

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

### I. DECLARATION

We,

Associate Name (Please Print)	Associate Social Security Number
Domestic Partner of Associate Name (Please Print)	Domestic Partner Social Security Number

Certify and declare that we are domestic partners in accordance with the criteria set forth herein and eligible for certain H&R Block health and welfare benefit programs. We acknowledge that providing incorrect or fraudulent information may result in termination of coverage under the applicable benefit programs. We further certify that if our domestic partnership ends, we will notify H&R Block within forty-five days.

### II. STATUS

If we live in a jurisdiction which authorizes domestic partnerships or civil unions, we meet the conditions of both Sections A and B below.

If we live outside of a jurisdiction which authorizes domestic partnerships or civil unions, we meet the conditions of B.

- A. If the jurisdiction (city, county, state, etc.) in which we live authorizes domestic partnership agreements or registrations or civil unions, we have executed such an agreement or have so registered, and have presented evidence of such agreement or registration.
- B. We satisfy all of the following conditions (Associate and Domestic Partner must initial after each one):
1. We are in an established relationship and are each other's sole domestic partner and intend to remain so indefinitely.  
\_\_\_\_\_ and \_\_\_\_\_ (Initials)
  2. Neither of us is married to or legally separated from anyone else.  
\_\_\_\_\_ and \_\_\_\_\_ (Initials)
  3. We are each at least eighteen (18) years of age and competent to enter into a legal contract.  
\_\_\_\_\_ and \_\_\_\_\_ (Initials)

4. We are not related by blood closer than would bar marriage under the law of the state in which we reside.

\_\_\_\_\_ and \_\_\_\_\_ (Initials)

5. We have resided together in the same residence for at least six months and intend to continue to do so indefinitely.

\_\_\_\_\_ and \_\_\_\_\_ (Initials)

6. We have not entered into our relationship with the primary purpose of obtaining medical coverage or any other staff member benefit.

\_\_\_\_\_ and \_\_\_\_\_ (Initials)

7. We have agreed to be mutually responsible for each other's common welfare, basic living expenses and financial obligations (debts) to third parties, and that anyone who is owed these expenses can collect from either of us, and we are otherwise financially interdependent, as evidenced by at least three of the following (check those which apply), with at least one item from Column, 1 and two items from Column 2, or such other evidence as H&R Block, in its sole discretion, considers sufficient:

\_\_\_\_\_ and \_\_\_\_\_ (Initials)

<b>Column 1 (Must Check at Least One)</b>	<b>Column 2 (Must Check at Least Two)</b>
<input type="checkbox"/> We have a joint bank account or a joint credit card account.	<input type="checkbox"/> The associate has named his or her domestic partner as a beneficiary under his or her will, or the domestic partner has named the associate, as a beneficiary under his or her will.
<input type="checkbox"/> We are cosigners of a lease, mortgage, or deed.	<input type="checkbox"/> The associate has granted his or her domestic partner powers under a durable power of attorney, or the domestic partner has granted the associate powers under a durable power of attorney.
	<input type="checkbox"/> The associate has named his or her domestic partner as a beneficiary on his or her life insurance policy, or the domestic partner has named the associate as a beneficiary on his or her life insurance policy.
	<input type="checkbox"/> We are named on the same car insurance policy.
	<input type="checkbox"/> One of us has filed a federal income tax return indicating that the other is a dependent for federal tax purposes.

\_\_\_\_\_  
Associate Signature Date

\_\_\_\_\_

\_\_\_\_\_  
Associate's Date of Birth

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner's Date of Birth

**IV. NOTARY PUBLIC AFFIRMATION**

I affirm that \_\_\_\_\_ and \_\_\_\_\_  
personally appeared, known to me to be the persons who executed the above  
statement.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(Seal)