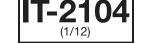


New York State Department of Taxation and Finance

Employee's Withholding Allowance Certificate



New York State • New York City • Yonkers

	First name and middle initial	Last name		Your social securi	ty number
be					
Print or type	Permanent home address (number and street or rural route)		Apartment number	Single or Head of ho	
ri-	City, village, or post office	State	ZIP code		ld at higher single rate
_	only, village, or post office	Oldic	Zii Gode	Note: If married but le the Single or Head of	gally separated, mark an X in household box.
Are	you a resident of New York City? Yes	No 🗌			
Are	you a resident of Yonkers? Yes	No 🗌			
Co	mplete the worksheet on page 3 before makin	g any entries.			
	Total number of allowances you are claiming for N		and Yonkers, if applicable	(from line 17)	1.
	Total number of allowances for New York City (from			. ,	
	e lines 3, 4, and 5 below to have additional witl	ŕ			
2 1	New York State amount				3.
1	New York City amount				4.
1	onkers amount				5.
5	TOTIKEIS ATTIOUTIL				5.
	rtify that I am entitled to the number of withholding	ng allowances c	laimed on this certificate.		
Emp	loyee's signature			Date	
	alty — A penalty of \$500 may be imposed for an held from your wages. You may also be subject t			es the amount of mo	oney you have
Emp	ployee: detach this page and give it to your em	nployer; keep a	copy for your records.		
	Navara anhu Mark an Vin hay A and/ay hay D ta	in dia atala		this forms to Novy Vo	uls Chaha (f).
Emp	bloyers only: Mark an X in box A and/or box B to	indicate why yo	ou are sending a copy of	this form to New Yo	rk State (see instr.):
A. E	mployee claimed more than 14 exemption allows	ances for NYS	A. 🗀		
B. E	imployee is a new hire or a rehire B. First	date employee pe	erformed services for pay (m	m-dd-yyyy) (see instr.):	
	Are dependent health insurance benefits available	ole for this emplo	oyee?Yes	No 🗔	
	If Yes, enter the date the employee qualifies (mr	*****			
Emp	loyer's name and address (Employer: complete this section only if you	u are sending a copy of	this form to the NYS Tax Department.	Employer identification	number
i				1	

Instructions

Changes effective for 2012

Form IT-2104 has been revised for tax year 2012. 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 your 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 the additional dollar amounts, you should complete a new 2012 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 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 \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 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.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

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.

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

 $\mathbf{Box}\ \mathbf{B}$ — If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an \mathbf{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.

art 1	1 — Complete this part to compute your withholding allow	vances for New York State and Yonker	s (line 1).			
	Enter the number of dependents that you will claim on your state return (. 6			
	nes 7, 8, and 9, enter 1 for each credit you expect to claim on your sta					
	College tuition credit					
8	New York State household credit		. 8			
	Real property tax credit		. 9			
	nes 10, 11, and 12, enter 3 for each credit you expect to claim on your					
	Child and dependent care credit					
	Earned income credit					
	Empire State child credit					
	Other credits (see instructions)					
14	Head of household status and only one job (enter 2 if the situation applies)					
15	Enter an estimate of your federal adjustments to income, such as alimon	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year				
	and deductible IRA contributions you will make for the tax year. Total e					
	Divide this estimate by \$1,000. Drop any fraction and enter the number	r	15			
16	If you expect to itemize deductions on your state tax return, complete Pa	art 2 below and enter the number from line 25.				
	All others enter 0		16			
17	Add lines 6 through 16. Enter the result here and on line 1. If you have m	ore than one job, or if you and your spouse both				
	work, see instructions for Taxpayers with more than one job and Marrie	ed couples with both spouses working	17			
18	2 — Complete this part only if you expect to itemize ded Enter your estimated federal itemized deductions for the tax year Enter your estimated state, local, and foreign income taxes or state and	-	18			
. •	(if your estimated New York AGI is over \$1 million, you must enter on line 19 all e	-				
	line 18 except charitable contributions)		19.			
20	Subtract line 19 from line 18					
	Enter your estimated college tuition itemized deduction					
	Add lines 20 and 21					
	Based on your federal filing status, enter the applicable amount from the					
	Standard deduction table					
		ng widow(er)				
		filing jointly				
-	Head of household	filing separate returns \$ 7,500				
24	Subtract line 23 from line 22 (if line 23 is larger than line 22, enter 0 here and or	n line 16 above)	24			
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above					
rt 3	3 — Complete this part to compute your withholding allo	owances for New York City (line 2).				
26	Enter the amount from line 6 above		26			
27	Add lines 14 through 16 above and enter total here		27			
~~	Add lines OC and OZ. Futurathe was lite to a read on line O		00			