

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		<input type="checkbox"/> <input type="checkbox"/>
Apartment number		<input type="checkbox"/>
&LW\ YLOODJH RU SRVW RI¿FH	6WDWH	=,3FRGH

Are you a resident of New York City? .....

(from line 35) ..... 

2
---


--	--

---

--	--

- ‡ 7KH WRWDO LQFRPH RI \RX DQG \RXU VSRXVH KDV LQFUHDVHG WR RU more for the tax year.
- ‡ <RX KDYH VLJQL¿FDQWO\ PRUH RU OHVV LQFRPH IURP RWKHU VRXUFHV RU IURP another job.
- You no longer qualify for exemption from withholding.
- ‡ <RX KDYH EHHQ DGYLVHG E\ WKH ,QWHUQDO 5HYHQXH 6HUYLFH WKDW \RX are entitled to fewer allowances than claimed on your original federal )RUP : VXEPLWWHG WR \RXU HPSOR\HU IRU WD[ \HDU RU HDUOLHU and the disallowed allowances were claimed on your original )RUP ,7
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.
- You made contributions to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account).

**Exemption from withholding**

<RX FDQQRW XVH )RUP ,7 WR FODLP H[HPSWLRQ IURP ZLWKKROGLQJ To claim exemption from income tax withholding, you must ¿OH )RUP ,7 ( , with your HPSOR\RX PXVW ¿OH D QHZ FHUWL¿FDWH HDFK \HDU WKDW \RX TXDOLI\ IRU exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and \RX DUH RYHU \HDUV RIDJH XQGHU RU D IXOO WLPH VWXGHQW \RX¿D\ DOVR FODLP H[HPSWLRQ IURP ZLWKKROGLQJ LI you are a military spouse and meet the conditions set forth under the 6HUYLFHHPHEHU\$R\YLD¿PHQ¿BHG E\ WKH 0LQLOLDU\ 6SRXVHV 5HVLGHQFH\$FWOLG WKH 9HWHU¿DQV\$FWLRQVVR¿QG DUH D GSHQGHQW ZKR LV XQGHU RU D IXOO WLPH VWXGHQW \RX PD\ RZH WD[ LI \RXU LQFRPH LV PRUH WKDQ

**Withholding allowances**

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute LQ 3DUW DQG 3DUW RI WKH ZRUNVKHHW RQ SDJH ,I \RX ZDQW PRUH WD[ withheld, you may claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to YHULI\ \RXU DOORZDQFHV ,I \RX DUULYH DW QHJDWLYH DOORZDQFHV OHVV WKDQ ]HUR RQ OLQH RU DQG \RXU HPSOR\HU FDQQRW DFFRPPRGDWH QHJDWLYH allowances, enter 0 and see Additional dollar amount(s) below.

Income from sources other than wages – ,I \RX KDYH PRUH WKDQ RI LQFRPH IURP VRXUFHV RWKHU WKDQ ZDJHV VXFK DV LQWHUHV dividends, or alimony received), reduce the number of allowances FODLPHG RQ OLQH DQG OLQH LI DSSOLFDEOH RI WKH ,7 FHUWL¿FDWH E\ RQH IRU HDFK RI QRQZDJH LQFRPH ,I \RX DUULYH DW QHJDWLYH allowances (less than zero), see above. You may also consider making estimated tax payments, especially if you KDYH VLJQL¿FDQW DPRXQWV RI QRQZDJH LQFRPH (VWLPDWHG WD[ UHTXLUHV that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for )RUP ,7 Estimated Tax Payment Voucher for Individuals or see Need help? RQ SDJH

Other credits :RUNKHHW–QLQRX ZLOO EH HOLJLEOH WR FODLP any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

)LQG \RXU ¿OLQJ VWDV\RXW D¿M XRMH¿H¿RVV LQFRPH 1<\$\* , in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) RQ OLQH

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than	Less than	Less than	
Between	Between	Between	
Between	Between	Between	
Between	Between	Between	

that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Employers

Box A- ,I \RX DUH UHTXLUHG WR VXEPLW D FRS\ RI DQ HPSOR\HH\ V  
 )RUP ,7 WR[ WKS DUWPHQW EHFDXVH WKH HPSOR\HH FODLPHG  
 PRUH WKDQ DOORZDQFH and Deduction  
 RI )RUP ,7 WR NYS Tax Department, Income Tax Audit  
 \$GPLQLVWUDWRU :LWKKROGLQJ &HUWL;FDWH &RRUGLQDWRU : \$ +DUULPDQ  
 Campus, Albany NY 12227-0865. ,I WKH HPSOR\HH LV DOVR D QHZ KLUH RU  
 rehire, see Box B instructions. See Publication 55, Designated Private  
 Delivery Services, if not using U.S. Mail.

'XH GDWHV IRU VHQGLQJ FHUWL;FDWHV UHFHLYHG IURP HPSOR\HHV FODLPLQJ  
 PRUH WKDQ DOORZDQFH DUH

Quarter	Due date	Quarter	Due date
-DQXDU\ ± 0DUFK	\$SULO	-XO\ ± 6HSWHPEHU	2FWREHU
\$SULO ± -XQH	-XO\	2FWREHU ± 'HFHPEHU	-DQXDU\

Box B- ,I \RX DUH VXEPLWVWLQJ D FRS\ RI WKLV IRUP WR FRPSO\ ZLWK 1HZ  
 <RUN 6WDWH\ V 1HZ +LUH 5HSRUWLQJ 3URJUDP PDUN DQ X in box B. Enter the  
 ;UVW GD\ DQ\ VHU\LFHV DUH SHUIRUPHG IRU ZKLFK WKH HPSOR\HH ZLOO EH SDLG  
 wages, commissions, tips and any other type of compensation. For  
 VHU\LFHV EDVHG VROHO\ RQ FRPPLVVLRQV WKLV LV WKH ;UVW GD\ DQ HPSOR\HH  
 working for commissions is eligible to earn commissions. Also, mark an X  
 in the Yes or No ER[ LQGLFDWLQJ LI GHSHQGHHW KH DOWK LQVXUDQFH EHQH;WV DUH  
 DYDLODEOH WR WKLW FRPSOR\HH GD\H WKH HPSOR\HH TXDOL;HV  
 IRU FRYHUDJH ODLO WKH FRPSOHWHG IRUP ZLWKLQ GD\ V RI KLULQJ WR NYS  
 7D[ 'HSDUWPHQW 1HZ +LUH 1RWL;FDWLRQ 32 %R[ \$OEDQ\ 1<  
 7R UHSRUW QHZO\ KLUHG RU UHKLUG

### Worksheet

See the instructions before completing this worksheet.

#### Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers OLQH

6 Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse) ....	6	
7 College tuition credit .....	7	
8 New York State household credit .....	8	
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.		
10 Child and dependent care credit .....	10	
11 Earned income credit .....	11	
12 Empire State child credit .....	12	
14 Other credits (see instructions) .....	14	
15 Head of household status and only one job (enter 2 if the situation applies) .....	15	
16 tax year. Total estimate \$ .....		

#### Part 2 – Complete this part only if you expect to itemize deductions on your state return.

21 Enter your estimated NY itemized deductions for the tax year	21	
22 Single (cannot be claimed as a dependent) .... \$ 8,000		
22 Single (can be claimed as a dependent) .....		
22 Head of household .....		
23	23	
24		

#### Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program OLQH

25	25	
26	26	
27	27	
28	28	

#### 3 DUW ± & RPSOHWH WKL V SDUW LI \RX PDGH FRQWULEXWLRQ WR WKH IRVING SENIOR CENTER and Secondary Education Account OLQH

30	30	
31	31	
32		

#### Part 5 – Complete this part to compute your withholding allowances for New York City OLQH

33	33	
34	34	
35	35	





[Redacted]

[Redacted]

[Redacted]



