



Department of Taxation and Finance

## Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

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
		<b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)		1
2 Total number of allowances for New York City (from line 24, if using worksheet)		2
Use lines 3, 4, and 5 below to have additional written agreement with your employer.		
3 New York State amount .....		3
4 New York City amount .....		4
5 Yonkers amount .....		5

# FORM IT-2104