



Department of Taxation and Finance

**IT-2104****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"/>
City, village, or post office	State	ZIP code	Married, but withhold at higher single rate
			<i>Note: If married but legally separated, mark an X in the Single or Head of household box.</i>

Are you a resident of New York City? ..... Yes  No Are you a resident of Yonkers? ..... Yes  No **Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.**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 agreement with your employer.

**FORM IT-2104**

3 New York State amount .....	3
4 New York City amount .....	4
5 Yonkers amount .....	5