

NEW YORK STATE TAXES - Form IT-2104



New York State Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

Print or type	First name and middle initial Youra	Last name Name	Your social security number 400-00-0000
	Permanent home address (number and street or rural route) 1 Univeristy Lane		Apartment number
	City, village, or post office Amherst	State NY	ZIP code 14228

Single or Head of household ☒ Married ☐
 Married, but withhold at higher single rate ☐
 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 ☒
 Are you a resident of Yonkers? 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)	1.	1
2 Total number of allowances for New York City (from line 28)	2.	0

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.	0
4 New York City amount	4.	0
5 Yonkers amount	5.	0

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature <i>Youra Name</i>	Date 1/13/2008
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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
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DO NOT FILL THIS IN or ANY BOXES BELOW YOUR SIGNATURE & date