

Department of Taxation and Finance

IT-2104

Employee's Withholding Allowance Certificate New York State • New York City • Yonkers

First name and middle	e initial	Last name		Your Social Security number
			a	No. in Control
Permanent home address (number and street or rural route) Apartment number			Single or Head of household Married Married, but withhold at higher single rate	
City, village, or post of		State	ZIP code	Note : If married but legally separated, mark an X in the Single or Head of household box.
Are vou a resider	nt of New York City (this in	icludes the Bronx, Brookly	vn, Manhattan, Queens,	and Staten Island)? Yes No No No
	4 - f Vamlanan			
Before making a	ny entries, see the Note	below, and if applicable, a for New York State and Yor	complete the workshee nkers, if applicable (from lin	e 19, if using worksheet) 1
2 Total number of	of allowances for New Yor	k City (from line 31, if using	worksneet)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Use lines 3, 4, a	nd 5 below to have addi	tional withholding per p	ay period under specia	al agreement with your employer.
>4 1 04 4				3
4. Blance Verely City	amount			
5 Yonkers amou	int	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
certify that I am (entitled to the number of v	vithholding allowances cla	imed on this certificate.	
2Ib. A popo	Ity of \$500 may be impose You may also be subject	ed for any false statement	you make that decrease	es the amount of money you have withhe
Employee's signature				Date
				review this form once a year and update
f needed. Note: Single taxp		ro dependents, enter 1 or	n lines 1 and 2 (if applica deductions or claim tax o	review this form once a year and update able). Married taxpayers with or without credits, or both, complete the worksheet i
Fineeded. Note: Single taxp Iependents, head the instructions. V Employer: Keep If any of the follow topy of this form to	rayers with one job and ze ds of household or taxpayer /isit www.tax.ny.gov (search this certificate with you ring apply, mark an X in eac o New York State. See Em	ro dependents, enter 1 or ers that expect to itemize th: IT-2104-I) or scan the records. th corresponding box, comployer in the instructions.	n lines 1 and 2 (if applica deductions or claim tax of QR code below. plete the additional inform visit www.tax.ny.gov (seal	ble) Married taxpavers with or without
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