



NIAGARA FALLS CITY SCHOOL DISTRICT

OFFICE OF HUMAN RESOURCES

630 66TH STREET

NIAGARA FALLS, NY 14304

Employment Application

This application must include your signature, a resume and mailed to the above address.

APPLICANT INFORMATION

Position Requested		Indicate	Permanent	Substitute	Both
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.			
Have you ever been convicted of a crime (other than traffic violations)?		YES	NO	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
Other		Address			
From	To	Did you graduate?	YES	NO	Degree

CURRENT EMPLOYMENT

Current Position	Phone ()
Employer	Supervisor
May we contact your previous supervisor for a reference?	YES NO

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Prior to employment, Human Resources must receive the items below.

DO NOT WRITE BELOW THIS LINE

Medical Review	Placement Request	Affirmation Action Form	Fingerprints
Citizenship (I-9)	Security Review	Residency Policy Statement	Orientation
Certification	Payroll	Retirement Waiver Statement	

QUALIFICATIONS

In addition to the information provided on your resume, please list below any additional points which will help in judging your suitability for a position, such as your aims, your special experience, training, talent or interests.

The Niagara Falls City School District requires that employees hired or promoted after March 1, 1994 be residents of the City of Niagara Falls and maintain their residency during their term of employment.

I certify that my answers are herein true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature _____ Date _____

Education, related work experience and references (three who are familiar with your work and are not related to you) must be detailed in the required resume.

This application will be considered for vacancies that occur within the next twelve (12) months. After one (1) year has elapsed, you must reactivate your application with an updated resume and letter of interest.

The Niagara Falls City School District does not discriminate on the basis of an individual's disability, actual or perceived race, color, creed, religion, religious practice, national origin, ethnic group, sex (including sexual harassment and sexual violence), gender identity, sexual orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality), political affiliation, age, marital status, military status, veteran status, weight, domestic violence victim status, arrest or conviction record, genetic information or any other basis prohibited by New York state and/or federal non-discrimination laws in admission or access to, or treatment or employment in its programs and activities, and provides equal access to designated youth groups.

**SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS, NEW YORK
OFFICE OF HUMAN RESOURCES**

PRE-EMPLOYMENT PROCEDURE NOTICE

Final consideration for employment with the Niagara Falls City School District is contingent upon completion of a **Medical Examination, Drug Screen, Police Check and the New York State Fingerprinting Mandate**. This includes all substitutes.

MEDICAL EXAMINATION

Please see attached instructions on arranging a pre-employment physical for employment with the Niagara Falls City School District.

POLICE CHECK

In the interest of the health and safety of students, the school district requires each person selected for employment to undergo a record check by the local police department. Please contact the local police department in the area you have resided this past year.

It is your responsibility to contact the police department, pay fees, and bring in your police check to complete your application.

FINGERPRINTS

Please see reverse side for fingerprint procedure.

NEW FINGERPRINTING PROCEDURE

Fingerprinting Process

All fingerprinting required by the NYS Education Department for **certification or employment** in schools must be scheduled with **MorphoTrust** at :

Applicant for Certification:

<https://uenroll.identogo.com/workflows/14ZGOT>

Applicant for Employee:

<https://uenroll.identogo.com/workflows/14ZGR7>

- **Schedule or Manage Appointment**

Or if you prefer, you may also call MorphoTrust at: 1-877-472-6915 to schedule an appointment.

Be sure to follow all instructions and make payment as necessary.

The total fingerprint fee is **\$100.25** (*subject to change*)

Currently the fingerprinting location in Niagara Falls is:

**Seneca Falls Gaming Authority
345 Third Street, Suite 404
Niagara Falls, NY 14303
APPOINTMENTS ARE REQUIRED**

(There are also Fingerprinting locations in Buffalo, Cheektowaga and Gasport)

Pre-employment health information:

1. Make an appointment with the District Nurse Practitioner for your drug screening and TB test script.

Call 716-286-0794 for appointment

All drug screens are a hair sample test and must be obtained from your natural hair. The sample must be taken from the crown of your head, underarms, legs or chest.

***** You must bring all medication that you are currently taking.*****

Contact your Pharmacy for any prescriptions orders that you have been prescribed within the past year, that you feel may cause your drug screen to be positive. (ie. Dental/Medical procedures may require you to take pain relief medication).

2. Check with your Medical Provider and request a recent copy of your yearly physical exam. Provide your physician with the attached Physical Examination Form for New Employee.

Fax to 716- 286-0758

3. If you do not have a current physical on file and an appointment would delay employment you may request the School District Nurse Practitioner to complete a health appraisal for you. We still recommend that you have a physical exam with your medical provider yearly to ensure health and wellness.
4. If you do not have a Medical Provider, you can request the School District Nurse Practitioner to complete one for you.
5. Complete the attached Health History Form for New Employees and bring it the day or your appointment.

**Return all forms directly to: Niagara Falls City School District
C/O Nurse Practitioner Office
4455 Porter Road, Rm. 110
Niagara Falls, New York 14305
Phone: 716-286-0788 or 716-286-0787
FAX: 716-286-0758**

Niagara Falls City School District
Health Services
Health History Form for New Employees

Name:	DOB:
Position applying for	Gender:
Address:	Phone #:
Medical Provider:	

HEALTH HISTORY								
Check the appropriate box:	YES	NO		YES	NO		YES	NO
Skin			Infectious Diseases			Pacemaker		
Lesions/Rashes			Mononucleosis			Defibrillator		
Neurological			Poliomyelitis			Varicose veins		
Headaches			Hepatitis			Gastrointestinal		
Migraine			Hematology			Jaundice		
Head Injuries			Bleeding disorders			Gall bladder		
Concussions			Transfusions			Stomach Disorders		
Seizure disorders/ Fainting/blackouts			Anemia			Diverticulosis		
Paralysis/numbness			Endocrine			Ulcers		
Eye Problems			Diabetes			Indigestion		
Vision loss			Hypoglycemia			Chronic Colitis		
Amblyopia			Thyroid conditions			Hernia		
Glaucoma			Fatigue			Musculoskeletal		
Glasses/Contact lenses			Night sweats			Arthritis		
Ears/Nose/Throat			Lung/Respiratory			Joint/back Problem		
Hearing loss			Asthma			Fracture bone		
Chronic ear infections			Allergies			Dislocation		
Tinnitus (ears ringing)			Pneumonia			Scoliosis		
Sinus problems			Bronchitis			Sprain/recurrent injury		
Frequent nose bleeds			Tuberculosis			Physical disability		
Nose fracture/surgery			Emphysema			Other		
Chronic tonsillitis/strep			Cardiovascular			Cancer		
Hoarseness			Heart Murmur			Drug/Alcohol abuse		
Tonsils/adenoids removed			Hypertension			Mental Illness		
Dental			Heart Disease			Anxiety		
Bleeding gums			Rheumatic Fever			Depression		
Explain _____			Heart Surgery			Speech Problems		
			Bypass					
Genitourinary			Genitourinary			Genitourinary		
Male Only			Female Only			Female Only Cont.	Date	
Testicle injury/surgery			Bladder problems			Last Pap Smear		
Prostate Problem			Menstruation Problems			Last mammogram		
Change in Urination Pattern			Pregnancy Complications			Last Menstrual Period		

See Reverse to continue:

Niagara Falls City School District
Health Services

Please Explain all "YES" answers form side 1 here

Have you:

Ever been a patient in a hospital or had out-patient surgery? Explain _____

Had any injuries from an accident (i.e. MVA, falls, work related)? Explain _____

Are you under a Health Care Providers care now? Explain _____

Are you taking any Medications? Please List Here: _____

Are you allergic to any Medications? _____

If you have limited physical activity _____ Yes _____ No

Explain (ie unable to do stairs, lift, sit or stand for long periods) _____

Are you able to lift, push or pull at least 50 lbs? _____ Yes _____ No

Is there any significant family medical history? _____

ANSWERING THE FOLLOWING QUESTIONS IS STRICTLY VOLUNTARY. THE INFORMATION ASKED FOR IS KEPT CONFIDENTIAL AND IS USED ONLY TO HELP YOU AND THE MEDICAL STAFF BEST ASSESS FOR YOUR HEALTH AND/OR HEALTH NEEDS. AND ONLY NEEDED IF YOU DO NOT HAVE A MEDICAL PROVIDER TO COMPLETE YOUR PHYSICAL EXAM.

Do you Drink:

Coffee with caffeine?	_____	Drinks per day	_____
Tea with caffeine?	_____	Drinks per day	_____
Other drinks with caffeine?	_____	Drinks per day	_____
Alcohol?	_____	Drinks per day	_____ Per week _____ Per month _____

Do you use:

Cigarettes?	_____	Packs per day	_____
Vaping?	_____	Vapes per day	_____

Candidates Signature _____ **Today's Date** _____

Return this form directly to:

Niagara Falls City School District
C/O Nurse Practitioner Office
4455 Porter Rd., Room 110
Niagara Falls, New York 14305
Phone: 716-286-0788 or 716-286-0787

FAX: 716-286-0758

Niagara Falls City School District

Health Services

Physical Examination Form for New Employees

Name:	DOB:
Address:	Phone #:

PAST MEDICAL HISTORY								
Check the appropriate box:	YES	NO		YES	NO		YES	NO
Allergies			Fatigue			Mental illness		
Arthritis			Fevers/night sweats			Migraine headache		
Asthma/respiratory problems			Glaucoma			Physical disability		
			Hearing problems			Seizures		
Back problems			Heart Disease			Sinus problems		
Bleeding gums			Heart Murmur			Skin disorder		
Cancer			Hypertension			Speech problems		
Concussion(s)			Indigestion			Strep throat		
Diabetes			Kidney problems			Tuberculosis		
Drug/Alcohol abuse						Visual problems		

Serious illness/injury in past 3 years: (specify dates)	
Past surgical history:	
Current medications:	

REQUIRED IMMUNIZATIONS (Birth – Five Program)	Date	Results
Tuberculin Test (Mantoux)		<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Diphtheria Tetanus (DT)		N/A

PHYSICAL EXAMINATION		Height:	Weight:	BP:	Pulse:
Visual acuity	Right:	Left:	Peripheral Vision:		
Hearing acuity	Right:	Left:	Color Blind?		<input type="checkbox"/> Yes <input type="checkbox"/> No
REVIEW OF SYSTEMS:					
Head:		Ears:	Nose:		
Throat/neck:		Cardiovascular:	Respiratory:		
Abdomen:		GU:	Musculoskeletal:		
Metabolic/Endocrine:		Skin:	Extremities:		
URINALYSIS: Sugar:		Protein:			

I hereby certify that I have examined the above named applicant and find he/she is physically qualified for lawful employment:

Medical Provider: _____
(please print name)
(signature)

Phone #: _____ Fax: _____ Date: _____

AFFIRMATIVE ACTION SURVEY

This is not part of your application. Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis only and will not jeopardize or adversely affect any consideration you may receive for employment.

Information is purely voluntary.

PLEASE CHECK:

MALE _____

FEMALE _____

WHITE _____ **BLACK** _____ **HISPANIC** _____ **AMERICAN INDIAN** _____ **ASIAN** _____

VIETNAM ERA VETERAN _____

DISABLED VETERAN _____

HANDICAPPED _____

TITLE OF POSITION APPLYING FOR _____

BOARD OF EDUCATION
Office of Human Resources
Niagara Falls, New York

RESIDENCY AFFIRMATION

If I am offered a position with the City School District of Niagara Falls, New York, I will become a resident of the City of Niagara Falls, New York, within six months of my appointment in compliance with the residency policy established by the Board of Education, Niagara Falls, New York, effective March 1, 1994.

Signed _____ Date _____



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>) <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
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 City School District of the City of Niagara Falls, NY	
Employer's Business or Organization Address (Street Number and Name) 630-66th Street		City or Town Niagara Falls	State NY	ZIP Code 14304

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)
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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
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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 		<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 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 	<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.



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

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 <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	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.					
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"/>					
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)				1	
2 Total number of allowances for New York City (from line 35)				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	

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

Employee's signature	Date
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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: 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
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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 rehired, 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="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Single (cannot be claimed as a dependent) \$ 8,000</td> <td style="width: 50%;">Qualifying widow(er) \$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent) \$ 3,100</td> <td>Married filing jointly \$16,050</td> </tr> <tr> <td>Head of household \$11,200</td> <td>Married filing separate returns \$ 8,000</td> </tr> </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	\$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

[illegible][illegible]

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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		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. • 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.) ▶				
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)	
CITY SCHOOL DISTRICT OF THE CITY OF NIAGARA FALLS 630 - 66th St., NF, NY 14304			166001929	

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	_____