

**LEGAL TAX DEPENDENCY CERTIFICATION FOR
DOMESTIC PARTNER AND CHILDREN**

Employee Last Name	First Name
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Domestic Partner's Last Name	First Name
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Domestic Partner's Child's Last Name	First Name
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Domestic Partner's Child's Last Name	First Name
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Domestic Partner's Child's Last Name	First Name
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Domestic Partner's Child's Last Name	First Name
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**A. DOMESTIC PARTNER CERTIFICATION AS A TAX-QUALIFIED
DEPENDENT**

I hereby certify that the person named above is my Domestic Partner. I, along with my Domestic Partner, have executed a Declaration of Domestic Partnership and submitted it to _____ (employer-print name).

I hereby also certify that:

- (1) My Domestic Partner has been a member of my household for the calendar year and had his/her principal place of residence in my home during the calendar year;
- (2) By engaging in the Domestic Partner relationship, no local or state laws were violated;
- (3) My Domestic Partner received over one-half of his/her support for the calendar year from me; and
- (4) My Domestic Partner was not claimed as a dependent child for the calendar year by any taxpayer.

I understand that falsely certifying dependency status could result in disciplinary action against me (including termination) by _____ (employer-print name), as well as potential tax fraud charges. I further agree to notify Dunkin' Brands Benefits Group of any change in this dependency status.

Signature of Employee

Date

B. DOMESTIC PARTNER'S DEPENDENT CHILD CERTIFICATION

I hereby certify that:

- (1) the above-named child(ren) of my Domestic Partner has/have been members of my household for the calendar year and had their/his/her principal place of residence in my home for the calendar year; and
- (2) I have provided over one-half of his/her/their support for the calendar year.

I understand that falsely certifying a child's dependency status or failure to inform _____ (employer-print name) when a child is no longer a dependent could result in disciplinary action, including my termination.

NOTE: If you have any questions concerning dependency status of your Domestic Partner or his/her children, you are urged to consult with a tax advisor prior to signing this certification.

Signature of Employee

Date

Approval for _____
(Employer Name)

Date