loyee's Withholding Allowance Certificate

New York State • New York City • Yonkers				
	First name and middle initial Last name	Your social security number		
or type	Permanent home address (number and street or rural route) Apartment number			Single or Head of household. Married
Print	City, village, or post office State ZIP code		Married, but withhold at higher single rala. Note: If married but legally separated, mark an X in the Single or Head of household box.	
Are you a resident of New York City? Yes No				
Complete the worksheet on page 3 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) 2 Total number of allowances for New York City (from line 28)2.				
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.				
3 New York State amount 3. 4 New York City amount 4. 5 Yonkers amount 5.				
I certify that I am entitled to the number of withholding allowances claimed on this certificate.				
Employee's signature Date				
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: detach this page and give it to your employer.				
Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department, Employer identification number				
Employers only: Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State: Employee is a new hire Employee claimed more than 14 exemption allowances for New York State				
Need help? Privacy notification				
The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; undates and other information.				

Fax-on-demand f

orms: Forms are

evelopie inours a day, 7 days a week 1 800 748-3676

Telephone assistance is available from 8:00 astern time), Monday through Friday.

Refund status: 1 800 443-3200

(Automated service for refund status is available

24 hours a day, 7 days a week.)

To order forms and publications: 1 800 462-8100 Personal Income Tax Information Center: 1 800 225-5829

From areas outside the : (518) 485-6800

Hearing and speech impaired: (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

Pesons with disabilities: In compliance with the ericans with Disabilities Act, we will ensure that our offices, meeting rooms, and other facilities are esoble to persons with disabilities. If you have

questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.