

2014

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>
City, village, or post office		State	ZIP code		
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.).