



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial	Last name		Your social securit	y number
Permanent home address (number and street or rural route)		Apartment number	Single or Head of ho	usehold Married dat higher single rate
City, village, or post office	State	ZIP code		gally separated, mark an X in
Are you a resident of New York City?	No 🗌			
 Complete the worksheet on page 3 before maki Total number of allowances you are claiming for Total number of allowances for New York City (fr 	New York State and `			1 2
Use lines 3, 4, and 5 below to have additional w	ithholding per pay r	eriod under special a	greement with yo	ur employer.
3 New York State amount				3 4
5 Yonkers amount				5
I certify that I am entitled to the number of withhold	ing allowances claime	ed on this certificate.		
Employee's signature			Date	
Penalty – A penalty of \$500 may be imposed for an from your wages. You may also be subject to crimin Employee: detach this page and give it to your e	nal penalties.		the amount of mon	ey you have withheld
Employer: Keep this certificate with your record Mark an X in box A and/or box B to indicate why you		of this form to New York	≺ State (see instructi	ons):
A Employee claimed more than 14 exemption allow	wances for NYS	А		
B Employee is a new hire or a rehire B First	st date employee perfor	med services for pay (mm	-dd-yyyy) (see instr.):	
Are dependent health insurance benefits availa	able 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 fo	rm to the NYS Tax Department.)	Employer identification r	number

Instructions

Changes effective for 2015

Form IT-2104 has been revised for tax year 2015. The worksheet on page 3, the charts beginning on page 4, and the additional dollar amounts in the instructions on page 2, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet, charts, or additional dollar amounts, you should complete a new 2015 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year

and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- · You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- · You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$106,200 or more during the tax year.
- The total income of you and your spouse has increased to \$106,200 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- · You no longer qualify for exemption from withholding.

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an *X* in box A and send a copy of Form IT-2104 to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865. If the employee is also a new hire or rehire, see *Box B* instructions.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January - March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an X in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an X in the Yes or No box indicating if dependent health insurance benefits are available to this employee. If Yes, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119. To report newly-hired or rehired employees online instead of submitting this form, go to www.nynewhire.com.

Worksheet

See the instructions before completing this worksheet.

Part 1 - Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your st	ate return (do not include yourself or, if married, your spouse)	6
or lines 7, 8, and 9, enter 1 for each credit you expect to claim	on your state return.	
7 College tuition credit		7
8 New York State household credit		8
9 Real property tax credit		9
or lines 10, 11, and 12, enter 3 for each credit you expect to cla	aim on your state return.	
10 Child and dependent care credit		10
11 Earned income credit		11
12 Empire State child credit		12
13 Other credits (see instructions)		13
14 Head of household status and only one job (enter 2 if the situat	tion applies)	14
15 Enter an estimate of your federal adjustments to income, suc	ch as alimony you will pay for the tax year	
and deductible IRA contributions you will make for the tax y	year. Total estimate \$	
Divide this estimate by \$1,000. Drop any fraction and enter	r the number	. 15
16 If you expect to itemize deductions on your state tax return, or		
All others enter 0		. 16
17 Add lines 6 through 16. Enter the result here and on line 1. If	you have more than one job, or if you and your spouse both	
work, see instructions for Taxpayers with more than one jo	b or Married couples with both spouses working	. 17
art 2 – Complete this part only if you expect to iter	nize deductions on your state return.	
18 Enter your estimated federal itemized deductions for the tax19 Enter your estimated state, local, and foreign income taxes of	year or state and local general sales taxes included on line 18	19
18 Enter your estimated federal itemized deductions for the tax of the state, local, and foreign income taxes of the subtract line 19 from line 18	yearr state and local general sales taxes included on line 18	19 20
18 Enter your estimated federal itemized deductions for the tax19 Enter your estimated state, local, and foreign income taxes of	yearr state and local general sales taxes included on line 18	19 20
18 Enter your estimated federal itemized deductions for the tax 19 Enter your estimated state, local, and foreign income taxes of 20 Subtract line 19 from line 18	yearr state and local general sales taxes included on line 18	19 20 21 22
18 Enter your estimated federal itemized deductions for the tax 19 Enter your estimated state, local, and foreign income taxes of 20 Subtract line 19 from line 18	yearr state and local general sales taxes included on line 18	19 20 21 22
18 Enter your estimated federal itemized deductions for the tax 19 Enter your estimated state, local, and foreign income taxes of 20 Subtract line 19 from line 18	year or state and local general sales taxes included on line 18	19 20 21 22
18 Enter your estimated federal itemized deductions for the tax of the state of the	year or state and local general sales taxes included on line 18 unt from the table below	19 20 21 22
18 Enter your estimated federal itemized deductions for the tax of the state of the	year In state and local general sales taxes included on line 18 Junt from the table below	19 20 21 22
18 Enter your estimated federal itemized deductions for the tax of the state of the	year In state and local general sales taxes included on line 18 Junt from the table below uction table Qualifying widow(er)	19 20 21 22
19 Enter your estimated state, local, and foreign income taxes of 20 Subtract line 19 from line 18	year	19 20 21 22 23
18 Enter your estimated federal itemized deductions for the tax of the state of the	year	19 20 21 22 23
18 Enter your estimated federal itemized deductions for the tax of the state of the	year	19 20 21 22 23
18 Enter your estimated federal itemized deductions for the tax of the state of the	year	19 20 21 22 23
18 Enter your estimated federal itemized deductions for the tax of the enter your estimated state, local, and foreign income taxes of Subtract line 19 from line 18	year	19
18 Enter your estimated federal itemized deductions for the tax of the enter your estimated state, local, and foreign income taxes of Subtract line 19 from line 18	year	19
18 Enter your estimated federal itemized deductions for the tax of the enter your estimated state, local, and foreign income taxes of Subtract line 19 from line 18	year	19