Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐	

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2012)

New York State Department of Taxation and Finance

2012

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104
(1/12)

Print or type

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

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 17)* ..... 1.
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; keep a copy for your records.

Employers only: Mark an *X* in box A and/or box B to indicate why you are sending a copy of this form to New York State *(see instr.)*:

A. Employee claimed more than 14 exemption allowances for NYS ..... A. ☐

B. Employee is a new hire or a rehire.... B. ☐ First date employee performed services for pay *(mm-dd-yyyy) (see instr.)*:

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 NYS Tax Department.)* — Employer identification number

I do not want any State or Federal Tax withheld from my Pension Check

_____ Date _____ Signature