**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>
<tbody>
<tr>
<td>Permanent home address</td>
<td>Apartment number</td>
<td>Single or Head of household Married Married, but withhold at higher single rate</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>State</td>
<td>ZIP code</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>New York State amount</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>New York City amount</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Yonkers amount</td>
<td></td>
</tr>
</tbody>
</table>

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

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
B Employee is a new hire or a rehire

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

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

Scan here