilities and penalties. To complete the affidavit, **read the statements below and INITIAL any statement that applies to you.**

1. UNDERGRADUATE TUITION REMISSION FOR A SPOUSE - If you are seeking TR for your spouse, initial ALL applicable statements:

- ___ I certify that the person for whom I am requesting TR: (a) is my spouse and that we have entered a legally effective marriage, **and (b)** that we are not estranged, and that he/she does not maintain a separate domicile.
- ___ I am seeking TR for my same sex spouse whom I do not intend to claim as my dependent on my federal tax return for the 20__ calendar year, and I understand that the value of the TR is taxable income to me.
- ___ I am seeking TR for my same sex spouse whom I intend to claim as my dependent on my federal income tax return for the 20__ calendar year. If I do not claim my spouse as a dependent for this tax year, I will **notify** my HR Office as soon as possible and no later than 15 days of filing my tax return, and I understand that the value of my spouse’s TR will be considered taxable income to me.

2. UNDERGRADUATE TUITION REMISSION FOR A CHILD -

a. If you are seeking undergraduate TR for a child whom you will claim as a dependent on your income tax return for the year 20__, initial the following:

___ I certify that the person for whom I am requesting TR is my biological child, stepchild or legally adopted child and that I intend to claim the child as my dependent on my federal income tax return for the 20__ calendar year. If I do not claim my child as a dependent on my income tax return for the 20__ calendar year as indicated above, I will **notify** my HR Office as soon as possible and no later than 15 days of filing my tax return, and I understand that the value of my child’s TR will be considered taxable income to me.

b. If you are seeking undergraduate TR for a child whom you will NOT claim as a dependent on your income tax return for the year 20__, initial ONE applicable statement:

- ___ (i) I certify that the person for whom I am requesting TR (a) is my biological child, stepchild or legally adopted child, and **(b)** I do **not** intend to declare my child as a dependent on my federal income tax return for the 20__ calendar year, and (c) I understand that the value of my child’s TR will be considered taxable income to me. OR
- ___ (ii) Although I do not intend to declare my biological child, stepchild or legally adopted child as a dependent on my federal income tax return for the 20__ calendar year, (a) I am currently divorced or separated from the child’s parent (b) the child’s other parent will claim the child as a dependent on his/her federal income tax return for the 20__ calendar year, and (c) my marriage to the other parent was one that is recognized under federal law, (i.e., not a same sex spouse). If the child’s other parent does not claim my child as a dependent for this tax year, I will **notify** my HR Office as soon as possible and no later than 15 days of the filing of the tax return of the child’s other parent, and I understand that the value of my child’s TR will be considered taxable income to me.

3. TUITION REMISSION FOR GRADUATE EDUCATION - If you are seeking TR for graduate education for yourself or a family member, initial ONE applicable statement:

- ___ I am applying for TR for my own education in courses at the graduate level, and the courses qualify as a “working condition fringe benefit,” which means: the courses are required by law or the Institution for me to keep my present job OR maintain or improve skills required for my current employment, AND the courses will not qualify for the minimum educational requirements for my current position, AND the courses will not qualify me for a new trade or business.
- ___ I am applying for TR for my own education in courses at the graduate level which do not qualify as a “working condition fringe benefit” as that term is used in the Internal Revenue Code, and I understand that I will be taxed for the value of the TR that may exceed \$5,250.
- ___ I am applying for TR for the education of my spouse or child in courses at the graduate level, and I understand that I will be taxed for the full value of the TR.

4. GENERAL ACKNOWLEDGEMENTS - All applicants must INITIAL EACH of the following:

I understand that the following requirements are applicable to my application for and receipt of Tuition Remission:

- ___ a. I have read and I understand the relevant USM-BOR TR policies (VII-4.10 and VII-4.20), which appear at <http://www.usmd.edu/regents/bylaws/SectionVII/> and the USM Tuition Remission–Deadlines And Restrictions Chart, which appears at: <http://www.usmd.edu/usm/adminfinance/tuitionchart.pdf>
- ___ b. To the extent that any TR is taxable income under IRS regulations, the value of the TR will be added to my salary for taxation over designated pay periods during the semester when TR is used, according to the schedule set by the State Central Payroll Bureau.
- ___ c. I understand that the Institution where student registers for courses has final approval authority for my TR request.

5. I HEREBY SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT:

- a. The information given above is true and accurate;
- b. I understand that willful falsification of information in this Affidavit can result in referral for investigation and prosecution, full disciplinary action by the Institution, and civil action by the Institution to recover any costs that it may incur because of such a false statement; and
- c. For compliance and audit purposes, I agree to provide to the Institution a copy of any documentation (including relevant tax returns) that the HR Office deems necessary to ascertain my eligibility or the tax status of my spouse or child. I understand that failure to timely provide all requested information will result in the Institution treating the value of the TR as taxable income to me.
- d. I understand that I must notify the HR Office no later than 15 days of my first becoming aware of any change in the information that I have provided in this Affidavit and as a result, I understand that the value of the TR may be taxable income to me and applied retroactively to the appropriate taxable year. I further understand that failure to notify the Institution of any changes may be considered willful falsification, to be treated as described in item b. of this section.

Signature of Employee: _____ Date: _____

Signature of Department Head/Designee: _____ Date: _____

Signature of Human Resources Representative at Employing Institution: _____ Date: _____