

Certification of Federal Tax Dependent Status for Domestic Partner

I, _____, declare and acknowledge the following.
associate (print)

- I. I had previously elected to enroll my domestic partner, _____,
domestic partner (print)
in certain of the benefits offered under the DICK’S Sporting Goods, Inc. Health and Welfare Plan.
- II. My domestic partner satisfies the requirements under the Internal Revenue Code to qualify as my tax dependent for health coverage purposes, including all of the following:
 - A. My domestic partner and I have shared a common residence for at least 12 months and intend to do so indefinitely.
 - B. My domestic partner has been a member of my household for the last 12 months.
 - C. My domestic partner is not married to anyone else or related by blood.
 - D. During the last 12 months, I provided more than one-half of the total support for my domestic partner. In determining whether I provided more than one-half of the total support for my domestic partner, I compared the amount of support I provide with the amount of support my domestic partner receives from all sources, including Social Security, welfare payments, the support I provide, and the support my domestic partner provides from his or her own funds. Support includes food, shelter, clothing, medical and dental care, education, and the like.
 - E. My domestic partner is not my (or anyone else’s) “qualifying child” under Internal Revenue Code Section 152(c).
 - F. My domestic partner is a U.S. citizen, a U.S. national or a resident of the U.S., Canada or Mexico.
- III. I acknowledge that I have been advised by Dick’s to consult with an attorney or CPA regarding whether my domestic partner is a tax dependent under the Internal Revenue Code for health coverage purposes.
- IV. I agree to reimburse Dick’s for any and all taxes, penalties, or other losses (including reasonable attorney’s fees) that Dick’s may incur as a result of its reliance on this Tax Certification if it is untrue or incorrect in any respect.
- V. **I affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of my knowledge. I understand that any misrepresentation may result in the termination of my benefits and/or the termination of my employment.**

Associate Signature

Subscribed to before me this _____ day of _____, 201__.

Notary Public
My commission expires: _____