A71.500

Arkansas Forestry Commission
CATASTROPHIC LEAVE BANK PROGRAM
P.O. Box 3278 – Little Rock, AR 72203

Dependent Child Certification

Part I – To be completed by employee.

I hereby certify that _____,
Name of Child (print or type)
Social Security Number _____ Date of Birth _____

☐Yes	☐No	a.	resides in my home at least 50% of the time
☐Yes	☐No	b.	receives at least 50% of support from me
☐Yes	☐No	c.	is a dependent child
☐Yes	☐No	d.	is a dependent on my Arkansas Income Tax
		e.	if not claimed as a dependent – please explain below:

_____
_____

Arkansas Code 21-4-203 (4) states that "catastrophic illness" means a medical condition of an employee **or of the spouse or parent of the employee or of a child of the employee which may be claimed as a dependent under the Arkansas Income Tax Act of 1929.**

I authorize the Arkansas Individual Income Tax Section to verify that the above listed child is claimed as a dependent on my Arkansas Individual Income Tax Return for the most recent tax year.

Employee Signature _____ Social Security Number _____

_____
Arkansas Forestry Commission, Address, and FAX Date

For verification of dependent status, submit to: Arkansas Individual Income Tax Section, 227 Ledbetter Building, Little Rock, AR 72201 or FAX 682-7691.

Part II – To be completed by Arkansas Individual Income Tax Section.

I hereby certify that the above listed child ☐was ☐was not listed as a dependent child of the employee for the most recent tax year.

_____
Name and Title, DFA-Revenue-Individual Income Tax Section Date

7/1/03