Department of Taxation and Finance

Employeeôs Withholding Allowance Certiýcate

New York State New York City Yonkers

First name and middle initial	Last name	Your Social Security number
Permanent home address *(number and street or rural route)*	Apartment number	Single or Head of household ☐ Married ☐ Married, but withhold at higher single rate ☐
City, village, or post o ce	State ZIP code	***Note:*** If married but legally separated, mark an X in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? ..... Yes ☐ No ☐

Are you a resident of Yonkers? ..... Yes ☐ No ☐

Before making any entries, see the Note ***below, and if applicable, complete the worksheet in the instructions.***

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable *(from line 19, if using worksheet)*	***1***	
2 Total number of allowances for New York City *(from line 31, if using worksheet)*	***2***	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	***3***	
4 New York City amount	***4***	
5 Yonkers amount	***5***	

I certify that I am entitled to the number of withholding allowances claimed on this certiýcate.

Penalty A penalty of $500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter 1 on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit *www.tax.ny.gov* (search: *IT-2104-I)* or scan the QR code below.

Employer: **Keep this certiýcate with your records.**

If any of the following apply, mark an ضـ ـخه Ø K ˜ ـخه ØY ş ʌ

ts available for this employee?

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Employer's name and address *(Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)*	Employer identiýcation number