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**Affidavit for Certification of Marriage and Children**

**Section 1. Employee Information and Marriage Verification.** To be completed and signed by employee and spouse.

Print Employee's Name: Last	First	Middle Initial	Print Spouse's Name (if applicable)
Address (Street Name and Number)			Appt. #
City	State	Zip-Code	Spouse's Social Security # (SSN)

I attest, under penalty of perjury, that I have been (check the following that apply, if applicable):

Formally Married (married by formal ceremony) to \_\_\_\_\_ (insert name of spouse) since \_\_\_\_\_ (insert beginning date of marriage) in the present time; or

Informally Married (also sometimes called Common Law Married) to \_\_\_\_\_ (insert name of spouse) since \_\_\_\_\_ (insert beginning date of marriage) in the present time.

**Section 2. Children Verification.** I/We (employee or employee and employee's husband or wife, jointly) certify that the following named child(ren) (if more than one) is/are adopted by employee and/or employee's husband or wife, jointly, and/or (2) was/were awarded by a court of competent jurisdiction, to employee and/or employee's husband or wife, in a legal proceeding proceeding under US or state law; and I/We hereby affirm and acknowledge the following named child(ren) to be our legal child(ren) under state law:

Printed Name of child	SSN	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandchild
Printed Name of child	SSN	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandchild
Printed Name of child	SSN	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandchild
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Printed Name of child	SSN	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandchild
Printed Name of child	SSN	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-son <input type="checkbox"/> Step-daughter <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandchild

I, the undersigned employee, acknowledge this affidavit will be legal be effective if by spouse dies or if there is a change of circumstances stated to in this affidavit. I hereby agree to notify the Williamson County Human Resources Department if there is any change of circumstances stated to in this affidavit within 30 days of such change. I/We (employee or employee and employee's husband or wife) understand this affidavit may have legal implications under Texas state law and I/We represent to Williamson County that I/We understand this affidavit on my/our own that will and that I/We had the opportunity to discuss the procedure herein with our legal counsel. I/We further understand a civil action may be brought against me/for any legal issues, including reasonable attorney fees, which may be incurred by Williamson County due to a false statement or statements of fact contained in this affidavit or due to a failure to notify the Williamson County Human Resources Department of any change of circumstances stated to in this affidavit within 30 days of such change. I/We also acknowledge and understand that I under my husband or wife may be subject to criminal prosecution for the willful falsification of information in this affidavit. I/We, by the act of signing below, hereby certify under penalty of perjury, under the laws of the State of Texas, the foregoing to be true and correct.

Employee's Signature	Date (month/day/year)
Spouse's Signature	Date (month/day/year)

**Section 3. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List B, A and C or examine one document from List B, as listed on the reverse of this form, and record the title in appropriate area indicated on this form.

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee and that the above listed document(s) appear to be genuine and to relate to the employee named.

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		
Date (month/day/year)		

WORKSHEET FOR EMPLOYER USE ONLY

1. Employer Name: \_\_\_\_\_

2. Employer Address: \_\_\_\_\_

3. Employer City/State/Zip: \_\_\_\_\_

4. Employer Phone: \_\_\_\_\_

5. Employer Fax: \_\_\_\_\_

6. Employer Email: \_\_\_\_\_

7. Employer Website: \_\_\_\_\_

8. Employer EIN: \_\_\_\_\_

9. Employer DUNS Number: \_\_\_\_\_

10. Employer NAICS Code: \_\_\_\_\_

11. Employer SIC Code: \_\_\_\_\_

12. Employer NAES Code: \_\_\_\_\_

13. Employer NAICS Code: \_\_\_\_\_

14. Employer NAES Code: \_\_\_\_\_

15. Employer NAICS Code: \_\_\_\_\_

16. Employer NAES Code: \_\_\_\_\_

17. Employer NAICS Code: \_\_\_\_\_

18. Employer NAES Code: \_\_\_\_\_

19. Employer NAICS Code: \_\_\_\_\_

20. Employer NAES Code: \_\_\_\_\_

21. Employer NAICS Code: \_\_\_\_\_

22. Employer NAES Code: \_\_\_\_\_

23. Employer NAICS Code: \_\_\_\_\_

24. Employer NAES Code: \_\_\_\_\_

25. Employer NAICS Code: \_\_\_\_\_

26. Employer NAES Code: \_\_\_\_\_

27. Employer NAICS Code: \_\_\_\_\_

28. Employer NAES Code: \_\_\_\_\_

29. Employer NAICS Code: \_\_\_\_\_

30. Employer NAES Code: \_\_\_\_\_

31. Employer NAICS Code: \_\_\_\_\_

32. Employer NAES Code: \_\_\_\_\_

33. Employer NAICS Code: \_\_\_\_\_

34. Employer NAES Code: \_\_\_\_\_

35. Employer NAICS Code: \_\_\_\_\_

36. Employer NAES Code: \_\_\_\_\_

37. Employer NAICS Code: \_\_\_\_\_

38. Employer NAES Code: \_\_\_\_\_

39. Employer NAICS Code: \_\_\_\_\_

40. Employer NAES Code: \_\_\_\_\_

41. Employer NAICS Code: \_\_\_\_\_

42. Employer NAES Code: \_\_\_\_\_

43. Employer NAICS Code: \_\_\_\_\_

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45. Employer NAICS Code: \_\_\_\_\_

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47. Employer NAICS Code: \_\_\_\_\_

48. Employer NAES Code: \_\_\_\_\_

49. Employer NAICS Code: \_\_\_\_\_

50. Employer NAES Code: \_\_\_\_\_

**2011 California Exempt Organization Business Income Tax Return** Form 109

Calendar Year 2011 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

1. Federal EIN: \_\_\_\_\_ 2. State EIN: \_\_\_\_\_ 3. RTIC Section 20107: \_\_\_\_\_ 4. RTIC Section 20107: \_\_\_\_\_

5. Corporation/Organization Name: \_\_\_\_\_

6. Address: \_\_\_\_\_

7. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

8. Is the organization under audit by the IRS or has the IRS audited in a prior year?  No  Yes

9. Is the organization a non-exempt charitable trust as described in IRC Section 4547(b)?  No  Yes

10. Is the organization during an Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARG), Local Agency Military Base Recovery Area (LAMBRA), Targeted Incentive (TI), or Manufacturing Enterprise Area (MEA) tax benefit?  No  Yes

11. Is the organization a qualified person, partnership, or stock transferor as described in IRC Section 4547?  No  Yes

12. Is the organization a United Business Activity (UBA) Code?  No  Yes

13. Unrelated business taxable income from Schedule R, Part II, line 30: \_\_\_\_\_

14. Multiple line 1 by the average appointment percentage from the Schedule R, Appointment Form(s) Worksheet, Part A, line 6 or Part B, line 2. See instructions: \_\_\_\_\_

15. Enter the lesser amount from line 1 or line 2. If line 2 is zero, enter the amount from line 1: \_\_\_\_\_

16. Unrelated business taxable income from Schedule R, Part II, line 30: \_\_\_\_\_

17. Unrelated business taxable income from line 1 or line 4: \_\_\_\_\_

18. Enterprise zone, LAMBRA, LARG, TI, or PEMA's disaster losses: \_\_\_\_\_

19. Add line 16 and line 17: \_\_\_\_\_

20. Add line 6 and line 7: \_\_\_\_\_

21. Net unrelated business taxable income. Subtract line 8 from line 5: \_\_\_\_\_

22. Tax: \_\_\_\_\_

23. New state credit amount generated: \_\_\_\_\_

24. Tax credits from Schedule B. See instructions: \_\_\_\_\_

25. Total Credits. Add line 23 and line 24: \_\_\_\_\_

26. Balance. Subtract line 24 from line 21. If line 24 is greater than line 21, enter 0: \_\_\_\_\_

27. Alternative minimum tax. See General Information G: \_\_\_\_\_

28. Total tax. Add line 26 and line 27: \_\_\_\_\_

29. Development from a prior year allowed as a credit: \_\_\_\_\_

30. 2011 estimated tax payments. See instructions: \_\_\_\_\_

31. 2011 withholding (Form 950-B and/or 950) See instructions: \_\_\_\_\_

32. Amount paid with extension (Form 719-3030): \_\_\_\_\_

33. Total payments and credits. Add lines 29 through line 32: \_\_\_\_\_

34. Tax due. Subtract line 33 from line 28. Pay extra amount with return. See instructions: \_\_\_\_\_

35. Development. Subtract line 14 from line 15. See instructions: \_\_\_\_\_

36. Enter amount of line 21 to be applied to 2012 estimated tax: \_\_\_\_\_

37. Due tax. See instructions: \_\_\_\_\_

38. Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21: \_\_\_\_\_

39. Fill in the account information to have the refund directly deposited. Routing number: \_\_\_\_\_

40. Type: Checking  Savings  Account Number: \_\_\_\_\_

41. Penalties and interest. See General Information M: \_\_\_\_\_

42. Check if estimate penalty computed using Exception B or C and attach form 719-500: \_\_\_\_\_

43. Total amount due. Add line 20, line 22, line 23, and line 26, then subtract line 21 from the result: \_\_\_\_\_

**STATE OF TEXAS, County of \_\_\_\_\_**  
**IN SENATE,** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

**presented to me the foregoing Petition**

\_\_\_\_\_

**(My Comm. No. \_\_\_\_\_)**

**Notary Public in and for the State of Texas**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSETH that I, the undersigned authority, do hereby certify that the foregoing**

**is a true and correct copy of the original as the same appears to me.**

**(My Comm. No. \_\_\_\_\_) Notary Public in and for the State of Texas**

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The person who made the affidavit parec)A ) understand the affidavit) and and nA)icapuco al y otelpmoc erbmon le y ,adaruj nAicaralced al amrif anosrep al euqoloc y a)A le adamrif a o adaruj )A)se adaruj nAicaralced al iS amrif us y adaruj nAicaralced al azilaer euq anosrep al ed otelpmoc erbmon le sellated setneicuis sol recelbatse nebed es ,adaruj nAicaralced al ed anig)Ap amrif)A al ne .odazirotua ogitset led aicneserp ne anig)Ap adac ed ruirefni etrap al ne ramrif ed adaruj nAicaralced ed nA)icaralced anu ecah euq anosrep al ?adaruj nA)icaralced anu otneserp odn)A)C)A .nA)Aicaunitnoc a sodazirotua sogitset sol erbos lanoicida nA)icamrofni etlusnoc( odagoba le o zap al ed aicitsuj anu se etnemlareneq euq ,odazirotua ogitset nu etna esramrif a esraruj nebed sadaruj senoiacaralced sal sadot adaruj nA)icaralced anu namrif euq sadaruj senoiacaralced sal a sotnemucod ed otnuj)A - 8102 ed 1 acitc)Arp al ed nA)iccerid al etlusnoc .a)A)noc euq al ne aicnedive al adot renetnoc ebhed adaruj nA)icaralced al ?adaruj nA)icaralced anu obircse om)A)C)A .lic)A)F se on odunem a ,adaruj nA)icaralced aiporp us raraperp edeup euqna .ogitset o atseif anu rop adaraperp atircse nA)icaralced anu se adaruj nA)icaralced anU .adaruj nA)icaralced us raetamrof a raduya arap nA)Aicaunitnoc a adaruj nA)icaralced ed allitnalp al rasu edeup .erbmon us ne adarapes adaruj nA)icaralced anu ratneserp )Arebed ,osac us radlapper arap ,)odadnamed o etnaticilos nu on( ogitset nu ed aicnedive al ne odnaifnoc )A)se iS sogitset sorto ed sadaruj senoiacaralcedD .osac us aznava euq adidem a laiciduj laicifo le noc n)A)ritucsid es sogitset sol ed sadaruj senoiacaralced sal .aicnecil noc etnellav nu o ogol)A)scip nu ,olpmeje rop ,atrepxe omoc aicnedive odnad )A)se anosrep al ednod se senoinipo sal riulcni a nA)Aicpece aL .sofarr)Ap ne esridivid ebhed adaruj nA)icaralced al .adaruj nA)icaralced al ribircse ebhed om)A)C erbos selareneg salger sanugla yaH .soredadrev nare adaruj nA)icaralced us ed sodinetnoc sol euq )A)cidni anosrep al euq ,ramrif ed zapacni etnemacis)A)F se euq anosrep anU the authorised person, and their signature. Unless a court requests otherwise, a child (under 18 years of age) should not prepare an affidavit to support their case. Examples of such documents are a sales contract or a school report of a child. There are, however, a number of exceptions to hearsay rule. Court staff can help you with questions about court forms and the court process, but cannot give you legal advice. When you say something in an affidavit, it is as serious as saying it directly to the judicial officer while you are in the witness box in court. Generally, an affidavit should not set out the opinion of the person making the affidavit; that is, it must be based on facts not your beliefs or views. You need to file an affidavit with an application, response or when directed by the Court. If you are unsure about what can and cannot be included in your affidavit, you should seek legal advice. Your affidavit does not need to be lengthy as long as you include all the facts that you are relying on as evidence. You should not refer to anything said or documents produced in connection with an attempt to negotiate a settlement of your dispute, as these are not admissible as evidence in Court. You also need to number the affidavit and attachments consecutively, that is, from the first page of the affidavit to the last page of the last document attached. Therefore, you should include all the facts that are relevant in your case. Most evidence is provided by affidavit. If you think words should be struck out of an affidavit filed on behalf of the other party, you need to state your objection in writing to the court and the other party at least 14 days before the trial. Affidavit for non-English speaking person If the person making the affidavit does not have an adequate command of English, an interpretation)A )or translation of the affidavit and the oath must be read or given in writing to the person in a language that they understand, and the interpreter / translator must certify that the affidavit has been interpreted / translated to that person. For example Attachment 1 or Attachment A. This page has information on: when to file an affidavit how to write an affidavit what you should say in an .eterpr)A)ni .eterpr)A)ni led nA)Aicacifitrec anu odneylcni )adaruj nA)icaralced al )Aruj es n)A)iuq etna y edn)A)Ad ,odnj)A)uc ecid euq adaruj nA)icaralced al ed lanif la nA)icaralced al odneis( lanoicida taruj nu riulcni euq )A)rdnet adaruj nA)icaralced ed allitnalp aL .adaruj nA)icaralced us ne otnujda otnemucod la esrirefer ebhed ogeul y ,adaruj nA)icaralced us a olratnujda edeup ,aicnedive omoc otnemucod nu ne raifnoc aeesd iS adaruj nA)icaralced anu a sotnemucod ratnuj)A .otnujda ovihcra adac ed anig)Ap aremirp al ne y adaruj nA)icaralced us ne artel anu o orem)An nu noc onu adac a esrirefer ebhed ,otnujda ovihcra nu ed s)A)Am yah iS .etroc al ne onomistset us ed lanosrep otaler nu rad ed adatimil dadinutropo anu yaH .nareitsixe on sadaiporpani setrap sal iS omoc atart es adaruj nA)icaralced al euq acifingis otsE .soxena ed orem)An le y sadaruj senoiacaralced sal ed sanig)Ap ed orem)An le netimil euq saicmedivorp )A)ratcid etroC al secew a ,s)A)me)A .saicnatsnucric sadanimreted ne ratnujda nedeup es euq sotnemucod ed orem)An la setim)Al ecelbatse 8102 ed 1 acitc)Arp zirtcerid aL .o)A)in nu a o)A)Ad ed ataidemni azanema anu ne)A)artne lareneg ol rop euq ,aicnegru ed saicnatsnucric ne n)A)Aratpeca es ol)A)As onam a satircse sadaruj senoiacaralced sal .nA)icacneserp us arap adatpeca res on edeup adaruj nA)icaralced us ,setim)Al sotsedece iS .ridiced euq eneit etroC al euq ol arap setnavelr nos on euq sasoc sal areuf rajed ed etarT .osac us ed dadijelpmoc al ed )A)redneped adaruj nA)icaralced us ed nA)Aicarud aL .adaruj nA)icaralced anu ramrif a agein es ogitset le iS o ,azirotua ol laiciduj oiranoicuf le iS etnemlaro racifitset nedeup ol)A)As .adaruj nA)icaralced anu ranoiroporp ebhed ,euqifitset ogitset nu euq ereiuj detsu iS .adaruj nA)icaralced al ratneserp om)A)C y ,adacifitset aes adaruj nA)icaralced al euq recah om)A)C sogitset sorto ed sadaruj senoiacaralced

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