

Application for Coaching Position
Port Byron Central School District
30 Maple Ave., Port Byron, NY 13140
Phone: 315-776-5728 Fax: 315-776-6199

Date Submitted: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

S.S. # _____ Home/Cell Phone: _____ Email: _____

Please answer the questions below by circling YES or NO.

- YES NO 1. Are you related to a board member or an administrator of the Port Byron CSD?
YES NO 2. Have you ever been convicted of a felony?
YES NO 3. Have you ever been convicted of a misdemeanor involving a student or minor?
YES NO 4. Have you ever been dismissed, fired or discharged from a position of employment based on a claim of misconduct, unsatisfactory performance, incompetency or neglect of duty?
YES NO 5. Have you ever possessed, used or been under the influence of drugs or alcohol during the performance of duties?

(If you answered "YES" to any of the questions above, please attach a written explanation.)

Coaching Background

1. Check the position and level for which you are applying:
Head Coach: Varsity JV Mod **Assist. Coach:** Varsity JV Mod
Volunteer Varsity JV Mod
2. Check the sport you are applying to coach:
 Baseball Boys Basketball Girls Basketball Cheerleading Cross Country Dance
 Field Hockey Football Golf Outdoor Track & Field Softball Volleyball Wrestling
3. Have you previously coached at this level? YES NO
If yes, list the most recent location: _____
How many years of experience? _____
4. List your most recent coaching position and duties: _____

5. Check personal playing experience:
 High School: _____
 College: _____

Coaching Certification: Check if yes, enter date(s) certified & (provide copy)

- CPR _____ First Aid _____ Fingerprinting _____ DASA _____
 NFHS Concussion _____ Child Abuse _____ School Violence Workshop _____
 Philosophies & Principles _____ Health & Science _____ Theories & Tech _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | |
|---|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 2019 |
| 1 Your first name and middle initial _____ Last name _____ | | 2 Your social security number _____ |
| Home address (number and street or rural route) _____ | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." |
| City or town, state, and ZIP code _____ | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/> |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | 5 _____ | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 \$ _____ | |
| 7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 _____ |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ _____ | | Date ▶ _____ |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____ | | 9 First date of employment _____ |
| | | 10 Employer identification number (EIN) _____ |

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

Box 10. Enter the employer’s employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|----------|--|----------|-------|
| A | Enter "1" for yourself | A | _____ |
| B | Enter "1" if you will file as married filing jointly | B | _____ |
| C | Enter "1" if you will file as head of household | C | _____ |
| D | Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | D | _____ |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" | | |
| F | Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" | | |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F | | |
| H | Add lines A through G and enter the total here | H | _____ |

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

| | | | |
|-----------|--|-----------|----------|
| 1 | Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details | 1 | \$ _____ |
| 2 | Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ _____ |
| 4 | Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 | \$ _____ |
| 5 | Add lines 3 and 4 and enter the total | 5 | \$ _____ |
| 6 | Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 | \$ _____ |
| 8 | Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line H, above | 9 | _____ |
| 10 | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 | _____ |

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

| Table 1 | | | | Table 2 | | | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$5,000 | 0 | \$0 - \$7,000 | 0 | \$0 - \$24,900 | \$420 | \$0 - \$7,200 | \$420 |
| 5,001 - 9,500 | 1 | 7,001 - 13,000 | 1 | 24,901 - 84,450 | 500 | 7,201 - 36,975 | 500 |
| 9,501 - 19,500 | 2 | 13,001 - 27,500 | 2 | 84,451 - 173,900 | 910 | 36,976 - 81,700 | 910 |
| 19,501 - 35,000 | 3 | 27,501 - 32,000 | 3 | 173,901 - 326,950 | 1,000 | 81,701 - 158,225 | 1,000 |
| 35,001 - 40,000 | 4 | 32,001 - 40,000 | 4 | 326,951 - 413,700 | 1,330 | 158,226 - 201,600 | 1,330 |
| 40,001 - 46,000 | 5 | 40,001 - 60,000 | 5 | 413,701 - 617,850 | 1,450 | 201,601 - 507,800 | 1,450 |
| 46,001 - 55,000 | 6 | 60,001 - 75,000 | 6 | 617,851 and over | 1,540 | 507,801 and over | 1,540 |
| 55,001 - 60,000 | 7 | 75,001 - 85,000 | 7 | | | | |
| 60,001 - 70,000 | 8 | 85,001 - 95,000 | 8 | | | | |
| 70,001 - 75,000 | 9 | 95,001 - 100,000 | 9 | | | | |
| 75,001 - 85,000 | 10 | 100,001 - 110,000 | 10 | | | | |
| 85,001 - 95,000 | 11 | 110,001 - 115,000 | 11 | | | | |
| 95,001 - 125,000 | 12 | 115,001 - 125,000 | 12 | | | | |
| 125,001 - 155,000 | 13 | 125,001 - 135,000 | 13 | | | | |
| 155,001 - 165,000 | 14 | 135,001 - 145,000 | 14 | | | | |
| 165,001 - 175,000 | 15 | 145,001 - 160,000 | 15 | | | | |
| 175,001 - 180,000 | 16 | 160,001 - 180,000 | 16 | | | | |
| 180,001 - 195,000 | 17 | 180,001 and over | 17 | | | | |
| 195,001 - 205,000 | 18 | | | | | | |
| 205,001 and over | 19 | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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 | | | | | | |
| City, village, or post office | | State | | | | | | |
| | | ZIP code | | | | | | |
| Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box. | | | | | | |
| Complete the worksheet on page 3 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 35) <table border="1"><tr><td>2</td><td></td></tr></table> | | | 1 | | 2 | | | |
| 1 | | | | | | | | |
| 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 <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table> | | | 3 | | 4 | | 5 | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

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

| | |
|----------------------|------|
| Employee's signature | Date |
|----------------------|------|

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: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

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

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

| | |
|--|--------------------------------|
| Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.) | Employer identification number |
|--|--------------------------------|

Instructions

Changes effective for 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute 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 or charts, you should complete a new 2019 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 moved into or out of NYC or Yonkers.
- 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 \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 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.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for 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** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 5 of the worksheet on page 3. If you want more tax 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 verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) 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) on line 14.

| Single and NYAGI is: | Head of household and NYAGI is: | Married and NYAGI is: | Divide amount of expected credit by: |
|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| Less than \$215,400 | Less than \$269,300 | Less than \$323,200 | 66 |
| Between \$215,400 and \$1,077,550 | Between \$269,300 and \$1,616,450 | Between \$323,200 and \$2,155,350 | 68 |
| Over \$1,077,550 | Over \$1,616,450 | Over \$2,155,350 | 88 |

Example: *You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. 160/66 = 2.4242. The additional withholding allowance(s) would be 2. Enter 2 on line 14.*

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple’s allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the

total number of allowances that you compute on line 20 and line 35 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 7 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner’s wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 6 or Part 7, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer’s withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine 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 – 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 12227-0865**. If the employee is also a new hire or rehire, see *Box B* instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

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 |

Box B – If you are submitting a copy of this form to comply with New York State’s New Hire Reporting Program, mark an **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.

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

| | | | |
|--|---|----|-------|
| 6 | Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>) | 6 | _____ |
| For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return. | | | |
| 7 | College tuition credit | 7 | _____ |
| 8 | New York State household credit | 8 | _____ |
| 9 | Real property tax credit | 9 | _____ |
| 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 | _____ |
| 13 | New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2 | 13 | _____ |
| 14 | Other credits (<i>see instructions</i>) | 14 | _____ |
| 15 | Head of household status and only one job (<i>enter 2 if the situation applies</i>) | 15 | _____ |
| 16 | Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number | 16 | _____ |
| 17 | If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax, complete Part 3 below and enter the number from line 29 | 17 | _____ |
| 18 | If you made contributions in 2018 to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account), complete Part 4 below and enter the amount from line 32 | 18 | _____ |
| 19 | If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 24. All others enter 0 | 19 | _____ |
| 20 | Add lines 6 through 19. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i> . | 20 | _____ |

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 (<i>see Form IT-196 and its instructions; enter the amount from line 49</i>) | 21 | _____ | | | | | | | | | | | | |
| 22 | Based on your federal filing status, enter the applicable amount from the table below | 22 | _____ | | | | | | | | | | | | |
| Standard deduction table | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tbody> <tr> <td>Single (cannot be claimed as a dependent)</td> <td>\$ 8,000</td> <td>Qualifying widow(er)</td> <td>\$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent)</td> <td>\$ 3,100</td> <td>Married filing jointly</td> <td>\$16,050</td> </tr> <tr> <td>Head of household</td> <td>\$11,200</td> <td>Married filing separate returns</td> <td>\$ 8,000</td> </tr> </tbody> </table> | | | | Single (cannot be claimed as a dependent) | \$ 8,000 | Qualifying widow(er) | \$16,050 | Single (can be claimed as a dependent) | \$ 3,100 | Married filing jointly | \$16,050 | Head of household | \$11,200 | Married filing separate returns | \$ 8,000 |
| Single (cannot be claimed as a dependent) | \$ 8,000 | Qualifying widow(er) | \$16,050 | | | | | | | | | | | | |
| Single (can be claimed as a dependent) | \$ 3,100 | Married filing jointly | \$16,050 | | | | | | | | | | | | |
| Head of household | \$11,200 | Married filing separate returns | \$ 8,000 | | | | | | | | | | | | |
| 23 | Subtract line 22 from line 21 (<i>if line 22 is larger than line 21, enter 0 here and on line 19 above</i>) | 23 | _____ | | | | | | | | | | | | |
| 24 | Divide line 23 by \$1,000. Drop any fraction and enter the result here and on line 19 above | 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 (line 17).

| | | | |
|----|--|----|-------|
| 25 | Expected annual wages and compensation from electing employer in 2019 | 25 | _____ |
| 26 | Line 25 minus \$40,000 (if zero or less, stop) | 26 | _____ |
| 27 | Line 26 multiplied by .015 | 27 | _____ |
| 28 | Line 27 multiplied by .935 | 28 | _____ |
| 29 | Divide line 28 by 65. Drop any fraction and enter the result here and on line 17 above | 29 | _____ |

Part 4 – Complete this part if you made contributions in 2018 to the Health Charitable Account or the Elementary and Secondary Education Account (line 18).

| | | | |
|----|--|----|-------|
| 30 | Contributions to these funds in 2018 | 30 | _____ |
| 31 | Multiply line 30 by 85% (.85) | 31 | _____ |
| 32 | Divide line 31 by 60. Drop any fraction and enter the result here and on line 18 above | 32 | _____ |

Part 5 – Complete this part to compute your withholding allowances for New York City (line 2).

| | | | |
|----|--|----|-------|
| 33 | Enter the amount from line 6 above | 33 | _____ |
| 34 | Add lines 15 through 19 above and enter total here | 34 | _____ |
| 35 | Add lines 33 and 34. Enter the result here and on line 2 | 35 | _____ |

| | | Combined wages between \$1,185,400 and \$1,724,299 | | | | | | | | | |
|-----------------------|-------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Higher earner's wages | | \$1,185,400 | \$1,239,250 | \$1,293,200 | \$1,347,050 | \$1,400,950 | \$1,454,850 | \$1,508,700 | \$1,562,550 | \$1,616,450 | \$1,670,400 |
| | | \$1,239,249 | \$1,293,199 | \$1,347,049 | \$1,400,949 | \$1,454,849 | \$1,508,699 | \$1,562,549 | \$1,616,449 | \$1,670,399 | \$1,724,299 |
| \$592,650 | \$646,499 | \$5 | \$8 | | | | | | | | |
| \$646,500 | \$700,399 | \$5 | \$8 | \$11 | \$14 | | | | | | |
| \$700,400 | \$754,299 | \$5 | \$8 | \$11 | \$14 | \$17 | \$21 | | | | |
| \$754,300 | \$808,199 | \$5 | \$8 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | | |
| \$808,200 | \$862,049 | \$5 | \$8 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$862,050 | \$915,949 | \$27 | \$8 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$915,950 | \$969,899 | \$24 | \$31 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$969,900 | \$1,023,749 | \$20 | \$27 | \$34 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$1,023,750 | \$1,077,549 | \$25 | \$23 | \$30 | \$37 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$1,077,550 | \$1,131,499 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$22 | \$25 | \$28 | \$31 |
| \$1,131,500 | \$1,185,399 | \$20 | \$31 | \$27 | \$25 | \$31 | \$38 | \$19 | \$22 | \$25 | \$28 |
| \$1,185,400 | \$1,239,249 | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$22 | \$25 |
| \$1,239,250 | \$1,293,199 | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$22 |
| \$1,293,200 | \$1,347,049 | | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 |
| \$1,347,050 | \$1,400,949 | | | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 |
| \$1,400,950 | \$1,454,849 | | | | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 |
| \$1,454,850 | \$1,508,699 | | | | | | \$9 | \$20 | \$31 | \$27 | \$25 |
| \$1,508,700 | \$1,562,549 | | | | | | | \$9 | \$20 | \$31 | \$27 |
| \$1,562,550 | \$1,616,449 | | | | | | | | \$9 | \$20 | \$31 |
| \$1,616,450 | \$1,670,399 | | | | | | | | | \$9 | \$20 |
| \$1,670,400 | \$1,724,299 | | | | | | | | | | \$9 |

| | | Combined wages between \$1,724,300 and \$2,263,265 | | | | | | | | | |
|-----------------------|-------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Higher earner's wages | | \$1,724,300 | \$1,778,150 | \$1,832,050 | \$1,885,950 | \$1,939,800 | \$1,993,700 | \$2,047,600 | \$2,101,500 | \$2,155,350 | \$2,209,300 |
| | | \$1,778,149 | \$1,832,049 | \$1,885,949 | \$1,939,799 | \$1,993,699 | \$2,047,599 | \$2,101,499 | \$2,155,349 | \$2,209,299 | \$2,263,265 |
| \$862,050 | \$915,949 | \$36 | \$39 | | | | | | | | |
| \$915,950 | \$969,899 | \$36 | \$39 | \$42 | \$45 | | | | | | |
| \$969,900 | \$1,023,749 | \$36 | \$39 | \$42 | \$45 | \$49 | \$52 | | | | |
| \$1,023,750 | \$1,077,549 | \$36 | \$39 | \$42 | \$45 | \$49 | \$52 | \$55 | \$58 | | |
| \$1,077,550 | \$1,131,499 | \$35 | \$38 | \$41 | \$44 | \$47 | \$50 | \$53 | \$56 | \$490 | \$906 |
| \$1,131,500 | \$1,185,399 | \$31 | \$35 | \$38 | \$41 | \$44 | \$47 | \$50 | \$53 | \$487 | \$906 |
| \$1,185,400 | \$1,239,249 | \$28 | \$31 | \$35 | \$38 | \$41 | \$44 | \$47 | \$50 | \$483 | \$903 |
| \$1,239,250 | \$1,293,199 | \$25 | \$28 | \$31 | \$35 | \$38 | \$41 | \$44 | \$47 | \$480 | \$900 |
| \$1,293,200 | \$1,347,049 | \$22 | \$25 | \$28 | \$31 | \$35 | \$38 | \$41 | \$44 | \$477 | \$897 |
| \$1,347,050 | \$1,400,949 | \$19 | \$22 | \$25 | \$28 | \$31 | \$35 | \$38 | \$41 | \$474 | \$894 |
| \$1,400,950 | \$1,454,849 | \$38 | \$19 | \$22 | \$25 | \$28 | \$31 | \$35 | \$38 | \$471 | \$891 |
| \$1,454,850 | \$1,508,699 | \$31 | \$38 | \$19 | \$22 | \$25 | \$28 | \$31 | \$35 | \$468 | \$887 |
| \$1,508,700 | \$1,562,549 | \$25 | \$32 | \$38 | \$19 | \$22 | \$25 | \$28 | \$31 | \$465 | \$884 |
| \$1,562,550 | \$1,616,449 | \$27 | \$25 | \$31 | \$38 | \$19 | \$22 | \$25 | \$28 | \$462 | \$881 |
| \$1,616,450 | \$1,670,399 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$22 | \$25 | \$459 | \$878 |
| \$1,670,400 | \$1,724,299 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$22 | \$456 | \$875 |
| \$1,724,300 | \$1,778,149 | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$19 | \$452 | \$872 |
| \$1,778,150 | \$1,832,049 | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$38 | \$449 | \$869 |
| \$1,832,050 | \$1,885,949 | | | \$9 | \$20 | \$31 | \$27 | \$25 | \$32 | \$469 | \$866 |
| \$1,885,950 | \$1,939,799 | | | | \$9 | \$20 | \$31 | \$27 | \$25 | \$462 | \$885 |
| \$1,939,800 | \$1,993,699 | | | | | \$9 | \$20 | \$31 | \$27 | \$455 | \$878 |
| \$1,993,700 | \$2,047,599 | | | | | | \$9 | \$20 | \$31 | \$457 | \$871 |
| \$2,047,600 | \$2,101,499 | | | | | | | \$9 | \$20 | \$462 | \$873 |
| \$2,101,500 | \$2,155,349 | | | | | | | | \$9 | \$451 | \$878 |
| \$2,155,350 | \$2,209,299 | | | | | | | | | \$235 | \$437 |
| \$2,209,300 | \$2,263,265 | | | | | | | | | | \$14 |

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 7 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

| | | Combined wages between \$107,650 and \$538,749 | | | | | | | | | | |
|-------------|-----------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Higher wage | | \$107,650 \$129,249 | \$129,250 \$150,749 | \$150,750 \$172,299 | \$172,300 \$193,849 | \$193,850 \$236,949 | \$236,950 \$280,099 | \$280,100 \$323,199 | \$323,200 \$377,099 | \$377,100 \$430,949 | \$430,950 \$484,899 | \$484,900 \$538,749 |
| \$53,800 | \$75,299 | \$13 | \$18 | | | | | | | | | |
| \$75,300 | \$96,799 | \$13 | \$20 | \$27 | \$26 | | | | | | | |
| \$96,800 | \$118,399 | \$8 | \$17 | \$24 | \$27 | \$28 | | | | | | |
| \$118,400 | \$129,249 | \$2 | \$11 | \$18 | \$21 | \$25 | \$33 | | | | | |
| \$129,250 | \$139,999 | | \$4 | \$14 | \$17 | \$22 | \$35 | | | | | |
| \$140,000 | \$150,749 | | \$2 | \$10 | \$14 | \$18 | \$35 | \$34 | | | | |
| \$150,750 | \$161,549 | | | \$3 | \$10 | \$15 | \$35 | \$32 | | | | |
| \$161,550 | \$172,499 | | | \$2 | \$8 | \$13 | \$34 | \$34 | \$31 | | | |
| \$172,500 | \$193,849 | | | | \$3 | \$10 | \$33 | \$37 | \$32 | \$32 | | |
| \$193,850 | \$236,949 | | | | | \$10 | \$28 | \$39 | \$37 | \$36 | \$22 | |
| \$236,950 | \$280,099 | | | | | | \$9 | \$17 | \$27 | \$23 | \$24 | \$14 |
| \$280,100 | \$323,199 | | | | | | | \$7 | \$16 | \$26 | \$19 | \$23 |
| \$323,200 | \$377,099 | | | | | | | | \$8 | \$17 | \$26 | \$19 |
| \$377,100 | \$430,949 | | | | | | | | | \$8 | \$17 | \$26 |
| \$430,950 | \$484,899 | | | | | | | | | | \$8 | \$17 |
| \$484,900 | \$538,749 | | | | | | | | | | | \$8 |

| | | Combined wages between \$538,750 and \$1,185,399 | | | | | | | | | | | | |
|-------------|-------------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------------|----------------------------|----------------------------|--|
| Higher wage | | \$538,750 \$592,649 | \$592,650 \$646,499 | \$646,500 \$700,399 | \$700,400 \$754,299 | \$754,300 \$808,199 | \$808,200 \$862,049 | \$862,050 \$915,949 | \$915,950 \$969,899 | \$969,900 \$1,023,749 | \$1,023,750 \$1,077,549 | \$1,077,550 \$1,131,499 | \$1,131,500 \$1,185,399 | |
| \$236,950 | \$280,099 | \$9 | | | | | | | | | | | | |
| \$280,100 | \$323,199 | \$9 | \$8 | | | | | | | | | | | |
| \$323,200 | \$377,099 | \$23 | \$8 | \$8 | \$8 | | | | | | | | | |
| \$377,100 | \$430,949 | \$19 | \$23 | \$8 | \$8 | \$8 | \$8 | | | | | | | |
| \$430,950 | \$484,899 | \$26 | \$19 | \$23 | \$8 | \$8 | \$8 | \$8 | | | | | | |
| \$484,900 | \$538,749 | \$17 | \$26 | \$19 | \$23 | \$8 | \$8 | \$8 | \$8 | \$8 | \$8 | | | |
| \$538,750 | \$592,649 | \$8 | \$17 | \$26 | \$19 | \$23 | \$8 | \$8 | \$8 | \$8 | \$8 | \$236 | \$452 | |
| \$592,650 | \$646,499 | | \$8 | \$17 | \$26 | \$19 | \$23 | \$8 | \$8 | \$8 | \$8 | \$236 | \$452 | |
| \$646,500 | \$700,399 | | | \$8 | \$17 | \$26 | \$19 | \$23 | \$8 | \$8 | \$8 | \$236 | \$451 | |
| \$700,400 | \$754,299 | | | | \$8 | \$17 | \$26 | \$19 | \$23 | \$8 | \$8 | \$236 | \$452 | |
| \$754,300 | \$808,199 | | | | | \$8 | \$17 | \$26 | \$19 | \$23 | \$8 | \$236 | \$452 | |
| \$808,200 | \$862,049 | | | | | | \$8 | \$17 | \$26 | \$19 | \$23 | \$236 | \$452 | |
| \$862,050 | \$915,949 | | | | | | | \$8 | \$17 | \$26 | \$19 | \$251 | \$451 | |
| \$915,950 | \$969,899 | | | | | | | | \$8 | \$17 | \$26 | \$247 | \$466 | |
| \$969,900 | \$1,023,749 | | | | | | | | | \$8 | \$17 | \$253 | \$463 | |
| \$1,023,750 | \$1,077,549 | | | | | | | | | | \$8 | \$245 | \$469 | |
| \$1,077,550 | \$1,131,499 | | | | | | | | | | | \$123 | \$233 | |
| \$1,131,500 | \$1,185,399 | | | | | | | | | | | | \$14 | |

(Part 7 continued on page 7)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD equipment users: Dial 7-1-1 for the New York Relay Service



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|-------------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|-------------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

| | | | | |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|-----------|---|------------|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Direct Deposit Change Authorization
 Port Byron Central School District
 30 Maple Ave., Port Byron, NY 13140 (315)776-5728

Please read the following carefully.

1. Print legibly or type.
2. Generally there is no limit to the number of accounts an employee can set up for direct deposit. Practically, we ask that you use good judgment.
3. Sign and date. Only an original signed and dated document will be processed.
4. Staple a deposit slip or voided check to this form for EACH bank account listed.
5. Send the form with voided check(s) or deposit slip(s) to Janet Tamilio in the District Office
6. A new Direct Deposit Change Authorization form must be completed whenever a change is required. A change will not be made from an email or verbal communication. This includes stopping a direct deposit. Please plan to make changes well ahead of time.
7. Indicate the date you want the change to take effect. If immediately, write "ASAP". Note that it may take 1-2 payroll cycles for your requested change to take effect.
8. Please call Janet Tamilio at Ext. 1305 with questions.

Employee Name: _____
First, MI, Last

Employee SSN (last five digits, no hyphen) XXX-X _____

***Employee Email Address:** _____
 (With Direct Deposit your paystub will be emailed to you)

| Bank Name | Account # | Type | \$ Amount |
|-----------|-----------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Date you would like change to take effect. If immediately write "ASAP" _____

**** Be sure to include a deposit slip or voided check for each account ****

Employee Signature Date

=====

Office Use Only

Date Received _____

Date Sent to CBO _____

Date Direct Deposit Change Became Effective _____

Name of Processing Clerk _____

FORT BYRON CENTRAL SCHOOLS

30 Maple Ave.

Port Byron, NY 13140

EMPLOYEE INFORMATION SHEET

The information provided here is confidential and will be treated as such. It is the policy of this District not to divulge any employee's personal information without their written permission.

NAME: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____

PHONE #: _____ UNLISTED? (Y/N) _____ DATE OF BIRTH: _____

SEX: _____ MARITAL STATUS: _____ HIRE DATE: _____ CITIZEN (Y/N) _____

INCOME TAX INFO:

MARRIED/SINGLE _____ # OF DEDUCTIONS _____ EXTRA AMT. FED _____ STATE _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

DRIVER'S LICENSE #: _____ CLASS CODE: _____ EXP. DATE _____

SPOUSE'S FIRST NAME: _____

INSURANCE: (CIRCLE INDIVIDUAL OR FAMILY) THIS ITEM DOES NOT APPLY TO SUBSTITUTES

HEALTH (Y/N) - INDIVIDUAL OR FAMILY - # OF DEPENDENTS: _____

DENTAL: (Y/N) - INDIVIDUAL OR FAMILY - # OF DEPENDENTS: _____

LAST PHYSICAL DATE: _____ TB TEST: _____ BLOOD TYPE: _____

MILITARY: VETERAN (Y/N) _____ BRANCH: _____ DATES: _____

DEPARTMENT: (CHECK ONE) ELEMENTARY: _____ SECONDARY: _____ OTHER: _____

POSITION: (CHECK ONE) TEACHING STAFF: REGULAR _____ SUBSTITUTE: _____

NON-TEACHING STAFF: REGULAR _____ SUBSTITUTE: _____

CONTRACT NEGOTIATING GROUP: _____

RETIREMENT SYSTEM: (CIRCLE ONE) ERS TRS RETIREMENT #: _____

DATE OF MEMBERSHIP _____

IF YOU ARE NOT A MEMBER AND WOULD LIKE TO BE, CHECK HERE: _____

(INFORMATION WILL BE SENT TO YOU)

EDUCATION LEVEL: (LAST GRADE COMPLETED) _____

COLLEGE DEGREE(S): (PLEASE LIST) _____

CERTIFICATION: YES _____ NO _____ PERMANENT OR PROVISIONAL (CIRCLE)

SUBJECT AREA: _____

DATE ISSUED: _____

DATE: _____

SIGNATURE: _____

UPDATED: 12/16/14