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 Married Married, but withhold at higher single rate
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? Ye Are you a resident of Yonkers?			
Complete the worksheet on page 4 before m 1 Total number of allowances you are claiming 2 Total number of allowances for New York City	for New York State and		
Use lines 3, 4, and 5 below to have additional	l withholding per pay	period under special	agreement with your employer.
New York State amount New York City amount Yonkers amount			4
I certify that I am entitled to the number of withh	olding allowances clair	med on this certificate.	
Employee's signature	-		Date
Penalty – A penalty of \$500 may be imposed for from your wages. You may also be subject to cri		ou make that decreases	s the amount of money you have withheld
Employee: detach this page and give it to you	ur employer; keep a c	opy for your records.	
Employer: Keep this certificate with your reco		y of this form to Now V	ork State (see instructional)

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 instructions):