Department of Taxation and Finance

IT-2104

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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 ☐ Married ☐ Married, but withhold at higher single rate ☐
&LW\ YLOODJH RU SRVW RˆFH	6WDWH =,3FRGH	Note: ,I PDUULHG EXW OHJDOO\ VHSDUDWH the Single or Head of household box.

$UH \RX D UHVLGHQW RI 1HZ <RUN &LW\ ... Yes ☐ No ☐

$UH \RX D UHVLGHQW RI <RQNHUV" ... Yes ☐ No ☐

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet) ...	2	

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 ...	3	
4 New York City amount ...	4	
5 Yonkers amount ...	5	

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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 RQ OLQHV DQG LI DSSOLFDEOH 0DUULHG 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.

Employer: .HHS WKLV FHUWL¿FDWH ZLWK \RXU UHFRUGV

,I DQ\ RI WKH IROORZLQJ DSSO\ PDUN DQ X in each corresponding box, complete the additional information requested, a copy of this form to New York State. See Employer in the instructions. Visit www.tax.ny.gov (search: IT-2104-I) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State .... A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): ______

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note:6306.9478Tm ngt78Tw-5w6s.

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Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	(PSOR\HU LGHQWL¿FDWLRQ Q