

## **Employee Demographic Form**

Please **PRINT** clearly.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
MIDDLE NAME

ADDRESS: \_\_\_\_\_

Street or Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

HOME PHONE: (    ) \_\_\_\_\_

CELL PHONE: (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MO      DAY      YEAR

GENDER: ☐ Female    ☐ Male

### **EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Last Name, First Name

Address: \_\_\_\_\_

Street or Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

*Heritage Ministries is a Government contractor subject to Executive Order 11246, which requires Government contractors to ensure equal employment opportunity for all persons, without regard to race, color, religion, sex or national origin, and the Vietnam Era Veterans Readjustment Assistance Act of 1974 ("VEVRAA"), as amended by the Jobs for Veterans Act of 2002, which prohibits discrimination against protected veterans and requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.*

*As part of Heritage Ministries' affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with government reporting requirements. Failure to provide the information requested will not subject you to adverse treatment.*

**VETERAN STATUS\*:** Are you a veteran? ☐ Yes ☐ No ☐ I choose not to self-identify as a protected veteran

Veteran category (See next page for list of qualifying operations, missions, and expeditions):

☐ Disabled Veteran ☐ Active duty wartime or campaign badge veteran  
☐ Armed Forces Service Medal Veteran ☐ Recently Separated Veteran (provide date of discharge \_\_\_\_\_)

**RACE AND ETHNICITY\*** (See definitions on back):

Do you consider yourself to be Hispanic/Latino(a)? ☐ Yes ☐ No

Race - Select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American  
☐ Native Hawaiian or Pacific Islander ☐ White

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**Print Name**

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**Employee's Signature**

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**Date**

## Appendix: Definitions

### Definitions of Veteran Categories:

**Disabled Veteran:** A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs or who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty, in the U.S. military, ground, naval, or air service.

**Active Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval, or air force, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

### Definitions of Racial Categories:

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## NEW EMPLOYEE WELCOME BOARD

NAME: \_\_\_\_\_

I PREFER TO BE CALLED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SHIFT: \_\_\_\_\_

### FAMILY INFORMATION:

I AM: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ HAPPY

SPOUSE NAME: \_\_\_\_\_

CHILD(REN)'S NAME & AGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PET(S) NAME & BREED: \_\_\_\_\_

\_\_\_\_\_

I ENJOY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CHOSE TO WORK AT HERITAGE BECAUSE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*I give my permission for the above information to be used on the  
'New Employee Welcome Board' within our Heritage facilities.\*\*\*

\_\_\_\_\_

Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

## **Release For The Use Of Photographs**

I hereby authorize the release of the photographs of \_\_\_\_\_  
to be used in the following ways as indicated by an **X**.

\_\_\_\_\_ YES, I authorize the release of photographs for the following use:

- In any promotional purpose deemed appropriate by Heritage
- Written promotional materials such as brochure, flyers, etc.
- The Heritage web site
- Newspaper/Magazine articles or advertisements
- Television features or advertisements
- For display on Heritage display(s)
- For postings on social media

\_\_\_\_\_ NO, I do not authorize the release of photographs for any use

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

\_\_\_\_\_  
Date

## **Payroll Deduction Authorization Agreement**

Employee \_\_\_\_\_  
(Last) (First) (M.I.)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Heritage, for my convenience and benefit, to deduct any expenses listed below from my bi-weekly paycheck when I voluntarily incur them.

- Over-the-counter Medications
- Prescription Medications
- Clothing
- Meals
- Caring Fund Activities

I understand that the above benefits are available to myself only while I am an employee of Heritage. I also understand that the payments will vary based on my purchase.

I understand that this agreement will remain in effect until terminated by me or Heritage, and that I have the right to cancel or revoke this agreement at any time. Such revocation will prohibit the use of Heritage pharmacy, meals and clothing services

Signature:

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

\_\_\_\_\_  
Date

## HUMAN RESOURCES

# Payroll Direct Deposit Authorization

After your information is entered into the payroll system it will go into effect after 14 days while your bank account is pre-noted for an active account. **To avoid processing delays, attach voided check or bank issued direct deposit information if available.**

### Employee information

Name \_\_\_\_\_ Employee # \_\_\_\_\_ Community \_\_\_\_\_

### Account information

#### First account information

☐ Checking ☐ Savings ☐ Pay card

Bank name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

\$ \_\_\_\_\_ or \_\_\_\_\_ %

☐ Begin direct deposit ☐ Cancel this account

#### Second account information

☐ Checking ☐ Savings ☐ Pay card

Bank name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

\$ \_\_\_\_\_ or \_\_\_\_\_ %

☐ Begin direct deposit ☐ Cancel this account

☐ I hereby authorize Heritage Ministries to take the above indicated action.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

### Payroll use only

☐ Payroll Department processed

Initials \_\_\_\_\_ Date \_\_\_\_\_



Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

**IT-2104**

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 <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
<b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.					
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.</b>					
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	
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>					
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 certificate.

**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's signature	Date
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**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](http://www.tax.ny.gov) (search: *IT-2104-I*) or scan the QR code below.

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

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit [www.tax.nys.gov](http://www.tax.nys.gov) (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State ..... A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit [www.nynewhire.com](http://www.nynewhire.com).

**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

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 identification number
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Scan here



<https://www.tax.ny.gov/r/it2104i-2023>



# Instructions for Form IT-2104

## Employee's Withholding Allowance Certificate

### Overview

Form IT-2104 is completed by you, as an employee, and given to your employer to instruct them how much New York State (and New York City and Yonkers) tax to withhold from your pay and send to the New York State Tax Department on your behalf.

Your employer will use the information you provide on this form—including residency, marital status, and allowances—to withhold these taxes from your pay. The more allowances you claim, the lower the amount of tax your employer will withhold from your paycheck.

### Definition

**Allowances:** A withholding allowance is an exemption that lowers the amount of income tax your employer must deduct from your paycheck. A larger number of withholding allowances means a smaller New York income tax deduction from your paycheck, and a smaller number of allowances means a larger New York income tax deduction from your paycheck.

### Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualifying surviving spouse;
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2023 Form IT-2104 and give it to your employer.

### Changes effective beginning 2022

Form IT-2104 has been revised for tax year 2022. The worksheet and the charts below, used to compute withholding allowances or to enter an additional dollar amount on line 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2023 Form IT-2104 and give it to your employer.

### Who should file this form

Complete Form IT-2104 each year and file it with your employer if any of the following apply:

#### Life changes

- you are no longer a dependent
- you got married
- you became divorced or legally separated
- you had a child
- you moved into or out of New York City or Yonkers

#### Income changes

- your wages increased and you expect to earn \$107,650 or more during the tax year
- the total of your income and your spouse's income increased to \$107,650 or more for the tax year
- you have significantly more or less income from other sources or from another job, including self-employment

#### Job changes

- you started or ended a new job
- you are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program

#### Tax situation changes

- you itemize your deductions on your personal income tax return
- you are eligible for New York State credits (like the earned income, child and dependent care, or college tuition credits)
- you owed tax or received a large refund when you filed your personal income tax return for the past year
- you no longer qualify for exemption from withholding
- the IRS (Internal Revenue Service) advised you that you are entitled to fewer allowances than claimed on your original federal Form W-4 (submitted to your employer for tax year 2019 or earlier), and you claimed the disallowed allowances on your original Form IT-2104

## Tax years 2019 or earlier

If the most recent federal Form W-4 you submitted to your employer was for tax year 2019 or earlier, and you did not file New York State Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

## Tax years 2020 or later

If you submit a federal Form W-4 to your employer for tax year 2020 or later, and do not file New York State Form IT-2104, your employer may use zero as your number of allowances. For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

## How often to submit Form IT-2104 to your employer

When you start a new job, complete Form IT-2104. You should review the form you submitted for each job you have every year. Whenever your tax situation changes and you need to update the number of allowances you may claim, submit a new Form IT-2104 to your employer.

## Claiming the correct number of withholding allowances

### General information

#### Calculations

Calculate the number of withholding allowances you want to claim in Part 1 and Part 4 of the worksheet. If you want more tax withheld, you may claim fewer allowances.

#### Allowances you may not claim

You may **not** claim a withholding allowance for yourself or, if married, your spouse.

#### If you have more than one job

If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to.

If you claim all your allowances at your higher-paying job and zero allowances at the lower-paying job, your withholding will better match your total tax liability.

#### Dependents

If you are a dependent of another taxpayer and expect to earn more than \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will help make sure your employer withholds enough tax. If you calculate a negative number of allowances (less than zero), see Claiming negative allowances and Additional dollar amounts.

#### Heads of households with only one job

If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of this form. If you have only one job, you may also choose to claim two additional withholding allowances on line 15.

#### Single or head of household taxpayers with two or more jobs

If you are a single or head of household taxpayer, and your combined wages from all your jobs are **under \$107,650**, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you calculate a negative number of allowances (less than zero), see Claiming negative allowances below.

If you are a single or head of household taxpayer, and your combined wages from all your jobs are **between \$107,650 and \$2,263,265**, use the charts in Part 6 and enter the additional withholding dollar amount from the chart on line 3.

#### Married couples with both spouses working

If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers.

If the higher wage-earning spouse claims all the allowances the couple is entitled to, and the lower wage-earning spouse claims zero allowances, your withholding will better match your total tax liability. **Do not** claim more total allowances than you are entitled to.

If your combined wages are:

- **less than \$107,650**, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 19 and line 31 (if applicable) between you and your working spouse
- **\$107,650 or more**, use the charts in Part 5 and enter the additional withholding dollar amount on line 3

## Married taxpayers with two or more jobs

If you are a married taxpayer, and your combined wages from all your jobs are **\$107,650 or more**, use the charts in Part 5 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words Higher-paying job for Higher earner's wages within the chart).

## Specific information

Follow these instructions to make sure you withhold the correct amount, so that you will not owe additional tax when you file your income tax return.

### Claiming more than 14 allowances

If you claim more than 14 allowances, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. The Tax Department will review your certificate and notify your employer of any adjustments that must be made to either the filing status or number of withholding allowances permitted, or both.

### Claiming negative allowances

If you use the worksheet and calculate a negative number of allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amounts* below.

### Income from sources other than wages

If you have more than \$1,000 of income from sources other than wages (such as self-employment income, interest, dividends, or alimony received) and do not make estimated tax payments for that income, reduce the number of allowances claimed on line 1 and line 2 (if applicable) of this form by one for each \$1,000 of nonwage income. If you calculate a negative number of allowances (less than zero), see Claiming negative allowances above.

If you have significant amounts of nonwage income (income that is not reported on federal Form W-2), you may also consider making quarterly estimated tax payments directly to the Tax Department. For more information, see Estimated taxes, Form IT-2105-[I](#), *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*, or *Need help?*.

### Claiming other credits

If you will be eligible to claim any credits **other** than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances as follows:

1. Find your filing status and your New York adjusted gross income (NYAGI) in the chart below.
2. Divide the amount of the expected credit by the number indicated. (To determine the amount, see the instructions for the credit you are claiming.)
3. Enter the result (rounded to the nearest whole number) on line 14 of the Worksheet.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	60
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Between \$1,077,550 and \$5,000,000	Between \$1,616,450 and \$5,000,000	Between \$2,155,350 and \$5,000,000	96
Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	100
Over \$25,000,000	Over \$25,000,000	Over \$25,000,000	110

**Example:** You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 60.  $160/60 = 2.6667$ . The additional withholding allowance would be 3. Enter **3** on line 14.

### Additional dollar amounts

To ask your employer to withhold an additional dollar amount each pay period, complete lines 3, 4, and 5 on Form IT-2104, as applicable.

In most instances, if you calculate a negative number of allowances and your employer cannot accommodate that, you should ask to withhold these amounts **for each negative allowance claimed**:

- New York State (line 3): an additional \$1.85 of tax withheld per week
- New York City (line 4): an additional \$0.80 of tax withheld per week
- Yonkers residents (line 5): an additional 16.75% (.1675) of the New York State amount

**Note:** The additional amounts provided in these instructions or calculated using the charts in Part 5 or Part 6 are accurate for a **weekly** payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amounts that you calculate.

For example, if you are paid biweekly, you must double the dollar amounts you calculated.

## Avoid under withholding

Form IT-2104, together with your employer's withholding tables, is designed to make sure the correct amount of tax is withheld from your pay. If you do not have enough tax withheld during the entire year, you may owe additional tax when you file your return. The Tax Department must charge you interest and may impose penalties in certain situations in addition to the tax you owe. Even if you do not file a return, we may determine that you owe personal income tax. In that case, we must add interest and applicable penalties to the amount of tax that you should have paid during the year.

## Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file one of the following with your employer:

- Form IT-2104-E, *Certificate of Exemption from Withholding*,
- Form IT-2104-IND, *New York State Certificate of Exemption from Withholding*
- Form IT-2104-MS, *New York State Withholding Exemption Certificate for Military Service Personnel*

To determine if you are eligible to file any of the above forms, see their respective instructions on our website ([www.tax.ny.gov](http://www.tax.ny.gov)).

## Employers

### Box A

If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances:

1. Mark an **X** in box A.
2. Send a copy of Form IT-2104 to:  
**NYS TAX DEPARTMENT, INCOME TAX AUDIT ADMINISTRATOR  
WITHHOLDING CERTIFICATE COORDINATOR  
W A HARRIMAN CAMPUS  
ALBANY NY 12227-0865**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

3. If the employee is also a new hire or rehire, see Box B instructions.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January 1 through March 31	April 30	July 1 through September 30	October 31
April 1 through June 30	July 31	October 1 through December 31	January 31

### Box B

If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program:

1. Mark an **X** in box B.
2. Enter the first day the employee performs services for which the employee will be paid wages, commissions, tips and any other type of compensation. (For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions.)
3. Mark an **X** in the Yes or No box indicating if dependent health insurance benefits are available to this employee. If Yes, enter the date the employee qualifies for coverage.
4. Within 20 days of hiring, submit the completed form as follows:

#### by mail

**NYS DEPT TAX AND FINANCE  
NEW HIRE NOTIFICATION  
PO BOX 15119  
ALBANY NY 12212-5119**

#### online

To report newly-hired or rehired employees online instead of submitting this form, visit <https://www.nynewhire.com>.

**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the New York New Hire Online Reporting Center, **not** Form IT-2104.

For more information, see New hire reporting or visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *new hire*).

## Worksheet

**Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).** For assistance, see Tips and reminders for completing the worksheet.

6. Enter the number of dependents that you will claim on your state return (*do not include yourself or, if married, your spouse*). 6. \_\_\_\_\_

**For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.**

7. College tuition credit 7. \_\_\_\_\_

8. New York State household credit 8. \_\_\_\_\_

9. Real property tax credit 9. \_\_\_\_\_

**For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.**

10. Child and dependent care credit 10. \_\_\_\_\_

11. Earned income credit 11. \_\_\_\_\_

12. Empire State child credit 12. \_\_\_\_\_

13. New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter **2**. 13. \_\_\_\_\_

14. Other credits: see instructions 14. \_\_\_\_\_

15. Head of household status **and** only one job: If the situation applies, enter **2**. 15. \_\_\_\_\_

16. Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ \_\_\_\_\_. Divide this estimate by \$1,000. Drop any fraction and enter the number. 16. \_\_\_\_\_

17. If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2023, complete Part 3 below and enter the number from line 28. 17. \_\_\_\_\_

18. If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter **0**. 18. \_\_\_\_\_

19. Add lines 6 through 18. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for Taxpayers with more than one job or Married couples with both spouses working. 19. \_\_\_\_\_

**Part 2 – Complete this part only if you expect to itemize deductions on your state return.**

20. Enter your estimated New York itemized deductions for the tax year (*see Form IT-196 and its instructions; enter the amount from line 49*). 20. \_\_\_\_\_

21. Based on your federal filing status, enter the applicable amount from the table below. 21. \_\_\_\_\_

22. Subtract line 21 from line 20 (*if line 21 is larger than line 20, enter 0 here and on line 18 above*). 22. \_\_\_\_\_

23. Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above. 23. \_\_\_\_\_

**Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).**

24. Expected annual wages and compensation from electing employer in 2023 24. \_\_\_\_\_

25. Line 24 minus \$40,000 (if zero or less, **stop**) 25. \_\_\_\_\_

26. Line 25 multiplied by .05 26. \_\_\_\_\_

27. Line 26 multiplied by .935 27. \_\_\_\_\_

28. Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above. 28. \_\_\_\_\_

**Part 4 – Complete this part to compute your withholding allowances for New York City (line 2).**

29. Enter the amount from line 6 above. 29. \_\_\_\_\_

30. Add lines 15 through 18 above and enter total here. 30. \_\_\_\_\_

31. Add lines 29 and 30. Enter the result here and on line 2. 31. \_\_\_\_\_

### Standard deduction table

Filing status	Amount	Filing status	Amount
Single (cannot be claimed as a dependent)	\$8,000	Qualifying surviving spouse	\$16,050
Single (can be claimed as a dependent)	\$3,100	Married filing jointly	\$16,050
Head of household	\$11,200	Married filing separate returns	\$8,000

**Part 5:** These charts are only for married couples with both spouses working or married couples with one spouse working more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amounts. For example, if you are paid biweekly, you must double the dollar amounts computed.

### Combined wages between \$107,650 and \$538,749

Higher earner's wages	Combined wages: \$107,650-\$129,249	Combined wages: \$129,250-\$150,749	Combined wages: \$150,750-\$172,299	Combined wages: \$172,300-\$193,849	Combined wages: \$193,850-\$236,949	Combined wages: \$236,950-\$280,099	Combined wages: \$280,100-\$323,199	Combined wages: \$323,200-\$377,099	Combined wages: \$377,100-\$430,949	Combined wages: \$430,950-\$484,899	Combined wages: \$484,900-\$538,749
\$53,800 - \$75,299	\$11	\$16									
\$75,300 - \$96,799	\$10	\$17	\$25	\$30							
\$96,800 - \$118,399	\$6	\$14	\$21	\$32	\$43						
\$118,400 - \$129,249	\$2	\$8	\$16	\$27	\$41	\$40					
\$129,250 - \$139,999		\$3	\$12	\$23	\$38	\$37					
\$140,000 - \$150,749		\$2	\$9	\$20	\$35	\$37	\$34				
\$150,750 - \$161,549			\$4	\$16	\$31	\$37	\$32				
\$161,550 - \$172,499			\$2	\$11	\$26	\$34	\$30	\$33			
\$172,500 - \$193,849				\$4	\$18	\$27	\$27	\$52	\$73		
\$193,850 - \$236,949					\$5	\$11	\$19	\$49	\$70	\$73	
\$236,950 - \$280,099						\$5	\$11	\$52	\$81	\$75	\$80
\$280,100 - \$323,199							\$5	\$45	\$86	\$88	\$81
\$323,200 - \$377,099								\$22	\$47	\$62	\$63
\$377,100 - \$430,949									\$8	\$22	\$38
\$430,950 - \$484,899										\$8	\$22
\$484,900 - \$538,749											\$8

**Combined wages between \$538,750 and \$1,185,399**

Higher earner's wages	Combined wages: \$538,750-\$592,649	Combined wages: \$592,650-\$646,499	Combined wages: \$646,500-\$700,399	Combined wages: \$700,400-\$754,299	Combined wages: \$754,300-\$808,199	Combined wages: \$808,200-\$862,049	Combined wages: \$862,050-\$915,949	Combined wages: \$915,950-\$969,899	Combined wages: \$969,900-\$1,023,749	Combined wages: \$1,023,750-\$1,077,549	Combined wages: \$1,077,550-\$1,131,499	Combined wages: \$1,131,500-\$1,185,399
\$236,950 - \$280,099	\$85											
\$280,100 - \$323,199	\$89	\$94										
\$323,200 - \$377,099	\$57	\$65	\$74	\$49								
\$377,100 - \$430,949	\$39	\$32	\$41	\$50	\$5	\$5						
\$430,950 - \$484,899	\$37	\$39	\$32	\$41	\$50	\$5	\$5	\$5				
\$484,900 - \$538,749	\$22	\$37	\$39	\$32	\$41	\$50	\$5	\$5	\$5	\$5		
\$538,750 - \$592,649	\$8	\$22	\$37	\$39	\$32	\$41	\$50	\$5	\$5	\$5	\$3	\$1
\$592,650 - \$646,499		\$8	\$22	\$38	\$39	\$32	\$41	\$50	\$5	\$5	\$3	\$1
\$646,500 - \$700,399			\$8	\$22	\$37	\$39	\$32	\$41	\$50	\$5	\$3	\$1
\$700,400 - \$754,299				\$8	\$22	\$37	\$39	\$32	\$41	\$50	\$3	\$1
\$754,300 - \$808,199					\$8	\$22	\$37	\$39	\$32	\$41	\$51	\$1
\$808,200 - \$862,049						\$8	\$22	\$37	\$39	\$32	\$42	\$54
\$862,050 - \$915,949							\$8	\$22	\$37	\$39	\$34	\$45
\$915,950 - \$969,899								\$8	\$22	\$38	\$40	\$37
\$969,900 - \$1,023,749									\$8	\$22	\$39	\$43
\$1,023,750 - \$1,077,549										\$8	\$24	\$42
\$1,077,550 - \$1,131,499											\$9	\$25
\$1,131,500 - \$1,185,399												\$9

### Combined wages between \$1,185,400 and \$1,724,299

Higher earner's wages	Combined wages: \$1,185,400-\$1,239,249	Combined wages: \$1,185,400-\$1,239,249	Combined wages: \$1,293,200-\$1,347,049	Combined wages: \$1,347,050-\$1,400,949	Combined wages: \$1,400,950-\$1,454,849	Combined wages: \$1,454,850-\$1,508,699	Combined wages: \$1,508,700-\$1,562,549	Combined wages: \$1,562,550-\$1,616,449	Combined wages: \$1,616,450-\$1,670,399	Combined wages: \$1,670,400-\$1,724,299
\$592,650 - \$646,499	\$4	\$8								
\$646,500 - \$700,399	\$4	\$8	\$11	\$14						
\$700,400 - \$754,299	\$4	\$8	\$11	\$14	\$17	\$20				
\$754,300 - \$808,199	\$4	\$8	\$11	\$14	\$17	\$20	\$23	\$26		
\$808,200 - \$862,049	\$4	\$8	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$862,050 - \$915,949	\$57	\$8	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$915,950 - \$969,899	\$49	\$60	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$969,900 - \$1,023,749	\$40	\$52	\$64	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$1,023,750 - \$1,077,549	\$46	\$43	\$55	\$67	\$17	\$20	\$23	\$26	\$29	\$32
\$1,077,550 - \$1,131,499	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$31
\$1,131,500 - \$1,185,399	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28
\$1,185,400 - \$1,239,249	\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25
\$1,239,250 - \$1,293,199		\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22
\$1,293,200 - \$1,347,049			\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19
\$1,347,050 - \$1,400,949				\$9	\$25	\$44	\$48	\$44	\$56	\$68
\$1,400,950 - \$1,454,849					\$9	\$25	\$44	\$48	\$44	\$56
\$1,454,850 - \$1,508,699						\$9	\$25	\$44	\$48	\$44
\$1,508,700 - \$1,562,549							\$9	\$25	\$44	\$48
\$1,562,550 - \$1,616,449								\$9	\$25	\$44
\$1,616,450 - \$1,670,399									\$9	\$25
\$1,670,400 - \$1,724,299										\$9

### Combined wages between \$1,724,300 and \$2,263,265

Higher earner's wages	Combined wages: \$1,724,300- \$1,778,149	Combined wages: \$1,778,150- \$1,832,049	Combined wages: \$1,832,050- \$1,885,949	Combined wages: \$1,885,950- \$1,939,799	Combined wages: \$1,939,800- \$1,993,699	Combined wages: \$1,993,700- \$2,047,599	Combined wages: \$2,047,600- \$2,101,499	Combined wages: \$2,101,500- \$2,155,349	Combined wages: \$2,155,350- \$2,209,299	Combined wages: \$2,209,300- \$2,263,265
\$862,050 - \$915,949	\$36	\$39								
\$915,950 - \$969,899	\$36	\$39	\$42	\$45						
\$969,900 - \$1,023,749	\$36	\$39	\$42	\$45	\$48	\$51				
\$1,023,750 - \$1,077,549	\$36	\$39	\$42	\$45	\$48	\$51	\$54	\$57		
\$1,077,550 - \$1,131,499	\$34	\$37	\$40	\$43	\$46	\$50	\$53	\$56	\$1,233	\$1,262
\$1,131,500 - \$1,185,399	\$31	\$34	\$37	\$40	\$43	\$46	\$50	\$53	\$1,230	\$1,262
\$1,185,400 - \$1,239,249	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$50	\$1,227	\$1,259
\$1,239,250 - \$1,293,199	\$25	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$1,224	\$1,256
\$1,293,200 - \$1,347,049	\$22	\$25	\$28	\$31	\$34	\$37	\$40	\$43	\$1,221	\$1,253
\$1,347,050 - \$1,400,949	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$40	\$1,218	\$1,250
\$1,400,950 - \$1,454,849	\$68	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$1,215	\$1,247
\$1,454,850 - \$1,508,699	\$56	\$68	\$19	\$22	\$25	\$28	\$31	\$34	\$1,212	\$1,244
\$1,508,700 - \$1,562,549	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$31	\$1,208	\$1,241
\$1,562,550 - \$1,616,449	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$1,205	\$1,237
\$1,616,450 - \$1,670,399	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$1,202	\$1,234
\$1,670,400 - \$1,724,299	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$1,199	\$1,231
\$1,724,300 - \$1,778,149	\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$1,196	\$1,228
\$1,778,150 - \$1,832,049		\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$1,193	\$1,225
\$1,832,050 - \$1,885,949			\$9	\$25	\$44	\$48	\$44	\$56	\$1,243	\$1,222
\$1,885,950 - \$1,939,799				\$9	\$25	\$44	\$48	\$44	\$1,231	\$1,272
\$1,939,800 - \$1,993,699					\$9	\$25	\$44	\$48	\$1,219	\$1,260
\$1,993,700 - \$2,047,599						\$9	\$25	\$44	\$1,222	\$1,248
\$2,047,600 - \$2,101,499							\$9	\$25	\$1,218	\$1,251
\$2,101,500 - \$2,155,349								\$9	\$1,200	\$1,247
\$2,155,350 - \$2,209,299									\$16	\$54
\$2,209,300 - \$2,263,265										\$16

**Note:** These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, contact the Tax Department for assistance (see Need help?).

**Part 6:** Use these charts only for single or head of household taxpayers with more than one job, and combined wages between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amounts, as shown below, are accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amounts you calculated.

### Combined wages between \$107,650 and \$538,749

Higher wage	Combined wages: \$107,650- \$129,249	Combined wages: \$129,250- \$150,749	Combined wages: \$150,750- \$172,299	Combined wages: \$172,300- \$193,849	Combined wages: \$193,850- \$236,949	Combined wages: \$236,950- \$280,099	Combined wages: \$280,100- \$323,199	Combined wages: \$323,200- \$377,099	Combined wages: \$377,100- \$430,949	Combined wages: \$430,950- \$484,899	Combined wages: \$484,900- \$538,749
\$53,800 - \$75,299	\$13	\$19									
\$75,300 - \$96,799	\$12	\$21	\$29	\$30							
\$96,800 - \$118,399	\$7	\$16	\$24	\$29	\$30						
\$118,400 - \$129,249	\$2	\$10	\$18	\$22	\$27	\$47					
\$129,250 - \$139,999		\$4	\$13	\$18	\$24	\$58					
\$140,000 - \$150,749		\$2	\$9	\$13	\$19	\$58	\$61				
\$150,750 - \$161,549			\$3	\$9	\$15	\$57	\$60				
\$161,550 - \$172,499			\$1	\$6	\$12	\$57	\$62	\$62			
\$172,500 - \$193,849				\$3	\$9	\$55	\$66	\$65	\$43		
\$193,850 - \$236,949					\$14	\$49	\$69	\$70	\$74	\$60	
\$236,950 - \$280,099						\$12	\$23	\$40	\$39	\$46	\$22
\$280,100 - \$323,199							\$7	\$20	\$36	\$34	\$42
\$323,200 - \$377,099								\$8	\$22	\$37	\$34
\$377,100 - \$430,949									\$8	\$22	\$37
\$430,950 - \$484,899										\$8	\$22
\$484,900 - \$538,749											\$8

### Combined wages between \$538,750 and \$1,185,399

Higher wage	Combined wages: \$538,750- \$592,649	Combined wages: \$592,650- \$646,499	Combined wages: \$646,500- \$700,399	Combined wages: \$700,400- \$754,299	Combined wages: \$754,300- \$808,199	Combined wages: \$808,200- \$862,049	Combined wages: \$862,050- \$915,949	Combined wages: \$915,950- \$969,899	Combined wages: \$969,900- \$1,023,749	Combined wages: \$1,023,750- \$1,077,549	Combined wages: \$1,077,550- \$1,131,499	Combined wages: \$1,131,500- \$1,185,399
\$236,950 - \$280,099	\$13											
\$280,100 - \$323,199	\$9	\$8										
\$323,200 - \$377,099	\$43	\$8	\$8	\$8								
\$377,100 - \$430,949	\$34	\$43	\$8	\$8	\$8	\$8						
\$430,950 - \$484,899	\$36	\$34	\$43	\$8	\$8	\$8	\$8	\$8				
\$484,900 - \$538,749	\$22	\$36	\$34	\$43	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750 - \$592,649	\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$8	\$8	\$8	\$604	\$636
\$592,650 - \$646,499		\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$8	\$8	\$604	\$636
\$646,500 - \$700,399			\$8	\$22	\$36	\$34	\$43	\$8	\$8	\$8	\$604	\$636
\$700,400 - \$754,299				\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$604	\$636
\$754,300 - \$808,199					\$8	\$22	\$37	\$34	\$43	\$8	\$604	\$636
\$808,200 - \$862,049						\$8	\$22	\$37	\$34	\$43	\$604	\$636
\$862,050 - \$915,949							\$8	\$22	\$36	\$34	\$639	\$636
\$915,950 - \$969,899								\$8	\$22	\$36	\$630	\$671
\$969,900 - \$1,023,749									\$8	\$22	\$633	\$662
\$1,023,750 - \$1,077,549										\$8	\$618	\$665
\$1,077,550 - \$1,131,499											\$16	\$54
\$1,131,500 - \$1,185,399												\$16

**Combined wages between \$1,185,400 and \$1,724,299**

Higher wage	Combined wages: \$1,185,400-\$1,239,249	Combined wages: \$1,185,400-\$1,239,249	Combined wages: \$1,293,200-\$1,347,049	Combined wages: \$1,347,050-\$1,400,949	Combined wages: \$1,400,950-\$1,454,849	Combined wages: \$1,454,850-\$1,508,699	Combined wages: \$1,508,700-\$1,562,549	Combined wages: \$1,562,550-\$1,616,449	Combined wages: \$1,616,450-\$1,670,399	Combined wages: \$1,670,400-\$1,724,299
\$592,650 - \$646,499	\$668	\$700								
\$646,500 - \$700,399	\$668	\$700	\$732	\$765						
\$700,400 - \$754,299	\$668	\$700	\$732	\$765	\$797	\$829				
\$754,300 - \$808,199	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893		
\$808,200 - \$862,049	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$862,050 - \$915,949	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$915,950 - \$969,899	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$969,900 - \$1,023,749	\$703	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$1,023,750 - \$1,077,549	\$695	\$735	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$1,077,550 - \$1,131,499	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361
\$1,131,500 - \$1,185,399	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329
\$1,185,400 - \$1,239,249	\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297
\$1,239,250 - \$1,293,199		\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265
\$1,293,200 - \$1,347,049			\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233
\$1,347,050 - \$1,400,949				\$16	\$54	\$101	\$131	\$172	\$169	\$201
\$1,400,950 - \$1,454,849					\$16	\$54	\$101	\$131	\$172	\$169
\$1,454,850 - \$1,508,699						\$16	\$54	\$101	\$131	\$172
\$1,508,700 - \$1,562,549							\$16	\$54	\$101	\$131
\$1,562,550 - \$1,616,449								\$16	\$54	\$101
\$1,616,450 - \$1,670,399									\$16	\$54
\$1,670,400 - \$1,724,299										\$16

## Combined wages between \$1,724,300 and \$2,263,265

Higher wage	Combined wages: \$1,724,300- \$1,778,149	Combined wages: \$1,778,150- \$1,832,049	Combined wages: \$1,832,050- \$1,885,949	Combined wages: \$1,885,950- \$1,939,799	Combined wages: \$1,939,800- \$1,993,699	Combined wages: \$1,993,700- \$2,047,599	Combined wages: \$2,047,600- \$2,101,499	Combined wages: \$2,101,500- \$2,155,349	Combined wages: \$2,155,350- \$2,209,299	Combined wages: \$2,209,300- \$2,263,265
\$862,050 - \$915,949	\$989	\$1,021								
\$915,950 - \$969,899	\$989	\$1,021	\$1,053	\$1,086						
\$969,900 - \$1,023,749	\$989	\$1,021	\$1,053	\$1,086	\$1,118	\$1,150				
\$1,023,750 - \$1,077,549	\$989	\$1,021	\$1,053	\$1,086	\$1,118	\$1,150	\$1,182	\$1,214		
\$1,077,550 - \$1,131,499	\$393	\$425	\$457	\$490	\$522	\$554	\$586	\$618	\$650	\$70
\$1,131,500 - \$1,185,399	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586	\$618	\$650
\$1,185,400 - \$1,239,249	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586	\$618
\$1,239,250 - \$1,293,199	\$297	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586
\$1,293,200 - \$1,347,049	\$265	\$297	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554
\$1,347,050 - \$1,400,949	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457	\$490	\$522
\$1,400,950 - \$1,454,849	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457	\$490
\$1,454,850 - \$1,508,699	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457
\$1,508,700 - \$1,562,549	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425
\$1,562,550 - \$1,616,449	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393
\$1,616,450 - \$1,670,399	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361
\$1,670,400 - \$1,724,299	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329
\$1,724,300 - \$1,778,149	\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297
\$1,778,150 - \$1,832,049		\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265
\$1,832,050 - \$1,885,949			\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233
\$1,885,950 - \$1,939,799				\$16	\$54	\$101	\$131	\$172	\$168	\$201
\$1,939,800 - \$1,993,699					\$16	\$54	\$101	\$131	\$172	\$168
\$1,993,700 - \$2,047,599						\$16	\$54	\$101	\$131	\$172
\$2,047,600 - \$2,101,499							\$16	\$54	\$101	\$131
\$2,101,500 - \$2,155,349								\$16	\$54	\$101
\$2,155,350 - \$2,209,299									\$16	\$54
\$2,209,300 - \$2,263,265										\$16

## Privacy notification

Visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *Privacy*).

## Need help?

Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features

## Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users:	Dial 7-1-1 for the New York Relay Service

**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)

**Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	}	. . . . .	<b>2</b> \$ _____
---	--	---	-----------	-------------------
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# NEW YORK STATE DEPARTMENT OF HEALTH

## Criminal History Record Check



Department  
of Health

DOH CHRC form 102: Acknowledgement and Consent for Fingerprinting and Disclosure of Criminal History Record Information

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

### SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Alias/AKA	Mother's Maiden Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (street)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 2 – ATTESTATION


1.	I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).	
2.	I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.	
3.	I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary. In accordance with applicable laws, DOH will furnish appropriate summary information to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law. I have been informed that upon receiving notification from DCJS that there is a subsequent pending criminal action or proceeding or conviction, the DOH shall promptly notify an authorized person(s) of a provider of the additional allegation or new conviction.	
4.	I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.	
5.	I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI. If I believe an error has been made by DCJS for any New York State conviction/charge or the FBI for a non-New York State conviction/charge, I understand that I should notify DCJS and/or the FBI to report and request correction of this error to the addresses below.	
	NYS Division of Criminal Justice Services Criminal History Bureau Record Review Unit-5th Floor 4 Tower Place, Albany, NY 12203 (518) 485-7675	Federal Bureau of Investigation Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road, Clarksburg, WV 26306 (304) 625-5590
6.	I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.	
7.	I certify to the best of my knowledge and belief that I (check as appropriate): <input type="radio"/> Have <input type="radio"/> Have not been convicted of a crime in New York State or any other jurisdiction <input type="radio"/> Do <input type="radio"/> Do not have a final finding of patient or resident abuse If you checked either "Have" and/or "Do", please provide a brief explanation. (Optional) <input type="text"/>	
8.	My current mailing or home address is indicated in Section 1 of this form.	
9.	I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency in accordance with applicable laws. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own.	

Applicant Signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Signature of Parent or Legal Guardian: (if subject individual is under 18 years of age)	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name:	<input type="text"/>	Operating License Number (PFI):	<input type="text"/>
Print Name of Authorized Person:	<input type="text"/>	Title:	<input type="text"/>
Signature of Authorized Person:	<input type="text"/>	Date:	<input type="text"/>

This form is to be retained by the agency. Do not forward to the DOH CHRC

<p><b>NYS Department of Health</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">CHRC Unit P. O. Box 2607 Albany, NY 12220-0607 Phone: 518.402.5549 Fax: 518.474.7477 <a href="http://www.nyhealth.gov/chrc">www.nyhealth.gov/chrc</a> <a href="mailto:chrc@health.state.ny.us">chrc@health.state.ny.us</a></p>	<p><b>REQUEST FOR CRIMINAL HISTORY RECORD CHECK PAGE 1 INSTRUCTIONS</b></p> <p><b>CRIMINAL HISTORY RECORD CHECK (CHRC) PROGRAM</b></p>	<p style="text-align: right;"><i>For Department use only Leave blank</i></p>
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**This form is to be used to request a criminal history record check (CHRC) for a subject individual from the DOH CHRC Unit.**

For purposes of this form, the term **"Agency"** means residential health care facility, certified home health agency, licensed home care services agency or long term home health care programs that are authorized by law to request a check of criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

**"Authorized Person"** is the individual that is allowed to request, on behalf of the Agency, fingerprints and criminal history record checks.

**"Subject individual"** is an "employee" as defined by Public Health Law Section 2899(3).

**INSTRUCTIONS:**

1. This form is to be completed by the Authorized Person, who will sign and date where indicated in Section 3.
2. Please obtain subject individual information and complete all sections on page 2 of this form prior to or at the time of fingerprinting. This information will be used to conduct both a Federal and State criminal history record check pursuant to State law.
3. If subject individual is employed by a staffing organization with an Agency work location, the Agency is responsible for completing this form and the staffing agency may complete Section 4 if that staffing agency fingerprints the subject individual.
4. Subject individual is required to present two (2) forms of identification (ID) when fingerprinted. One must be a government-issued ID with subject individual's signature. At least one of the two forms of ID must contain a current photograph. Acceptable forms of government-issued IDs are: valid driver's license or Department of Motor Vehicles (DMV) ID, valid passport, valid military identification or valid school identification document. The type of government-issued ID presented is recorded in Section 2 of this form. Refer to the Employment Eligibility Verification Form I-9 for examples of other forms of identification. The second ID must be produced but not recorded in Section 2 of this form.
5. If subject applicant is fingerprinted by other than the Authorized Person, provide this instructional page to that individual for assistance in completing Section 4 of this form.
6. Authorized Person is to ensure that all fields in all sections must be completed for accurate and timely submissions.
7. Authorized Person will forward Page 2 of this Form to the DOH CHRC Unit at the address indicated above.

**FIELD DESCRIPTIONS:**

<p><b><u>SEX FIELD</u></b> M – Male F – Female</p>	<p><b><u>RACE FIELD</u></b> A – Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or any other Pacific Islander B – African black racial groups I – American Indian, Eskimo, or Alaskan native U – Of indeterminable race W – Caucasian, Mexican, Puerto Rican, Cuban, Central/South American or other Spanish origin</p>
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**BIRTH COUNTRY/PLACE FIELD**  
Enter **United States of America** for those of American birth  
Enter Country of Birth for those not of American birth

**HEIGHT FIELD**  
To be completed as a three (3) character value. If reported in feet and inches, the first (leftmost) digit is used to show feet with the two rightmost digits are used to show the inches between 00 and 11. If reported in inches, the leftmost character is "N" followed by two digits. If height is unknown, 000 is entered.  
  
The allowable range is 400 to 711. Heights shorter than 4 ft. will be recorded as 400 and taller than 7 ft. 11 in. will be recorded as 711.

**WEIGHT FIELD**  
In this field, the subject applicant's weight in pounds is entered (000-499). If weight is unknown, 000 is entered.  
All weight in excess of 499 pounds will be recorded as 499 lbs.

<p><b><u>HAIR FIELD – COLOR CODES</u></b> BAL – Bald BLK – Black BLN – Blonde or Strawberry BLU – Blue BRO – Brown GRN – Green GRY – Gray or Partially Gray ONG – Orange PNK – Pink PLE – Purple RED – Red or Auburn SDY – Sandy WHI – White XXX – Unknown</p>	<p><b><u>EYE FIELD – COLOR CODES</u></b> BLK – Black BLU – Blue BRO – Brown GRY – Gray GRN – Green HAZ – Hazel MAR – Maroon MUL – Multicolored PNK – Pink XXX – Unknown</p>
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## DOH CHRC 103 (9/06) - Page 2

NYS Department of Health		CRIMINAL HISTORY RECORD CHECK	
Resubmission <input type="radio"/>	<b>Type or print all information - USE CAPITAL LETTERS.</b> <b>Inaccurate, incomplete or illegible information will delay processing.</b>		
<i>DOH use only. Leave blank</i>			
<b>SECTION 1 - SUBJECT INDIVIDUAL INFORMATION</b>			
Social Security Number* <input type="text"/>		Date of Birth mm/dd/yyyy <input type="text"/>	
LAST Name <input type="text"/>		FIRST Name <input type="text"/> M.I. <input type="text"/>	
Maiden Name <input type="text"/>		Alias (AKA) <input type="text"/>	
Street Nbr <input type="text"/>	Street Name <input type="text"/>		Apt # <input type="text"/>
City <input type="text"/>		St <input type="text"/>	Zip <input type="text"/>
Sex <input type="text"/>	Birth Country/Place <input type="text"/>	Home Phone <input type="text"/>	Cell Phone <input type="text"/>
Race <input type="text"/>	Height (ft-inch) <input type="text"/>	Weight (lbs) <input type="text"/>	Hair <input type="text"/> Eyes <input type="text"/>
<b>SECTION 2 - SUBJECT INDIVIDUAL IDENTIFICATION</b>			
Please Select the Type of <b>PICTURE IDENTIFICATION</b> (select one):			
<input type="radio"/> Drivers License/DMV ID <input type="radio"/> Passport <input type="radio"/> Military <input type="radio"/> School <input type="radio"/> Other Identify: <input type="text"/>			
Issuing State/Country/Armed Force/School: <input type="text"/>		ID Number <input type="text"/>	
		ID Expire Date mm/dd/yy <input type="text"/>	
<b>SECTION 3 - AGENCY IDENTIFICATION</b>			
<input type="radio"/> Nursing Home <input type="radio"/> CHHA <input type="radio"/> LTHHCP              PFI# <input type="text"/> <input type="radio"/> LHCSA LICENSE # <input type="text"/>			
Full name of Agency where applicant will be working <input type="text"/>		Telephone number with area code <input type="text"/>	
Authorized Person LAST Name <input type="text"/>		FIRST Name <input type="text"/>	
Agency's Street Nbr <input type="text"/>		Street Name <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip <input type="text"/>
Authorized Party's e-mail: <input type="text"/>			
<p>The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-B of the Executive Law). I understand that the results of the criminal history record check will be used solely for purposes authorized by law and I will abide by the confidentiality requirements set forth in law. Informed consent (DOH CHRC Form 102) has been given by the subject individual and is on file.</p>			
Signature of Agency Authorized Person: <input type="text"/>		Date: <input type="text"/> / <input type="text"/> / <input type="text"/> MM DD YY	
<b>SECTION 4 - FINGERPRINTING METHOD/IDENTIFICATION</b>			
Fingerprint Method: <input type="radio"/> Ink & Roll <input type="radio"/> Live Scan	Name & Address of Location where fingerprint services were performed <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
Identification verified before fingerprinting: (refer to Instruction #4) <input type="radio"/> Yes <input type="radio"/> No	The subject individual, whose identification I have confirmed, appeared before me for fingerprinting. I secured his/her fingerprints via the method indicated. Signature: <input type="text"/>		Date Fingerprinted <input type="text"/> / <input type="text"/> / <input type="text"/> MM DD YYYY
First Name: <input type="text"/>		Last Name: <input type="text"/>	
Title: <input type="text"/>			

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\*The Authorized Person shall inform the subject individual that disclosure of the Social Security Number (SSN) is voluntary and not mandatory and that it will be used to assist DOH-CHRC Unit in performing criminal history record checks.