



## 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 Marrie	
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 (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)?				
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				
2 Total number of allowances for New York City (from line 31, if using worksheet)				
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.				
3 New York State amount				
4 New York City amount			4.	
5 Yonkers amount				

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty - A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter 1 on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit *www.tax.ny.gov* (search: IT-2104-I) or scan the QR code below.

Employers only: Keep this certificate with your records.				
If any of the following apply, mark an X in each corresponding box, complete the additional information requested, and send an additional copy of this form				
to New York State. See Employer in the instructions. Visit www.tax.nys.gov (search: IT-2104-I) or scan the QR code below.				
A Employee claimed more than 14 exemption allowances for NYS A				
B Employee is a new hire or a rehireB First date employee performed services for pay (mm-dd-yyyy) (see <i>Box B instructions</i> ): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.				
Note: Employers must report individuals under an independent contractor arrangement with contracts in excess of \$2,500 using the online reporting website above, not Form IT-2104.				
Are dependent health insurance benefits available for this employee?				
Employer's name and address ( <i>Employer: complete this section only if you must send a copy of this form to the New York State Tax</i> Department.) Employer identification number				





IT-2104

https://www.tax.ny.gov/r/it2104i-2024