## Employee’s Withholding Allowance Certificate

### New York State • New York City • Yonkers

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your Social Security number</th>
</tr>
</thead>
</table>

### 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 (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)?
- Yes [ ]
- No [ ]

### Are you a resident of Yonkers?
- Yes [ ]
- No [ ]

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

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

1. **New York State amount**
2. **New York City amount**
3. **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](https://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.ny.gov](https://www.tax.ny.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