

# Children's Mercy Hospitals & Clinics Adoption Assistance Reimbursement Request Form

*To request reimbursement for adoption-related expenses, please complete this application, attach a copy of the adoption placement decree and receipts for all eligible expenses for which you are seeking reimbursement.*

*Employee Information:*

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_ Hire Date \_\_\_\_\_

Do you have spouse employed by Children's Mercy?      Yes      No

*Adoptee Information:*

Name of Child Adopted \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does child qualify as a "special needs" child?     Yes     No    If so, please attach documentation.

Was the adopted child a U.S. citizen at the time the adoption commenced?     Yes     No

Is either adopting parent related to the child?     Yes     No    If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Date Child Placed in Home \_\_\_\_\_ Approximate Date of Final Custody \_\_\_\_\_

*Eligible Adoption Expenses:*

Date Expense Incurred	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Reimbursement</b>	<b>\$ _____</b>	_____

Tax rules do not require income tax withholding unless your family adjusted gross income exceeds \$252,150. (If you are married, you must file a joint return to take the adoption credit or exclusion.) Please indicate below if income tax withholding should apply. You are not required to complete the income tax withholding information indicated below, however, if no box is checked, taxes will automatically be withheld. Adoption assistance is subject to Social Security and Medicare taxes regardless of your income and will be withheld. Consult IRS Publication 968 or your tax advisor for additional information.

Adoption assistance benefits are not considered federal or state taxable income to you unless your family adjusted gross income exceeds \$252,150.

To maximize your use of this benefit, you may indicate below whether income tax withholding should be applied to your adoption assistance benefit:

My family adjusted gross income for this taxable year will be less than \$252,150.

My family adjusted gross income for this taxable year will be more than \$252,150 and I understand that income tax must be withheld.

I certify that the information indicated above is correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*For Human Resources Use Only*

Adoption Assistance Approved \_\_\_\_\_

Is Assistance Subject to Income Tax Withholding? \_\_\_\_\_

Yes    No

Adjustment to Reflect Social Security and Medicare Taxes \_\_\_\_\_

Withheld Total Amount of Adoption Assistance Approved \_\_\_\_\_

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date