Relationship Disclosure Form

Employee Name: _____

Employee Date of Birth: _____

Employer/Client Name: _____

Check one box to indicate your legal relationship to the Employer/Client. For example, if the Employer/Client is your grandmother, you are the Employer/Client's grandchild.

Relative (Biological)
- ☐ Parent*±
- ☐ Son/Daughter (over 21)*
- ☐ Son/Daughter (under 21)*±
- ☐ Grandparent *
- ☐ Grandchild *
- ☐ Adopted Child*
  Adoption Date: _____

Non-Related Relationships
- ☐ Friend
- ☐ Neighbor
- ☐ Worker
- ☐ Ex-Spouse
  Divorce Date: _____

Relative (By Marriage or Partnership)
- ☐ Spouse*±
- ☐ Domestic Partner*‡
  Marriage Date: _____

Other Relative (By Marriage or P'ship)
- ☐ Step Parent*
- ☐ Step Child*
- ☐ Step Grandchild
- ☐ Step Brother/Step Sister
- ☐ Parent-in-Law
- ☐ Child-in-Law
- ☐ Brother-in-Law/Sister-in-Law

Other Relative (Biological)
- ☐ Brother/Sister
- ☐ Uncle/Aunt
- ☐ Nephew/Niece
- ☐ Cousin

*Due to your relationship with the Employer/Client and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the Employer/Client is terminated, you will not receive unemployment benefits. Any applicable exemptions cannot be waived.

± Due to your relationship with the Employer/Client and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits. Any applicable exemptions cannot be waived.

‡ Per Wis. Statute 770.05, Domestic Partnership means you and your same sex partner have filed for Domestic Partnership, and have a certified copy of your Declaration of Domestic Partnership.

Residency Disclosure

☐ Yes ☐ No Do the Employer/Client and Employee live in the same home?
NOTE: It is the Employee's responsibility to notify iLIFE should their living situation change.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

Employee Signature: _____Date: _____

Employer/Client Signature: _____ Date: _____