Employee’s Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial  Last name  Your Social Security number

Permanent home address (number and street or rural route)  Apartment number

City, village, or post office  State  ZIP code

Are you a resident of New York City?  Yes  No
Are you a resident of Yonkers?  Yes  No

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

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

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

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

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

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

Employer: Keep this 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 (search: IT-2104-I) or scan the QR code below.

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

B Employee is a new hire or a rehire

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.

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

Scan here

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