Application Checklist Items

☐ Work-Study Letter of Agreement

☐ Work Authorization Form

☐ Confidentiality Agreement

☐ Direct Deposit Form (If Applicable)

☐ I-9 Employment Eligibility Verification

☐ W-4 Forum

☐ IT-2104

☐ IT-2104 Exemption

☐ Current Student Resume

☐ Job Description (Form)

☐ Copy of Original US passport or State ID & SS card

☐ Student FWS Understanding/Payroll and Timesheet deadlines (Verbal discussion with Student)
LETTER OF AGREEMENT

To be completed by Federal Work-Study (FWS) Student and Metropolitan College of New York FWS Supervisor

Agree that the student is responsible for:

- Providing the employer with a schedule of the hours and days the student is available for work and accurately reporting the hours worked. The student must also monitor the earnings in relation to the amount of FWS awarded and not work more hours than those allotted unless the Financial Aid Office grants specific permission.

- Maintaining his/her agreed upon and or understood and accepted work schedule and informing the employer in a timely and appropriate manner of his/her inability to maintain such schedule, in whole or in part, for any reason.

- Seeking permission from his/her immediate supervisor, or other appropriate person, to be excused from his/her regularly scheduled work hours. Any student, who is absent from his/her job for two consecutive working periods without notifying his/her supervisor, or other appropriate person in the department, is subject to termination.

- Taking the job seriously and performing the job duties to the best of his/her ability.

- Acting in a professional manner concerning confidentiality, whereas federal work study student shall hold in confidence and not disclose, distribute, copy, or otherwise disseminate any information about or relating to the work or project that relates to employees or students of Metropolitan College of New York.

- Following the procedure for changing jobs or ceasing work by giving a minimum one week written notice to their immediate supervisor.

- Adhering and complying with the general employment policies available online.

- Maintain Satisfactory Academic Progress (SAP) as outlined by the college.
  https://www.mcny.edu/faq-items/satisfactory-academic-progress/

- When classes are in session, students (full-time or part-time) are not permitted to work more than total of 20 hours per week.

This agreement is accepted by:

<table>
<thead>
<tr>
<th>Signature of Federal Work-Study Student</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of FWS Supervisor</td>
<td>Print Name</td>
<td>Date</td>
</tr>
</tbody>
</table>
Financial Aid Office

Federal Work-Study Program | Work Authorization Form

60 West Street, 6 FL • New York, NY • 10006
T 212.343.1234 ext. 5004 • F 212.625.2072

2019-2020
July 1 2019 - June 30 2020

PLEASE CHECK ONE

☐ New Hire
☐ Continuing Employee
☐ Supervisor Change

Previous Supervisor Name:

STUDENT INFORMATION

Last Name ___________________________ First Name ___________________________ M.I. _______ Social Security Number ____________

Street Address ______________________ Apt# _______ City _______ State _______ Zip Code _______

Home Phone Number ___________________________ Cell Phone Number ___________________________

Undergraduate _______ Graduate _______ Class Status ____________ MCNY Email ____________

Emergency Contact Name ___________________________ Phone Number ___________________________

Street Address ______________________ City _______ State _______ Zip Code _______

STUDENT CERTIFICATION: I, the employee acknowledge and accept I have been notified of my wage rate, overtime rate, and designated pay day as well as department and title listed below. I understand and accept that I will be expected to perform duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position from the Federal Work-Study Program if I do not meet minimum standards. I will accurately record my work hours on a time sheet and will maintain a record of my earnings in order not to exceed my limit. I also agree to maintain the confidentiality and privacy of all student records during and after my period(s) of employment at MCNY. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or for dismissal from MCNY. I acknowledge MCNY Work Study Handbook is available at https://www.mcnx.edu/pdf/financial/Work-Study_Guide_Book.pdf, which contains policies and procedures that govern the terms of my employment at MCNY. I have been given this notice in English because it is my primary language and because Dept of Labor does not yet offer pay notice form in my primary language. My primary language is

__________________________

Student Signature

Date ___________________________

SUPERVISOR SECTION

Name ___________________________ Phone Number (include Ext.) ___________________________ Email ___________________________

Hiring Department Name ___________________________ Hire Date ___________________________ Dept. Code* ____________

Alternate Supervisor ___________________________ Phone Number (include Ext.) ___________________________ Email ___________________________

Student Job Title ___________________________

SUPERVISOR CERTIFICATION: I agree to hire the above named student for the title and wage stated and under the conditions described. I will supervise the work performed and I will be responsible for signing and forwarding the Work-Study employee time record to the Financial Aid Office, retaining a copy for my records. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount below by the Financial Aid Office.

Supervisor Signature ___________________________

Date ___________________________

FA Office Use Only

Pay Rate: $11.10 per hour Start Date: ____________ FWS Awarded: ____________ Overtime Rate: N/A

*Your Department Code is required for completion of this form. Please be advised that wages in excess of a student's federal work-study award will be charged to your department.

MCNY and its employers agree that no student will be denied work or subjected to different treatment on the grounds of race, age, sex, color, religion, national origin, sexual orientation, marital status, age, disability or veteran status, and that it will comply with the provisions of the civil rights act of 1964.
Student Worker Confidentiality Agreement

In the performance of my duties, I may have access to confidential information, which includes records of students, faculty, or staff; business information, correspondence and reports. All of these types of information are considered confidential. As a student worker it is understood that all information gained from student, faculty, administrators, staff or heard, is strictly confidential and, as such is not to be shared with anyone other than those authorized to receive this information.

I ___________________________ (Print Name), understand and accept the following conditions and responsibility of my employment at Metropolitan College of New York as a student employee:

1. I shall treat ALL information accessible by me in the performance of my duties as confidential information, regardless of its format (e.g. electronic, paper, verbal), unless and until advised otherwise by my supervisor.

2. I agree to not access confidential information unless I am authorized by my supervisor to do so, and I agree to maintain the confidentiality and privacy of confidential information during and after my period of student employment with MCNY. I shall not directly, or indirectly, communicate verbally, in writing or by electronic transmission, any confidential information to anyone, including, without limitation, other students, work colleagues or family members information regarding their personal, academic, or work information.

3. I shall use my access to confidential information for the sole purpose of performing my assigned job duties.

4. I shall not disclose information to anyone inside or outside MCNY without expressed authorization from my supervisor. This includes not acknowledging that a person is a student, or employee of MCNY.

5. I shall not permit myself or any other person to copy, reproduce, alter, delete, or enter any information other than what is required in the regular performance of my job duties.

6. I will report any and all violations of the aforementioned confidentiality regulations to my supervisor immediately.

7. I am aware that any breach of this agreement, release of information, or any abuse of my position, may result in disciplinary action including possible termination of my position, discipline through appropriate MCNY HR processes, and possible civil and criminal legal sanctions.

________________________________________________________________________________________
Student Name (Print)  Student Signature  Date

________________________________________________________________________________________
Supervisor Name (Print)  Supervisor Signature  Date
To:         Judith Santiago/Elaine Robles
From:       
Subject:    Direct Deposit Authorization

I hereby authorize you to deposit my net pay automatically to my account specified below each pay day by initiating credit entries to my account electronically or by any other commercially accepted method. I also authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

Attach a voided check to this Authorization.

Please print:

Bank Name

Branch address

City    State    Zip

Routing Number

Your Name (print)

Signature

Account Number

Type(Checking/Savings)

Date

9/08
Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  

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.)  

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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):  

☐ 1. A citizen of the United States  
☐ 2. A noncitizen national of the United States (See instructions)  
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):  
☐ 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. (See instructions)  

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.  

1. Alien Registration Number/USCIS Number:  
2. Form I-94 Admission Number:  
3. Foreign Passport Number:  
   Country of Issuance:  

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  

Form I-9  07/17/17 N  

Employer Completes Next Page
### Section 2. Employer or Authorized Representative Review and Verification

(Emptees 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.*"

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
<th>Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
<td></td>
<td>First Name (Given Name)</td>
<td></td>
<td></td>
<td>M.I. Citizenship/Immigration Status</td>
</tr>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Document Title</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td></td>
<td>Document Title</td>
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<td>Document Title</td>
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<td>Issuing Authority</td>
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<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (If applicable)

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization OR</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>
| 1. U.S. Passport or U.S. Passport Card | 1. Driver's license or ID card issued by a State or 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 | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: 
(1) NOT VALID FOR EMPLOYMENT 
(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION 
(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 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 | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 3. School ID card with a photograph | 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 |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 
   a. Foreign passport; and  
   b. Form I-94 or Form I-94A that has the following: 
      (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. | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| 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 | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security |
| | 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 | | 

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.
Employee’s Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial
(b) Last name
(c) Social security number

Address
City or town, state, and ZIP code

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. □

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $
Multiply the number of other dependents by $500 ▶ $

Add the amounts above and enter the total here 3 ▶ $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income ▶ $ 4(a)

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here ▶ $ 4(b)

(c) Extra withholding. Enter any additional tax you want withheld each pay period ▶ $ 4(c)

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employer’s signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer’s name and address

First date of employment

Employer Identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
# Employee's Withholding Allowance Certificate

**New York State • New York City • Yonkers**

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your Social Security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent home address (number and street or rural route)</th>
<th>Apartment number</th>
<th>Single or Head of household</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

City, village, or post office | State | ZIP code
-----------------------------|-------|-------

Are you a resident of New York City? Yes ☐ No ☐
Are you a resident of Yonkers? Yes ☐ No ☐

Complete the worksheet on page 4 before making any entries.

1. Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) ...
2. Total number of allowances for New York City (from line 35) ...

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

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.

---

**Instructions**

Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, 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 2020 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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.
Certificate of Exemption from Withholding

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A
- you must be under age 18, or over age 65, or a full-time student under age 25; and
- you did not have a New York income tax liability for 2019; and
- you do not expect to have a New York income tax liability for 2020 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B
- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See Military spouses.

If you do not meet all of the conditions in either Group A or Group B above, stop; you cannot claim exemption from withholding (see Note below).

First name and middle initial  Last name  Social Security number  Filing status: Mark an X in only one box

Mailing address (number and street or PO box)  Apartment number  Date of birth (mm/dd/yyyy)

City, village, or post office  State  ZIP code

Are you a full-time student? Yes No Are you a military spouse exempt under the SCRA? Yes No

I certify that the information on this form is correct and that, for the year 2020, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer)  Date

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address

Employer identification number

Mark an X in the box if a newly hired employee or a rehired employee ......
First date employee performed services for pay (mm/dd/yyyy) (see instructions):

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

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

Instructions

Who qualifies — To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A
- you must be under age 18, or over age 65, or a full-time student under age 25; and
- you did not have a New York income tax liability for 2019; and
- you do not expect to have a New York income tax liability for 2020 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B
- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See Military spouses.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than $4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person’s federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than $3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of $500 may be imposed for furnishing false information that decreases your withholding amount.

Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, Employee’s Withholding Allowance Certificate, with your employer. Follow the instructions.
PERSONAL DATA

Please Print

Name

Last       First       Middle

Address

Street       Apt. Number

City       State       Zip Code

Telephone

Area Code       Number

Social Security Number

Department

Title

E-Mail Address

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Emergency Contact Number(s):

Relationship:
Completion of this form is voluntary and is not a requirement for employment.

The information requested on this form is for the sole purpose of compliance with EEOC/Affirmative Action guidelines. This information will be kept confidential and maintained separately from your personnel file.

Sex:

_____ Male _____ Female

Race:

_____ White _____ Black or African American

_____ Hispanic or Latino _____ American Indian or Alaskan Native

_____ Asian _____ Native Hawaiian or Other Pacific Islander

_____ Other ___________ (please specify)

Veteran Status

_____ Veteran _____ Vietnam Veteran

Check if the following apply:

_____ Disabled Veteran

_____ Disabled Individual