



NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT
EMPLOYMENT DIVISION
90 CHURCH STREET • NEW YORK, NY 10007

Please answer all items on this sheet

| | |
|-------------------|--|
| RE (NAME): | |
| APPLICANT ID #: | |
| JOB OPENING ID #: | |
| TITLE: | |

PLEASE RESPOND TO THE QUESTIONS BELOW:

- 1. ARE YOU OR IS ANY MEMBER OF YOUR HOUSEHOLD A LANDLORD IN THE NYC HOUSING AUTHORITY'S SECTION 8 HOUSING PROGRAM? **Yes** **No**
- 2. DO YOU LIVE IN PRIVATE HOUSING SUBSIDIZED BY THE NYC HOUSING AUTHORITY'S SECTION 8 PROGRAM? **Yes** **No**
- 3. DO YOU LIVE IN A NEW YORK CITY HOUSING AUTHORITY DEVELOPMENT? **Yes** **No**

IF YES, NAME OF DEVELOPMENT: _____

- 4A. ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR THE HOUSING AUTHORITY? **Yes** **No**

IF YES, RELATIVE'S NAME: _____

RELATIONSHIP: _____

- 4B. ARE YOU RELATED TO ANYONE CURRENTLY RESIDING AT A HOUSING AUTHORITY DEVELOPMENT?

IF YES, RELATIVE'S NAME: _____ **Yes** **No**

RELATIONSHIP: _____

NAME OF DEVELOPMENT: _____

- 5. ARE YOU CURRENTLY RECEIVING A PENSION FROM THE NEW YORK CITY EMPLOYMENT RETIREMENT SYSTEM (NYCERS) OR FROM ANOTHER GOVERNMENT ENTITY? **Yes** **No**

- a. IF YES, INDICATE PENSION SYSTEM AND AGENCY FROM WHICH YOU RETIRED.

PENSION SYSTEM: _____

AGENCY: _____

- b. IF YOU ARE AN EMPLOYEE OF NEW YORK STATE OR THE CITY OF NEW YORK, WILL RESIGNATION FROM YOUR CURRENT POSITION MAKE YOU ELIGIBLE FOR RETIREMENT BENEFITS? **Yes** **No**

I hereby certify that all of the information given above is complete and accurate to the best of my knowledge and belief. I understand that if upon investigation any statement above is found to be untrue, it may lead to termination of my employment with the New York City Housing Authority.

DATE

PLEASE PRINT

PLEASE SIGN



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.**

2021

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

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 estimator at www.irs.gov/W4App, 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 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----------|
| Step 3: Claim Dependents | If your total 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.

▶ _____ ▶ _____
Employee'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) |
| | | | |



General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$190 | \$850 | \$890 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,100 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 190 | 1,190 | 1,890 | 2,090 | 2,220 | 2,220 | 2,220 | 2,220 | 2,300 | 3,300 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,890 | 2,750 | 2,950 | 3,080 | 3,080 | 3,080 | 3,160 | 4,160 | 5,160 | 5,930 | 5,930 |
| \$30,000 - 39,999 | 890 | 2,090 | 2,950 | 3,150 | 3,280 | 3,280 | 3,360 | 4,360 | 5,360 | 6,360 | 7,130 | 7,130 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,410 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,260 | 8,260 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,260 | 9,260 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,080 | 3,360 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,260 | 10,260 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,160 | 4,360 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,490 | 11,260 | 11,260 |
| \$80,000 - 99,999 | 1,020 | 3,150 | 5,010 | 6,210 | 7,340 | 8,340 | 9,340 | 10,340 | 11,340 | 12,340 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,930 | 7,130 | 8,260 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 15,090 | 15,290 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,230 | 16,190 | 16,400 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,270 | 17,040 | 18,040 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,870 | 14,870 | 16,870 | 18,640 | 19,640 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,470 | 12,470 | 14,470 | 16,470 | 18,470 | 20,240 | 21,240 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,500 | 7,940 | 10,070 | 12,070 | 14,070 | 16,070 | 18,070 | 20,070 | 21,840 | 22,840 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,780 | 10,980 | 13,110 | 15,110 | 17,110 | 19,110 | 21,190 | 23,490 | 25,560 | 26,860 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,630 | 12,130 | 14,560 | 16,860 | 19,160 | 21,460 | 23,760 | 26,060 | 28,130 | 29,430 |
| \$525,000 and over | 3,140 | 6,840 | 10,200 | 12,900 | 15,530 | 18,030 | 20,530 | 23,030 | 25,530 | 28,030 | 30,300 | 31,800 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$440 | \$940 | \$1,020 | \$1,020 | \$1,410 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,030 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,540 | 1,620 | 2,020 | 3,020 | 3,470 | 3,470 | 3,470 | 3,640 | 3,840 | 3,840 | 3,840 |
| \$20,000 - 29,999 | 1,020 | 1,620 | 2,100 | 3,100 | 4,100 | 4,550 | 4,550 | 4,720 | 4,920 | 5,120 | 5,120 | 5,120 |
| \$30,000 - 39,999 | 1,020 | 2,020 | 3,100 | 4,100 | 5,100 | 5,550 | 5,720 | 5,920 | 6,120 | 6,320 | 6,320 | 6,320 |
| \$40,000 - 59,999 | 1,870 | 3,470 | 4,550 | 5,550 | 6,690 | 7,340 | 7,540 | 7,740 | 7,940 | 8,140 | 8,150 | 8,150 |
| \$60,000 - 79,999 | 1,870 | 3,470 | 4,690 | 5,890 | 7,090 | 7,740 | 7,940 | 8,140 | 8,340 | 8,540 | 9,190 | 9,990 |
| \$80,000 - 99,999 | 2,000 | 3,810 | 5,090 | 6,290 | 7,490 | 8,140 | 8,340 | 8,540 | 9,390 | 10,390 | 11,190 | 11,990 |
| \$100,000 - 124,999 | 2,040 | 3,840 | 5,120 | 6,320 | 7,520 | 8,360 | 9,360 | 10,360 | 11,360 | 12,360 | 13,410 | 14,510 |
| \$125,000 - 149,999 | 2,040 | 3,840 | 5,120 | 6,910 | 8,910 | 10,360 | 11,360 | 12,450 | 13,750 | 15,050 | 16,160 | 17,260 |
| \$150,000 - 174,999 | 2,220 | 4,830 | 6,910 | 8,910 | 10,910 | 12,600 | 13,900 | 15,200 | 16,500 | 17,800 | 18,910 | 20,010 |
| \$175,000 - 199,999 | 2,720 | 5,320 | 7,490 | 9,790 | 12,090 | 13,850 | 15,150 | 16,450 | 17,750 | 19,050 | 20,150 | 21,250 |
| \$200,000 - 249,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$250,000 - 399,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$400,000 - 449,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,910 | 21,220 | 22,520 |
| \$450,000 and over | 3,140 | 6,250 | 8,830 | 11,330 | 13,830 | 15,790 | 17,290 | 18,790 | 20,290 | 21,790 | 23,100 | 24,400 |



Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$820 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,420 | \$1,870 | \$1,870 | \$1,910 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 820 | 1,900 | 2,130 | 2,220 | 2,220 | 2,620 | 3,620 | 4,070 | 4,110 | 4,310 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,360 | 2,450 | 2,850 | 3,850 | 4,850 | 5,340 | 5,540 | 5,740 | 5,870 | 5,870 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,450 | 2,940 | 3,940 | 4,940 | 5,980 | 6,630 | 6,830 | 7,030 | 7,160 | 7,160 |
| \$40,000 - 59,999 | 1,020 | 2,470 | 3,700 | 4,790 | 5,800 | 7,000 | 8,200 | 8,850 | 9,050 | 9,250 | 9,380 | 9,380 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,850 | 11,050 | 11,250 | 11,520 | 12,320 |
| \$80,000 - 99,999 | 1,880 | 4,280 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,250 | 11,590 | 12,590 | 13,520 | 14,320 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,870 | 7,160 | 8,360 | 9,560 | 11,240 | 12,690 | 13,690 | 14,690 | 15,670 | 16,770 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,870 | 7,240 | 9,240 | 11,240 | 13,240 | 14,690 | 15,890 | 17,190 | 18,420 | 19,520 |
| \$150,000 - 174,999 | 2,040 | 4,920 | 7,150 | 9,240 | 11,240 | 13,290 | 15,590 | 17,340 | 18,640 | 19,940 | 21,170 | 22,270 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,150 | 10,440 | 12,740 | 15,040 | 17,340 | 19,090 | 20,390 | 21,690 | 22,920 | 24,020 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,570 | 12,160 | 14,660 | 17,160 | 19,660 | 21,610 | 23,110 | 24,610 | 26,050 | 27,350 |





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

Single or Head of household Married
 Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

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 19) | 1 | |
| 2 Total number of allowances for New York City (from line 31) | 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 |
|----------------------|------|

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

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

Employer: Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for NYS A

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

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

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

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

Instructions

Changes effective for 2021

Form IT-2104 has been revised for tax year 2021. 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 2021 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 did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, 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.



- 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 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.

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 and the Veterans Benefits and Transition 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 4 of the worksheet on page 4. 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 7.

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 | 65 |
| 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 65. $160/65 = 2.4615$. 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 19 and line 31 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 5 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 6 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 5 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 5 or Part 6, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer’s withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.



Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865**. If the employee is also a new hire or rehire, see *Box B* instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

| Quarter | Due date | Quarter | Due date |
|-----------------|----------|--------------------|------------|
| January – March | April 30 | July – September | October 31 |
| April – June | July 31 | October – December | January 31 |

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the *Yes* or *No* box indicating if dependent health insurance benefits are available to this employee. If *Yes*, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119**. To report newly-hired or rehired employees online instead of submitting this form, go to <https://www.nynewhire.com>.

(continued)



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 in 2021, complete Part 3 below and enter the number from line 28 | 17 | |
| 18 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0 | 18 | |
| 19 Add lines 6 through 18. 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> | 19 | |

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

| | | | | | | | | | | | | | | | |
|---|--|---------------------------------------|----------------------------|----------|--|----------|------------------------------|----------|-------------------------|----------|---------------------------------------|----------|--|--|--|
| 20 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>) | 20 | | | | | | | | | | | | | | |
| 21 Based on your federal filing status, enter the applicable amount from the table below | 21 | | | | | | | | | | | | | | |
| Standard deduction table | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 30%;">Single (cannot be claimed as a dependent)</td> <td style="width: 20%;">\$ 8,000</td> <td style="width: 30%;">Qualifying widow(er)</td> <td style="width: 20%;">\$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent)</td> <td>\$ 3,100</td> <td>Married filing jointly</td> <td>\$16,050</td> </tr> <tr> <td>Head of household</td> <td>\$11,200</td> <td>Married filing separate returns</td> <td>\$ 8,000</td> </tr> </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 | | | | | | | | | | | | |
| 22 Subtract line 21 from line 20 (<i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i>) | 22 | | | | | | | | | | | | | | |
| 23 Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above | 23 | | | | | | | | | | | | | | |

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).

| | | |
|---|-----------|--|
| 24 Expected annual wages and compensation from electing employer in 2021 | 24 | |
| 25 Line 24 minus \$40,000 (if zero or less, stop) | 25 | |
| 26 Line 25 multiplied by .05 | 26 | |
| 27 Line 26 multiplied by .935 | 27 | |
| 28 Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above | 28 | |

Part 4 – Complete this part to compute your withholding allowances for New York City (line 2).

| | | |
|---|-----------|--|
| 29 Enter the amount from line 6 above | 29 | |
| 30 Add lines 15 through 18 above and enter total here | 30 | |
| 31 Add lines 29 and 30. Enter the result here and on line 2 | 31 | |



Part 5 – These charts are only for married couples with both spouses working or married couples with one spouse working 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 earner's wages | | \$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 | \$12 | \$18 | | | | | | | | | |
| \$75,300 | \$96,799 | \$12 | \$19 | \$27 | \$29 | | | | | | | |
| \$96,800 | \$118,399 | \$8 | \$16 | \$23 | \$32 | \$40 | | | | | | |
| \$118,400 | \$129,249 | \$2 | \$10 | \$18 | \$26 | \$36 | \$35 | | | | | |
| \$129,250 | \$139,999 | | \$4 | \$14 | \$22 | \$33 | \$32 | | | | | |
| \$140,000 | \$150,749 | | \$2 | \$10 | \$19 | \$30 | \$32 | \$27 | | | | |
| \$150,750 | \$161,549 | | | \$4 | \$15 | \$27 | \$31 | \$24 | | | | |
| \$161,550 | \$172,499 | | | \$2 | \$11 | \$23 | \$28 | \$24 | \$22 | | | |
| \$172,500 | \$193,849 | | | | \$4 | \$16 | \$23 | \$23 | \$34 | \$45 | | |
| \$193,850 | \$236,949 | | | | | \$6 | \$12 | \$17 | \$34 | \$43 | \$44 | |
| \$236,950 | \$280,099 | | | | | | \$6 | \$12 | \$38 | \$52 | \$46 | \$48 |
| \$280,100 | \$323,199 | | | | | | | \$6 | \$33 | \$59 | \$55 | \$49 |
| \$323,200 | \$377,099 | | | | | | | | \$17 | \$34 | \$44 | \$40 |
| \$377,100 | \$430,949 | | | | | | | | | \$8 | \$19 | \$29 |
| \$430,950 | \$484,899 | | | | | | | | | | \$8 | \$19 |
| \$484,900 | \$538,749 | | | | | | | | | | | \$8 |

| | | Combined wages between \$538,750 and \$1,185,399 | | | | | | | | | | | |
|-----------------------|-------------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------------|----------------------------|----------------------------|
| Higher earner's wages | | \$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 | \$51 | | | | | | | | | | | |
| \$280,100 | \$323,199 | \$54 | \$50 | | | | | | | | | | |
| \$323,200 | \$377,099 | \$34 | \$39 | \$45 | \$29 | | | | | | | | |
| \$377,100 | \$430,949 | \$25 | \$19 | \$24 | \$30 | \$5 | \$5 | | | | | | |
| \$430,950 | \$484,899 | \$29 | \$25 | \$19 | \$24 | \$30 | \$5 | \$5 | \$5 | | | | |
| \$484,900 | \$538,749 | \$19 | \$29 | \$25 | \$19 | \$24 | \$30 | \$5 | \$5 | \$5 | \$5 | | |
| \$538,750 | \$592,649 | \$8 | \$19 | \$29 | \$25 | \$19 | \$24 | \$30 | \$5 | \$5 | \$5 | \$3 | \$2 |
| \$592,650 | \$646,499 | | \$8 | \$19 | \$29 | \$25 | \$19 | \$24 | \$30 | \$5 | \$5 | \$3 | \$2 |
| \$646,500 | \$700,399 | | | \$8 | \$19 | \$29 | \$25 | \$19 | \$24 | \$30 | \$5 | \$3 | \$2 |
| \$700,400 | \$754,299 | | | | \$8 | \$19 | \$29 | \$25 | \$19 | \$24 | \$30 | \$3 | \$2 |
| \$754,300 | \$808,199 | | | | | \$8 | \$19 | \$29 | \$25 | \$19 | \$24 | \$31 | \$2 |
| \$808,200 | \$862,049 | | | | | | \$8 | \$19 | \$29 | \$25 | \$19 | \$26 | \$34 |
| \$862,050 | \$915,949 | | | | | | | \$8 | \$19 | \$29 | \$25 | \$20 | \$29 |
| \$915,950 | \$969,899 | | | | | | | | \$8 | \$19 | \$29 | \$26 | \$24 |
| \$969,900 | \$1,023,749 | | | | | | | | | \$8 | \$19 | \$31 | \$29 |
| \$1,023,750 | \$1,077,549 | | | | | | | | | | \$8 | \$20 | \$34 |
| \$1,077,550 | \$1,131,499 | | | | | | | | | | | \$9 | \$22 |
| \$1,131,500 | \$1,185,399 | | | | | | | | | | | | \$9 |



| | | 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 | \$37 | \$8 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$915,950 | \$969,899 | \$32 | \$40 | \$11 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$969,900 | \$1,023,749 | \$27 | \$35 | \$44 | \$14 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$1,023,750 | \$1,077,549 | \$32 | \$30 | \$38 | \$47 | \$17 | \$21 | \$24 | \$27 | \$30 | \$33 |
| \$1,077,550 | \$1,131,499 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 | \$28 | \$32 |
| \$1,131,500 | \$1,185,399 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 | \$28 |
| \$1,185,400 | \$1,239,249 | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 |
| \$1,239,250 | \$1,293,199 | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 |
| \$1,293,200 | \$1,347,049 | | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 |
| \$1,347,050 | \$1,400,949 | | | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 |
| \$1,400,950 | \$1,454,849 | | | | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 |
| \$1,454,850 | \$1,508,699 | | | | | | \$9 | \$22 | \$35 | \$34 | \$31 |
| \$1,508,700 | \$1,562,549 | | | | | | | \$9 | \$22 | \$35 | \$34 |
| \$1,562,550 | \$1,616,449 | | | | | | | | \$9 | \$22 | \$35 |
| \$1,616,450 | \$1,670,399 | | | | | | | | | \$9 | \$22 |
| \$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 | \$32 | \$35 | \$38 | \$41 | \$44 | \$47 | \$50 | \$53 | \$487 | \$906 |
| \$1,185,400 | \$1,239,249 | \$28 | \$32 | \$35 | \$38 | \$41 | \$44 | \$47 | \$50 | \$484 | \$903 |
| \$1,239,250 | \$1,293,199 | \$25 | \$28 | \$32 | \$35 | \$38 | \$41 | \$44 | \$47 | \$480 | \$900 |
| \$1,293,200 | \$1,347,049 | \$22 | \$25 | \$28 | \$32 | \$35 | \$38 | \$41 | \$44 | \$477 | \$897 |
| \$1,347,050 | \$1,400,949 | \$19 | \$22 | \$25 | \$28 | \$32 | \$35 | \$38 | \$41 | \$474 | \$894 |
| \$1,400,950 | \$1,454,849 | \$48 | \$19 | \$22 | \$25 | \$28 | \$32 | \$35 | \$38 | \$471 | \$891 |
| \$1,454,850 | \$1,508,699 | \$40 | \$48 | \$19 | \$22 | \$25 | \$28 | \$32 | \$35 | \$468 | \$888 |
| \$1,508,700 | \$1,562,549 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 | \$28 | \$32 | \$465 | \$884 |
| \$1,562,550 | \$1,616,449 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 | \$28 | \$462 | \$881 |
| \$1,616,450 | \$1,670,399 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$25 | \$459 | \$878 |
| \$1,670,400 | \$1,724,299 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$22 | \$456 | \$875 |
| \$1,724,300 | \$1,778,149 | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$19 | \$452 | \$872 |
| \$1,778,150 | \$1,832,049 | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$48 | \$449 | \$869 |
| \$1,832,050 | \$1,885,949 | | | \$9 | \$22 | \$35 | \$34 | \$31 | \$40 | \$479 | \$866 |
| \$1,885,950 | \$1,939,799 | | | | \$9 | \$22 | \$35 | \$34 | \$31 | \$470 | \$895 |
| \$1,939,800 | \$1,993,699 | | | | | \$9 | \$22 | \$35 | \$34 | \$462 | \$887 |
| \$1,993,700 | \$2,047,599 | | | | | | \$9 | \$22 | \$35 | \$464 | \$878 |
| \$2,047,600 | \$2,101,499 | | | | | | | \$9 | \$22 | \$466 | \$881 |
| \$2,101,500 | \$2,155,349 | | | | | | | | \$9 | \$452 | \$882 |
| \$2,155,350 | \$2,209,299 | | | | | | | | | \$235 | \$438 |
| \$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, contact the Tax Department for assistance (see *Need help?* on page 7).



Part 6 – 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 | \$12 | \$20 | \$27 | \$28 | | | | | | | |
| \$96,800 | \$118,399 | \$8 | \$16 | \$24 | \$27 | \$28 | | | | | | |
| \$118,400 | \$129,249 | \$2 | \$10 | \$18 | \$21 | \$26 | \$37 | | | | | |
| \$129,250 | \$139,999 | | \$4 | \$14 | \$17 | \$23 | \$43 | | | | | |
| \$140,000 | \$150,749 | | \$2 | \$10 | \$13 | \$19 | \$43 | \$43 | | | | |
| \$150,750 | \$161,549 | | | \$3 | \$9 | \$15 | \$42 | \$41 | | | | |
| \$161,550 | \$172,499 | | | \$1 | \$7 | \$13 | \$42 | \$43 | \$41 | | | |
| \$172,500 | \$193,849 | | | | \$3 | \$10 | \$40 | \$46 | \$43 | \$46 | | |
| \$193,850 | \$236,949 | | | | | \$11 | \$35 | \$49 | \$48 | \$49 | \$40 | |
| \$236,950 | \$280,099 | | | | | | \$10 | \$19 | \$31 | \$28 | \$31 | \$16 |
| \$280,100 | \$323,199 | | | | | | | \$7 | \$17 | \$29 | \$24 | \$29 |
| \$323,200 | \$377,099 | | | | | | | | \$8 | \$19 | \$29 | \$24 |
| \$377,100 | \$430,949 | | | | | | | | | \$8 | \$19 | \$29 |
| \$430,950 | \$484,899 | | | | | | | | | | \$8 | \$19 |
| \$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 | \$11 | | | | | | | | | | | |
| \$280,100 | \$323,199 | \$9 | \$8 | | | | | | | | | | |
| \$323,200 | \$377,099 | \$30 | \$8 | \$8 | \$8 | | | | | | | | |
| \$377,100 | \$430,949 | \$24 | \$30 | \$8 | \$8 | \$8 | \$8 | | | | | | |
| \$430,950 | \$484,899 | \$29 | \$24 | \$30 | \$8 | \$8 | \$8 | \$8 | \$8 | | | | |
| \$484,900 | \$538,749 | \$19 | \$29 | \$24 | \$30 | \$8 | \$8 | \$8 | \$8 | \$8 | \$8 | | |
| \$538,750 | \$592,649 | \$8 | \$19 | \$29 | \$24 | \$30 | \$8 | \$8 | \$8 | \$8 | \$8 | \$236 | \$452 |
| \$592,650 | \$646,499 | | \$8 | \$19 | \$29 | \$24 | \$30 | \$8 | \$8 | \$8 | \$8 | \$236 | \$452 |
| \$646,500 | \$700,399 | | | \$8 | \$19 | \$29 | \$24 | \$30 | \$8 | \$8 | \$8 | \$236 | \$451 |
| \$700,400 | \$754,299 | | | | \$8 | \$19 | \$29 | \$24 | \$30 | \$8 | \$8 | \$236 | \$452 |
| \$754,300 | \$808,199 | | | | | \$8 | \$19 | \$29 | \$24 | \$30 | \$8 | \$236 | \$452 |
| \$808,200 | \$862,049 | | | | | | \$8 | \$19 | \$29 | \$24 | \$30 | \$236 | \$452 |
| \$862,050 | \$915,949 | | | | | | | \$8 | \$19 | \$29 | \$24 | \$258 | \$451 |
| \$915,950 | \$969,899 | | | | | | | | \$8 | \$19 | \$29 | \$252 | \$473 |
| \$969,900 | \$1,023,749 | | | | | | | | | \$8 | \$19 | \$257 | \$468 |
| \$1,023,750 | \$1,077,549 | | | | | | | | | | \$8 | \$247 | \$472 |
| \$1,077,550 | \$1,131,499 | | | | | | | | | | | \$123 | \$234 |
| \$1,131,500 | \$1,185,399 | | | | | | | | | | | | \$14 |

(Part 6 continued on page 8)

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: Dial 7-1-1 for the New York Relay Service



| | | Combined wages between \$1,185,400 and \$1,724,299 | | | | | | | | | |
|-------------|-------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Higher wage | | \$1,185,400 \$1,239,249 | \$1,239,250 \$1,293,199 | \$1,293,200 \$1,347,049 | \$1,347,050 \$1,400,949 | \$1,400,950 \$1,454,849 | \$1,454,850 \$1,508,699 | \$1,508,700 \$1,562,549 | \$1,562,550 \$1,616,449 | \$1,616,450 \$1,670,399 | \$1,670,400 \$1,724,299 |
| \$592,650 | \$646,499 | \$475 | \$499 | | | | | | | | |
| \$646,500 | \$700,399 | \$475 | \$499 | \$522 | \$546 | | | | | | |
| \$700,400 | \$754,299 | \$475 | \$499 | \$522 | \$546 | \$569 | \$593 | | | | |
| \$754,300 | \$808,199 | \$475 | \$499 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | | |
| \$808,200 | \$862,049 | \$475 | \$499 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | \$663 | \$687 |
| \$862,050 | \$915,949 | \$475 | \$499 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | \$663 | \$687 |
| \$915,950 | \$969,899 | \$475 | \$499 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | \$663 | \$687 |
| \$969,900 | \$1,023,749 | \$497 | \$499 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | \$663 | \$687 |
| \$1,023,750 | \$1,077,549 | \$491 | \$520 | \$522 | \$546 | \$569 | \$593 | \$616 | \$640 | \$663 | \$687 |
| \$1,077,550 | \$1,131,499 | \$268 | \$287 | \$316 | \$318 | \$341 | \$365 | \$388 | \$412 | \$435 | \$459 |
| \$1,131,500 | \$1,185,399 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 |
| \$1,185,400 | \$1,239,249 | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 |
| \$1,239,250 | \$1,293,199 | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 |
| \$1,293,200 | \$1,347,049 | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 |
| \$1,347,050 | \$1,400,949 | | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 |
| \$1,400,950 | \$1,454,849 | | | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 |
| \$1,454,850 | \$1,508,699 | | | | | | \$14 | \$42 | \$76 | \$95 | \$124 |
| \$1,508,700 | \$1,562,549 | | | | | | | \$14 | \$42 | \$76 | \$95 |
| \$1,562,550 | \$1,616,449 | | | | | | | | \$14 | \$42 | \$76 |
| \$1,616,450 | \$1,670,399 | | | | | | | | | \$14 | \$42 |
| \$1,670,400 | \$1,724,299 | | | | | | | | | | \$14 |

| | | Combined wages between \$1,724,300 and \$2,263,265 | | | | | | | | | |
|-------------|-------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Higher wage | | \$1,724,300 \$1,778,149 | \$1,778,150 \$1,832,049 | \$1,832,050 \$1,885,949 | \$1,885,950 \$1,939,799 | \$1,939,800 \$1,993,699 | \$1,993,700 \$2,047,599 | \$2,047,600 \$2,101,499 | \$2,101,500 \$2,155,349 | \$2,155,350 \$2,209,299 | \$2,209,300 \$2,263,265 |
| \$862,050 | \$915,949 | \$710 | \$734 | | | | | | | | |
| \$915,950 | \$969,899 | \$710 | \$734 | \$757 | \$781 | | | | | | |
| \$969,900 | \$1,023,749 | \$710 | \$734 | \$757 | \$781 | \$804 | \$828 | | | | |
| \$1,023,750 | \$1,077,549 | \$710 | \$734 | \$757 | \$781 | \$804 | \$828 | \$851 | \$875 | | |
| \$1,077,550 | \$1,131,499 | \$482 | \$506 | \$529 | \$553 | \$576 | \$600 | \$623 | \$647 | \$670 | \$262 |
| \$1,131,500 | \$1,185,399 | \$267 | \$290 | \$314 | \$337 | \$361 | \$384 | \$408 | \$431 | \$455 | \$478 |
| \$1,185,400 | \$1,239,249 | \$243 | \$267 | \$290 | \$314 | \$337 | \$361 | \$384 | \$408 | \$431 | \$455 |
| \$1,239,250 | \$1,293,199 | \$220 | \$243 | \$267 | \$290 | \$314 | \$337 | \$361 | \$384 | \$408 | \$431 |
| \$1,293,200 | \$1,347,049 | \$196 | \$220 | \$243 | \$267 | \$290 | \$314 | \$337 | \$361 | \$384 | \$408 |
| \$1,347,050 | \$1,400,949 | \$173 | \$196 | \$220 | \$243 | \$267 | \$290 | \$314 | \$337 | \$361 | \$384 |
| \$1,400,950 | \$1,454,849 | \$149 | \$173 | \$196 | \$220 | \$243 | \$267 | \$290 | \$314 | \$337 | \$361 |
| \$1,454,850 | \$1,508,699 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 | \$267 | \$290 | \$314 | \$337 |
| \$1,508,700 | \$1,562,549 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 | \$267 | \$290 | \$314 |
| \$1,562,550 | \$1,616,449 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 | \$267 | \$290 |
| \$1,616,450 | \$1,670,399 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 | \$267 |
| \$1,670,400 | \$1,724,299 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 | \$243 |
| \$1,724,300 | \$1,778,149 | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 | \$220 |
| \$1,778,150 | \$1,832,049 | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 | \$196 |
| \$1,832,050 | \$1,885,949 | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 | \$173 |
| \$1,885,950 | \$1,939,799 | | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 | \$149 |
| \$1,939,800 | \$1,993,699 | | | | | \$14 | \$42 | \$76 | \$95 | \$124 | \$126 |
| \$1,993,700 | \$2,047,599 | | | | | | \$14 | \$42 | \$76 | \$95 | \$124 |
| \$2,047,600 | \$2,101,499 | | | | | | | \$14 | \$42 | \$76 | \$95 |
| \$2,101,500 | \$2,155,349 | | | | | | | | \$14 | \$42 | \$76 |
| \$2,155,350 | \$2,209,299 | | | | | | | | | \$14 | \$42 |
| \$2,209,300 | \$2,263,265 | | | | | | | | | | \$14 |





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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 <i>(mm/dd/yyyy)</i> | |
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | |
| Address <i>(Street Number and Name)</i> | | City or Town | State ZIP Code |

STOP **Employer Completes Next Page** STOP





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 (<i>Family Name</i>) | First Name (<i>Given Name</i>) | 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 (<i>if any</i>) (mm/dd/yyyy) | | Expiration Date (<i>if any</i>) (mm/dd/yyyy) | | Expiration Date (<i>if any</i>) (mm/dd/yyyy) |
| Document Title | | <div style="border: 1px solid black; padding: 10px; min-height: 200px;"> Additional Information </div> | | <div style="border: 1px solid black; padding: 5px; font-size: small;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div> |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (<i>if any</i>) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (<i>if any</i>) (mm/dd/yyyy) | | | | |

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

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

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

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

| A. New Name (<i>if applicable</i>) | | | B. Date of Rehire (<i>if applicable</i>) |
|--------------------------------------|----------------------------------|----------------|--|
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | 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 (<i>if any</i>) (mm/dd/yyyy) |
|----------------|-----------------|--|

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

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



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



**MEDICAL SCREENING
DEDUCTION AUTHORIZATION**

**NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT**

APPLICANT INFORMATION

LAST NAME

FIRST NAME

APPLICANT ID #

Social Security #

Scheduled Medical Screening Date

**I ACKNOWLEDGE THAT THE TOTAL COST OF \$. FOR MY
PRE-EMPLOYMENT MEDICAL SCREENING WILL BE DEDUCTED FROM MY PAYCHECK
ONCE I AM EMPLOYED BY THE AUTHORITY.**

Applicant's Name (Print)

Applicant's Signature

Date

HUMAN RESOURCES USE ONLY

Medical Screening Date

| | |
|----------------------|----------------------|
| Y | N |
| <input type="text"/> | <input type="text"/> |

Agency Start Date

Payment Provided By

Please print Department Name in this box

Work Location Name

Work Location #

Placement Coordinator's Name (Print)

Placement Coordinator's Signature

Date

******* PAYROLL DIVISION ONLY *******

ACTION CODE

(A/C)

DOCKET #

SOCIAL SECURITY #

CD

JSN

PYRL NO.

EFFECTIVE DATE

EXPIRATION DATE

DEDUCTION CODE

DEDUCTION AMOUNT

+/- \$

DEDUCTION GOAL AMOUNT

+/- \$

NYCAPS EMPL ID #

Prepared by (Initials Only)

Date

Entry Operator (Initials Only)

Date

Reviewed by (Initials Only)

Date



New York City Housing Authority
Human Resources Department
90 Church Street New York, NY 10007

MEDICAL REFERRAL - FULL TESTING

Expected Arrival Time: _____ am pm Date: _____

To: Partners In Safety or Laboratory Corp of America

From: _____ Requester

| | |
|--------|------------------------------------|
| RE: | LAST 4 DIGITS OF SOCIAL SECURITY # |
| TITLE: | PCN# |

Please conduct a pre-employment Drug Screen for the above named individual.

Location (Please check the box for location where the drug screening will be conducted):

Primary Partners In Safety

Laboratory Corp of America

408 West 45th Street
New York, NY 10036

Phone: 212-727-8637 Fax: 212-246-0269

Partners In Safety
800 Route 17M
Middletown, NY 10940
P: 845-341-0515 F: 845-341-0710

Train: A,C,E and 7 to 42nd Street/Port Authority
Bus Terminal 1,2,3 and N,Q,R to Times Sq-42nd
Street, then 7 to Port Authority B,D,F,M to 42nd
Street/Bryant Park, then 7 to Port Authority 4,5,6
to Grand Central, then 7 to Port Authority

Partners In Safety
15 North Broadway, Suite D
White Plains, NY 10601
P: 914-285-0434 F: 914-288-9516

Partners In Safety
55 Old Nyack Turnpike, Suite 401
Nanuet, NY 10954
P: 845-624-3882 F: 845-624-3992

If you have any questions or concerns, please call
Partners In Safety at 866-411-7233.

Urine Specimen Collection Procedures

CANDIDATE, PLEASE FOLLOW THESE INSTRUCTIONS:

1. BECAUSE A URINE SPECIMEN IS REQUIRED, WE RECOMMEND YOU DRINK EIGHT OUNCES OF WATER OR JUICE JUST PRIOR TO YOUR VISIT &/ OR AT OUR OFFICE.
2. A PHOTO IDENTIFICATION SUCH AS A DRIVER'S LICENSE OR EMPLOYEE BADGE IS REQUIRED.
3. YOU WILL BE ASKED TO REMOVE OUTER CLOTHING SUCH AS COATS AND SWEATERS. YOU WILL ALSO BE ASKED TO EMPTY YOUR POCKETS. YOU MAY RETAIN YOUR WALLET.
4. YOU WILL BE DIRECTED TO A PRIVATE LAVATORY WHERE YOU WILL PROVIDE A SPECIMEN OF AT LEAST 45 ML (ALMOST 2 OUNCES IS REQUIRED).
5. YOU WILL THEN OBSERVE THE SPECIMEN CONTAINER BEING FILLED FROM THE COLLECTION CUP THAT YOU PROVIDED.
6. THE COLLECTION PROCESS IS COMPLETED WHEN YOU SIGN THE CHAIN OF CUSTODY FORM (CCD) AND INITIAL THE TAMPER PROOF SEAL THAT ARE PLACED OVER THE SPECIMEN BOTTLES.

THANK YOU FOR YOUR PREPARATION AND COOPERATION IN TAKING THIS TEST.

ORIGINAL & 1 COPY: ORIGINAL (WHITE) TO APPLICANT
BE PRESENTED AT TESTING FACILITY; COPY (YELLOW) TO

Supervisor, Employment Division



New York City Housing Authority
Human Resources Department
90 Church Street New York, NY 10007

MEDICAL REFERRAL - EXCLUDING MARIJUANA

Expected Arrival Time: _____ am pm Date: _____

To: Partners In Safety or Laboratory Corp of America

From: _____ Requester

| | |
|--------|------------------------------------|
| RE: | LAST 4 DIGITS OF SOCIAL SECURITY # |
| TITLE: | PCN# |

Please conduct a pre-employment Drug Screen for the above named individual.

Location (Please check the box for location where the drug screening will be conducted):

Primary Partners In Safety

Laboratory Corp of America

408 West 45th Street
New York, NY 10036

Phone: 212-727-8637 Fax: 212-246-0269

Partners In Safety
800 Route 17M
Middletown, NY 10940
P: 845-341-0515 F: 845-341-0710

Train: A,C,E and 7 to 42nd Street/Port Authority
Bus Terminal 1,2,3 and N,Q,R to Times Sq-42nd
Street, then 7 to Port Authority B,D,F,M to 42nd
Street/Bryant Park, then 7 to Port Authority 4,5,6
to Grand Central, then 7 to Port Authority

Partners In Safety
15 North Broadway, Suite D
White Plains, NY 10601
P: 914-285-0434 F: 914-288-9516

Partners In Safety
55 Old Nyack Turnpike, Suite 401
Nanuet, NY 10954
P: 845-624-3882 F: 845-624-3992

If you have any questions or concerns, please call
Partners In Safety at 866-411-7233.

Urine Specimen Collection Procedures

CANDIDATE, PLEASE FOLLOW THESE INSTRUCTIONS:

1. BECAUSE A URINE SPECIMEN IS REQUIRED, WE RECOMMEND YOU DRINK EIGHT OUNCES OF WATER OR JUICE JUST PRIOR TO YOUR VISIT &/ OR AT OUR OFFICE.
2. A PHOTO IDENTIFICATION SUCH AS A DRIVER'S LICENSE OR EMPLOYEE BADGE IS REQUIRED.
3. YOU WILL BE ASKED TO REMOVE OUTER CLOTHING SUCH AS COATS AND SWEATERS. YOU WILL ALSO BE ASKED TO EMPTY YOUR POCKETS. YOU MAY RETAIN YOUR WALLET.
4. YOU WILL BE DIRECTED TO A PRIVATE LAVATORY WHERE YOU WILL PROVIDE A SPECIMEN OF AT LEAST 45 ML (ALMOST 2 OUNCES IS REQUIRED).
5. YOU WILL THEN OBSERVE THE SPECIMEN CONTAINER BEING FILLED FROM THE COLLECTION CUP THAT YOU PROVIDED.
6. THE COLLECTION PROCESS IS COMPLETED WHEN YOU SIGN THE CHAIN OF CUSTODY FORM (CCD) AND INITIAL THE TAMPER PROOF SEAL THAT ARE PLACED OVER THE SPECIMEN BOTTLES.

THANK YOU FOR YOUR PREPARATION AND COOPERATION IN TAKING THIS TEST.

ORIGINAL & 1 COPY: ORIGINAL (WHITE) TO APPLICANT
BE PRESENTED AT TESTING FACILITY; COPY (YELLOW) TO

Supervisor, Employment Division



**NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT
90 CHURCH STREET, NEW YORK, NY 10007**

LIVESCAN FINGERPRINT INFORMATION

| | | | | | | | | | |
|--|----------|----------|----------------------------|--|---------------------------------------|------------------------|-------------------|------------------------------------|--|
| Certified Applicant Processing System – CAPS # _____ | | | | | | | | | |
| 1) Last Name: | | | 2) First Name | | | | 3) Middle Initial | | |
| 4) Street Address: | | | | | | 5) Apt Bldg.# | | | |
| 6) City | | | 7) State | | | | 8) Zip Code | | |
| 9) Alias or Maiden Name | | | 10) Sex | | 11) Race | | 12) Ethnicity | | |
| 13) Skin | 14) Hair | 15) Eyes | 16) Weight | | 17) Height | 18) Date of Birth | | 19) Age | |
| 20) Place of Birth (State County) | | | 21) Social Security Number | | | 22) Date Fingerprinted | | 23) Agency ID No 996 | |
| 24) Reason Fingerprinted (Check One) | | | | | 27) License Type / Job Title | | | | |
| Application Job <input type="checkbox"/> | | | | | | | | | |
| License Application <input type="checkbox"/> | | | | | | | | | |
| Peace Officer Application <input type="checkbox"/> | | | | | | | | | |
| | | | | | 28) Signature of person Fingerprinted | | | | |
| | | | | | 29) Signature of person taking Prints | | | | |
| 25) TWO PIECES OF IDENTIFICATION ARE REQUIRED SPECIFY TYPES OF IDENTIFICATION AND INCLUDE NUMBERS | | | | | | | | | |
| Type of I.D. | | | | | Numbers | | | | |
| 1) | | | | | | | | | |
| 2) | | | | | | | | | |
| Please type or Print all Information | | | | | | | | | |



NEW YORK CITY HOUSING AUTHORITY

90 CHURCH STREET, 5th FLOOR

NEW YORK, N.Y. 10007

TRANSFER OF LEAVE

I _____, am being appointed, promoted, transferred or reinstated from a Mayoral or non-Mayoral New York City agency to the New York City Housing Authority.

I understand that I will be credited with accrued annual leave, sick leave and compensatory time earned at the previous agency up to a maximum of twice my latest annual leave accrual rate, not to exceed 54 days.

I understand that this time may not be used until I have completed six months of employment with the NYC Housing Authority

I further understand that if my employment with the NYC Housing Authority terminates prior to the completion of six months of service, I will not be compensated for the time that was earned at the previous agency.

Date

Signature

EXAMPLE:

John Doe transfers from the NYC Department of General Services to the NYC Housing Authority on January 1, 1995. When he left the Department of General Services he was earning 25 days of annual leave per annum. He had a leave balance of 30 days of annual leave, 25 days of sick leave and 10 days of compensatory time, a total of 65 days. The Housing Authority will allow 50 days to be transferred ($2 \times 25 = 50$).

Mr. Doe may not begin to use the 50 days until July 1, 1995. If his employment with the NYC Housing Authority ends prior to July 1, 1995, he will not be paid for any portion of the 50 days.



Employee Voluntary Compliance Agreement Statement (VCA)

In 1996 a Voluntary Compliance Agreement (“VCA”) concerning the New York City Housing Authority (“NYCHA”) compliance with Section 504 of the 1973 Rehabilitation Act (“Section 504”) and related federal law was signed by NYCHA and HUD. Section 504 required NYCHA to operate its programs and facilities so that, when viewed as a whole, they are accessible to persons with disabilities. The VCA requires NYCHA employees in certain titles to sign this statement acknowledging and indicating the intention to comply with their responsibilities under the agreement.

The VCA and federal regulations require NYCHA to reasonably accommodate individuals with physical disabilities. A “reasonable accommodation” is a change in NYCHA’s policy, procedure, practice, or facilities intended to provide persons with physical disabilities the same opportunity as non-disabled individuals to participate in and benefit from NYCHA’s housing programs.

Under federal law, NYCHA’s obligation is to make an accommodation effective (i.e., one which overcomes barriers to equal access and facilitates the use of the housing program), provided that the accommodation is reasonable (i.e., does not cause undue administrative or financial burdens or a fundamental alteration of the housing program). Generally, the physically disabled person will suggest an accommodation that he or she believes would be effective and NYCHA will determine whether the requested accommodation is reasonable. NYCHA may also suggest alternative accommodations which are less burdensome to provide.

Depending on the circumstances, a reasonable accommodation may be to transfer the resident to another apartment that is accessible or to make non-structural modifications to the resident’s current apartment. A reasonable accommodation may also include changes to NYCHA procedures: for example, if a resident is unable to gain access to the management office due to a physical disability, NYCHA may send staff to the resident’s apartment or conduct an interview by phone. During the application process, public housing applicants with physical disabilities may also request accessible apartments or modifications to a conventional apartment assigned to them.

NYCHA is committed to ensuring that all residents of public housing, and all applicants for public housing, are provided with an equal opportunity to participate in and benefit from all of NYCHA’s programs and services regardless of any disabilities they may have.



NEW YORK CITY HOUSING AUTHORITY

CERTIFICATE OF "CONFLICTS OF INTEREST"

I, _____, hereby certify to the
(PRINT NAME)

New York City Housing Authority as follows:

1. I am not engaged in any outside employment which adversely affects my employment by the Authority.
2. I am not engaged in any employment with any contractor, agent or any other person having a contract with the Authority, and I shall not engage in any such employment during my employment by the Authority.
3. I have no financial interest (other than investments listed on a regulated financial market(s)*) in any individual or business organizations that do business with the Authority.
4. I shall comply with all the provisions of section 36 of the Public Housing Law, reading as follows:

"No member or Employee of an Authority shall acquire any interest direct or indirect in a project or in any property then or thereafter included or planned to be included in a project, nor retain any interest direct or indirect in any property acquired subsequently to his appointment or employment which later included or to his knowledge planned to be included in a project, nor shall have any interest direct or indirect in any contract or proposed contract for materials services to be furnished or used in connection with any project. If any member or employee of any Authority owns or controls an interest direct or indirect in any project, which was acquired prior to his appointment or employment, he shall disclose such interest and the date of acquisition thereof in writing to the Authority prior to such appointment and such disclosure shall be entered upon the minutes of the Authority."

5. I also certify that I have received a copy of Chapter 68 of the New York City Charter and will conform with the provisions of the Conflicts of Interest Law by filing the Certificate of Conflicts of Interest Form with the Conflicts of Interest Board within ten days of the date of my appointment.

* Examples of a regulated financial market are the New York Stock Exchange, American Stock Exchange and NASDAQ.

DATE

SIGNATURE

EMPLOYEE ID NO.



NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT

Date:

Employee ID#:

Department Name:

Location Name:

TO:

SUBJECT: *Receipts for the Conflicts of Interest Guidelines*

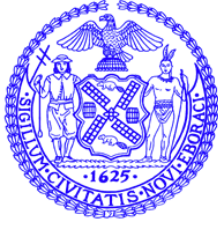
I acknowledge that I have received a copy of the New York City Housing Authority's *Conflicts of Interest Guidelines*.

As an employee of New York City Housing Authority, I understand that it is my obligation to read and comply with the *Conflicts of Interest Guidelines* which is intended to serve as a summary guide regarding required work related conduct. The *Conflicts of Interest Guidelines* is not all inclusive and I understand that I must comply with the New York City conflicts of Interest Law and the Hatch Act.

Signed _____

Date _____





CITY OF NEW YORK
CONFLICTS OF INTEREST BOARD
2 Lafayette Street, Suite 1010
New York, New York 10007
(212) 442-1400; (212) 437-0705 (Fax)

Conflicts of Interest Board
2 Lafayette Street, Suite 1010
New York, NY 10007

RE: Charter § 2603(b)(2) Certification

Pursuant to Charter § 2603(b)(2), I hereby certify that I have read and shall conform to the provisions of Chapter 68 of the New York City Charter.

Signature

Print Name

Social Security Number

Print Title

Print Agency

Date



NEW YORK CITY HOUSING AUTHORITY

NOTICE TO EMPLOYEES

Pursuant to the requirements of the Federal Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited in the workplace. Violations of this policy will subject an employee to discipline up to and including discharge.

The Federal Drug-Free Workplace Act of 1988 also requires that any employee convicted of a criminal drug statute violation occurring in the workplace must notify the agency within five (5) days of the conviction. A conviction includes a finding of guilt, a conditional discharge, a “no contest” plea (nolo contendere), or the imposition of a sentence by any judicial body charged with determining violations of any criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance.

Accordingly, you are required to notify the Housing Authority Human Resources Director if you are convicted of any criminal drug statute violation occurring in the workplace within five (5) days of that conviction. Failure to do so may result in additional charges being filed against you.

Print Name _____

Signature _____ Date _____



New York City Housing Authority

AUTHORIZATION FOR RELEASE OF INFORMATION

I am applying for a position with the New York City Housing Authority and authorize the release to the New York City Housing Authority of ANY information required in order to establish my eligibility. This includes, but is not limited to, documents from any personnel files which you may maintain. I realize that should I subsequently obtain employment with a mayoral or non-mayoral agency of the City of New York, my personnel records will be transferred to that agency.

If this request is for military records, I hereby authorize the National Personnel Records Center, St. Louis, MO., or other custodian of my military records to release to the City of New York, and the New York City Housing Authority ALL information in or provide photocopies of my military personnel and related medical records. This should include a photocopy of my Form DD 214 (Report of Separation).

APPLICANT'S NAME:

(Print)

SOCIAL SECURITY NUMBER:

STREET ADDRESS/APT. NO.:

CITY:

STATE/ZIP CODE:

(Print)

SIGNATURE OF APPLICANT: _____ Date: _____

CANDIDATES DO NOT WRITE BELOW THIS LINE

State of New York

ss:

County of New York

This is to certify that this is a true copy of an authorization currently in the custody of the New York City Housing Authority.

AUTHORIZED SIGNATURE: _____ Date: _____

TITLE: _____ NAME: _____

(Print)



Attestation

I have read the above and thus been instructed regarding NYCHA’s responsibilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Fair Housing Act and the Voluntary Compliance Agreement. I fully understand that NYCHA:

- 1. shall not discriminate against tenants and applicants with disabilities,
- 2. shall reasonably accommodate tenants and applicants with disabilities, and
- 3. shall make certain residential and non-residential structures and facilities accessible.

I will comply with my obligations under the Voluntary Compliance Agreement and understand that my failure to meet these obligations may be grounds for court action and/or disciplinary action by the Authority or HUD with respect to my employment, subject to State and local laws and existing collective bargaining agreements.

I understand that if I fail to sign and/or return this statement, notation of such shall be retained in my personnel file for the duration of the Voluntary Compliance Agreement.

Please print

Name: _____ , _____

Last 4 digits of Social Security #: _____

Civil Service Title: _____

Work Location: _____

Employee Signature: _____ Date: _____



NEW YORK CITY HOUSING AUTHORITY
Human Resources Department – Employment Division
90 Church Street – 5th Floor – New York, NY 10007

DESIGNATION OF BENEFICIARIES

It is extremely important for you to designate a beneficiary in the event of your death. The beneficiary(ies) you designate on this form will be entitled to any monies that may be due as a result of your employment with the Housing Authority. **Please understand that the beneficiary(ies) designated on this form will not replace the beneficiary(ies) you have selected to receive the proceeds from your NYCERS pension, union benefits or life insurance policy.** You may choose up to four (4) primary beneficiaries and two (2) contingent beneficiaries. Contingent beneficiary(ies) will only receive money in the event your primary beneficiary(ies) dies before you. The total percentage amount designated for both categories must equal 100%. If you designate a child **under eighteen years of age**, you must name an adult who can **serve as the child's guardian**. In the event of your death, this adult will be requested to obtain **Letters of Guardianship from the Surrogate's Court**. This document is required to release any monies due a beneficiary who is a minor. If you have any questions regarding the completion of the form, please contact the Employment Division at 212-306-3996. Please keep a copy of your completed form. It should be reviewed on a yearly basis and updated, if necessary.

PLEASE DO NOT USE WHITE OUT AS THIS IS AN OFFICIAL DOCUMENT

Print Name _____ Employee ID # _____
Last First Init.
Work Location _____ Work Telephone # (_____)

I hereby nominate the following individual(s), as the beneficiary(ies) in the event of my death, to receive the proceeds from my unpaid salary, accrued annual leave, retirement bonus, expense reimbursement claims and retroactive monies from employment contracts. I understand that this designation supercedes all previously filed designations of beneficiary(ies). **NOTE: IF ANY PRIMARY OR CONTINGENT BENEFICIARIES LISTED BELOW ARE UNDER AGE EIGHTEEN, PLEASE SEE THE BACK OF THIS FORM.**

Please Print or Type - You may name one, two, three or four Primary Beneficiaries

1. Name _____ Soc. Sec. # _____
Last First Init.
Relationship to Employee _____ Date of Birth _____
Address _____
Street Apt.#

City State Zip Code
Percentage of Monies _____
2. Name _____ Soc. Sec. # _____
Last First Init.
Relationship to Employee _____ Date of Birth _____
Address _____
Street Apt.#

City State Zip Code
Percentage of Monies _____
3. Name _____ Soc. Sec. # _____
Last First Init.
Relationship to Employee _____ Date of Birth _____
Address _____
Street Apt.#

City State Zip Code
Percentage of Monies _____
4. Name _____ Soc. Sec. # _____
Last First Init.
Relationship to Employee _____ Date of Birth _____
Address _____
Street Apt.#

City State Zip Code
Percentage of Monies _____



NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT / EMPLOYMENT DIVISION
90 CHURCH STREET, NEW YORK, NY 10007

Acknowledgement Form
5.4.2b Temporary 12 month Appointment

I _____, last 4 digits of SS# _____,
Understand that I am being hired for a **temporary (Non-Civil Service)** position
with the NYC Housing Authority under **Rule 5.4.2b.**

**Rule 5.4.2b Appointment is eligible for Health Insurance Benefits and other
applicable City employee and Union benefits for only 12 months.**

Applicants' Signature: _____ Date: _____

Placement Coordinator: _____ Date: _____



NEW YORK CITY HOUSING AUTHORITY
HUMAN RESOURCES DEPARTMENT / EMPLOYMENT DIVISION
90 CHURCH STREET, NEW YORK, NY 10007

Acknowledgement of Temporary Employment

I _____, _____, _____
Print Name Last 4SS# Employee ID#

Understand that I am being hired for a temporary position with the NYC
Housing Authority and that my employment is scheduled to terminate on
or about _____.
Date

***Temporary Appointment for 1 to 6 month (s) is not eligible for Health Insurance Benefits.**

Applicant's Signature: _____ Date: _____

Placement
Coordinator: _____ Title: _____
Print Name

Signature: _____ Date: _____



NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

| | |
|--|---|
| ID <input style="width:150px;" type="text"/> | |
| Effective Date <input style="width:100px;" type="text"/> | Internal Use Only Employee Initials: _____ Date: _____ |

| | |
|---|---|
| First Name <input style="width:95%;" type="text"/> | MI <input style="width:30px;" type="text"/> |
| Last Name <input style="width:650px;" type="text"/> | Suffix <input style="width:80px;" type="text"/> |

Add a Person Page

| | | |
|----------------------|---|---|
| Biographical Details | Name | |
| | Prefix <input style="width:150px;" type="text"/> | |
| | First Name <input style="width:350px;" type="text"/> | Middle Name <input style="width:180px;" type="text"/> |
| | Last Name <input style="width:700px;" type="text"/> | |
| | Suffix <input style="width:150px;" type="text"/> | |
| | Biographical Information | |
| | Date of Birth <input style="width:150px;" type="text"/> | |
| | Highest Education Level <input style="width:400px;" type="text"/> | |
| | Marital Status <input style="width:150px;" type="text"/> | |
| | <input type="checkbox"/> Full-Time Student (check if applicable) | |

| | | |
|---------------------|--|--|
| Contact Information | National ID | |
| | National ID (Social Security Number) <input style="width:200px;" type="text"/> | |
| | Address | |
| | Street* <input style="width:850px;" type="text"/> <small>(Address 1)</small> | |
| | Apt. No. <input style="width:850px;" type="text"/> <small>(Address 2)</small> | |
| | City <input style="width:380px;" type="text"/> | State <input style="width:50px;" type="text"/> |
| | Zip Code <input style="width:150px;" type="text"/> <small>(Postal)</small> | |
| | County <input style="width:850px;" type="text"/> <small>(Required)</small> | |

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only



Revised: 01.03.2020

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

| | |
|--|---|
| ID <input style="width:150px;" type="text"/> | |
| Effective Date <input style="width:100px;" type="text"/> | Internal Use Only Employee Initials: _____ Date: _____ |

| | |
|--|---|
| First Name <input style="width:95%;" type="text"/> | MI <input style="width:20px;" type="text"/> |
| Last Name <input style="width:95%;" type="text"/> | Suffix <input style="width:80px;" type="text"/> |

Add a Person Page (cont)

| | | |
|--|--|--|
| Contact Information | Phone Information | |
| | Phone Type <input style="width:100px;" type="text"/> Telephone <input style="width:100px;" type="text"/> Extension <input style="width:100px;" type="text"/> | <input type="checkbox"/> Preferred (check if applicable) |
| | Phone Type <input style="width:100px;" type="text"/> Telephone <input style="width:100px;" type="text"/> Extension <input style="width:100px;" type="text"/> | <input type="checkbox"/> Preferred (check if applicable) |
| | Email Addresses | |
| Email Type <input style="width:100px;" type="text"/> | Email Address <input style="width:95%;" type="text"/> | |

| | | |
|--|---|--|
| Regional | History | |
| | USA | |
| | Military Status <input style="width:350px;" type="text"/> | |
| | Citizenship (Proof 1) <input style="width:300px;" type="text"/> | |
| | Citizenship (Proof 2) <input style="width:300px;" type="text"/> | |
| <input type="checkbox"/> Eligible to Work in U.S. (check if applicable) | | |

Driver's License Page (if applicable)

| | |
|------------------------|---|
| Drivers License | Driver's License # <input style="width:150px;" type="text"/> |
| | State <input style="width:30px;" type="text"/> |
| | Valid from <input style="width:120px;" type="text"/> Valid to <input style="width:120px;" type="text"/> |
| | License Type <input style="width:450px;" type="text"/> |

| | | | |
|--------------------|-------------|------------------------|-------------------|
| Approved By: _____ | Date: _____ | Data Entered By: _____ | Date: _____ |
| | | | Internal Use Only |

Revised: 01.03.2020



NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

| | | | |
|---|-------------------|--------------------------|-------------|
| ID <input style="width: 150px;" type="text"/> | Internal Use Only | Employee Initials: _____ | Date: _____ |
|---|-------------------|--------------------------|-------------|

| | | | |
|-------------------|--|---------------|---|
| First Name | <input style="width: 95%;" type="text"/> | MI | <input style="width: 20px;" type="text"/> |
| Last Name | <input style="width: 65%;" type="text"/> | Suffix | <input style="width: 80px;" type="text"/> |

Emergency Contacts Page

| | |
|------------------------------|---|
| Contact Address/Phone | Contact Name <input style="width: 90%;" type="text"/> |
| | Relationship to Employee <input style="width: 300px;" type="text"/> <input type="checkbox"/> Primary Contact (check if applicable) |
| | Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) |
| | Street <input style="width: 95%;" type="text"/> <small>(Address 1)</small> |
| | Apt. No. <input style="width: 95%;" type="text"/> <small>(Address 2)</small> |
| | State <input style="width: 30px;" type="text"/> City <input style="width: 300px;" type="text"/> Zip Code <input style="width: 100px;" type="text"/> <small>(Postal)</small> |
| | County (Required) <input style="width: 680px;" type="text"/> |
| | Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 180px;" type="text"/> |

| | |
|------------------------|--|
| Other Phone #'s | Additional Phone <input style="width: 150px;" type="text"/> Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/> |
| | Numbers for Contact: |

| | |
|------------------------------|---|
| Contact Address/Phone | Contact Name <input style="width: 90%;" type="text"/> |
| | Relationship to Employee <input style="width: 300px;" type="text"/> |
| | Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) |
| | Street <input style="width: 95%;" type="text"/> <small>(Address 1)</small> |
| | Apt. No. <input style="width: 95%;" type="text"/> <small>(Address 2)</small> |
| | State <input style="width: 30px;" type="text"/> City <input style="width: 300px;" type="text"/> Zip Code <input style="width: 100px;" type="text"/> <small>(Postal)</small> |
| | County (Required) <input style="width: 680px;" type="text"/> |
| | Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 180px;" type="text"/> |

| | |
|------------------------|--|
| Other Phone #'s | Additional Phone <input style="width: 150px;" type="text"/> Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/> |
| | Numbers for Contact: |

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Employee Signature: _____

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only



Revised: 01.03.2020

NYCAPS Job Data Form

(To be completed by the Agency Representative)

| | | | |
|------------|----------------------|----------|-----------------------------|
| ID | <input type="text"/> | Empl Rcd | <input type="text"/> |
| First Name | <input type="text"/> | | MI <input type="text"/> |
| Last Name | <input type="text"/> | | Suffix <input type="text"/> |

Add Additional Job (Leave Line / Dual Employment)
 Job & Salary Change (Existing Empl Rcd)

Description of the transaction _____

Job Data Page

| | | | | | | | | |
|---|--|---|-----------------|----------------------|------------------------------------|----------------------|----------------------|----------------------|
| Work Location | Effective Date | <input type="text"/> | Sequence | <input type="text"/> | JSN | <input type="text"/> | Job Indicator | <input type="text"/> |
| | Action (check applicable value below) | | | Reason (Code) | <input type="text"/> | Leave Status | | <input type="text"/> |
| | <input type="checkbox"/> Data Change | <input type="checkbox"/> Retirement | | | | | | |
| | <input type="checkbox"/> Demotion | <input type="checkbox"/> Retirement with Pay | | | | | | |
| | <input type="checkbox"/> Hire | <input type="checkbox"/> Return from Leave | | | | | | |
| | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Return from Work Break | | | | | | |
| | <input type="checkbox"/> Paid Leave of Absence | <input type="checkbox"/> Short Work Break | | | | | | |
| | <input type="checkbox"/> Pay Rate Change | <input type="checkbox"/> Terminated with Pay | | | Expected Return Date | <input type="text"/> | | |
| | <input type="checkbox"/> Promotion | <input type="checkbox"/> Termination | | | SLOAC End Date | <input type="text"/> | | |
| | <input type="checkbox"/> Rehire | <input type="checkbox"/> Transfer | | | PMS Position Nbr (optional) | <input type="text"/> | | |
| Company (if different from default) | <input type="text"/> | | | | PAR Number (optional) | <input type="text"/> | | |
| Business Unit (Payroll Number/Agency Code) | <input type="text"/> | | | | Business Unit Entry Date | <input type="text"/> | | |
| Department (Payroll Number + Work Unit) | <input type="text"/> | | | | Department Entry Date | <input type="text"/> | | |
| Location (if different from default) | <input type="text"/> | | | | | | | |

| | | | | | | | |
|------------------------|---|------------------------------|---|----------------------|--------------------------------|---------------------------------|--|
| Job Information | Job Title | <input type="text"/> | Assignment Level | <input type="text"/> | Entry Date | <input type="text"/> | |
| | Suffix | <input type="text"/> | | | Full/Part | <input type="text"/> | |
| | Regular/Temporary | <input type="text"/> | | | | | |
| | Empl Class (Civil Service Status) | <input type="text"/> | | | | | |
| | Is this a new Job Assignment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | Standard Hours (if different from default) | <input type="text"/> | | | | | |
| | Work Period (if different from default) | <input type="text"/> | | | | | |
| | Hours per Day (for Pay Class I or G only) | <input type="text"/> | Days per Year (for Pay Class I or G only) | <input type="text"/> | Override Accrual Method | <input type="checkbox"/> Manual | |



NYCAPS Job Data Form

(To be completed by the Agency Representative)

| | | | |
|------------|--|----------|--|
| ID | <input style="width: 95%;" type="text"/> | Empl Rcd | <input style="width: 95%;" type="checkbox"/> |
| First Name | <input style="width: 95%;" type="text"/> | | MI <input style="width: 20px;" type="checkbox"/> |
| Last Name | <input style="width: 95%;" type="text"/> | Suffix | <input style="width: 80px;" type="text"/> |

Job Data Page (cont)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|--|---|--|--|---|
| Payroll | Pay Group (Pay Cycle) <input style="width: 40px;" type="text"/> | FICA Status <input style="width: 100px;" type="text"/> | | | | | | | | | | | |
| | Employee Type <input style="width: 100px;" type="text"/> | Payroll Distribution Code <input style="width: 100px;" type="text"/> | | | | | | | | | | | |
| | Processing Fee Waiver (Check applicable value below) <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Discretionary waived by DCAS</td> <td><input type="checkbox"/> Public Asst Recip - NYC Resident</td> </tr> <tr> <td><input type="checkbox"/> Exempt title as per PSB 100-9R</td> <td><input type="checkbox"/> Returning Emp < 1 yr from sep</td> </tr> <tr> <td><input type="checkbox"/> Fee not waived</td> <td><input type="checkbox"/> Seasonal appt 5.6.1 same title</td> </tr> <tr> <td><input type="checkbox"/> Functional Transfer</td> <td><input type="checkbox"/> Title change PRR 6.1.7</td> </tr> <tr> <td><input type="checkbox"/> Historical - Fee waived</td> <td><input type="checkbox"/> Title reclass by resolution</td> </tr> <tr> <td><input type="checkbox"/> ProvAppt ExamApplic same title</td> <td><input type="checkbox"/> Waived under PSB 100-9R other</td> </tr> </table> | | <input type="checkbox"/> Discretionary waived by DCAS | <input type="checkbox"/> Public Asst Recip - NYC Resident | <input type="checkbox"/> Exempt title as per PSB 100-9R | <input type="checkbox"/> Returning Emp < 1 yr from sep | <input type="checkbox"/> Fee not waived | <input type="checkbox"/> Seasonal appt 5.6.1 same title | <input type="checkbox"/> Functional Transfer | <input type="checkbox"/> Title change PRR 6.1.7 | <input type="checkbox"/> Historical - Fee waived | <input type="checkbox"/> Title reclass by resolution | <input type="checkbox"/> ProvAppt ExamApplic same title |
| <input type="checkbox"/> Discretionary waived by DCAS | <input type="checkbox"/> Public Asst Recip - NYC Resident | | | | | | | | | | | | |
| <input type="checkbox"/> Exempt title as per PSB 100-9R | <input type="checkbox"/> Returning Emp < 1 yr from sep | | | | | | | | | | | | |
| <input type="checkbox"/> Fee not waived | <input type="checkbox"/> Seasonal appt 5.6.1 same title | | | | | | | | | | | | |
| <input type="checkbox"/> Functional Transfer | <input type="checkbox"/> Title change PRR 6.1.7 | | | | | | | | | | | | |
| <input type="checkbox"/> Historical - Fee waived | <input type="checkbox"/> Title reclass by resolution | | | | | | | | | | | | |
| <input type="checkbox"/> ProvAppt ExamApplic same title | <input type="checkbox"/> Waived under PSB 100-9R other | | | | | | | | | | | | |
| | Pay Class <input style="width: 30px;" type="text"/> | | | | | | | | | | | | |

| | | | |
|--------------------|--|--|--|
| Salary Plan | Salary Administration Plan | Grade (Level) <input style="width: 40px;" type="text"/> | Grade Entry Date <input style="width: 100px;" type="text"/> |
| | Managerial or Step Pay Plan Employees Only | Step <input style="width: 40px;" type="text"/> | Step Entry Date <input style="width: 100px;" type="text"/> |

| | | |
|---|---|---|
| Compensation | <input type="checkbox"/> Default Pay Components (check only if applicable) | |
| | <table style="width: 100%;"> <tr> <td style="width: 45%;"> Rate Code <input style="width: 100px;" type="text"/> </td> <td style="width: 50%;"> Comp Rate \$ <input style="width: 100px;" type="text"/> </td> </tr> </table> | Rate Code <input style="width: 100px;" type="text"/> |
| Rate Code <input style="width: 100px;" type="text"/> | Comp Rate \$ <input style="width: 100px;" type="text"/> | |

Employment Data link

| | | |
|------------------------|--|--|
| Employment Data | Civil Service Entry Date (can only be modified by NCC) <input style="width: 100px;" type="text"/> | Original Hire Date (City Start Date) <input style="width: 100px;" type="text"/> |
| | Business Title <input style="width: 250px;" type="text"/> | Position Phone <input style="width: 150px;" type="text"/> |

Earnings Distribution link

| | | | | | |
|------------------------------|---|---|--|--|---|
| Earnings Distribution | Budget Code 1 <input style="width: 40px;" type="text"/> | Fund Class 1 <input style="width: 40px;" type="text"/> | Unit of Appropriation 1 <input style="width: 40px;" type="text"/> | Budget Line 1 <input style="width: 40px;" type="text"/> | Allocation 1 <input style="width: 40px;" type="text"/> % |
| | Budget Code 2 <input style="width: 40px;" type="text"/> | Fund Class 2 <input style="width: 40px;" type="text"/> | Unit of Appropriation 2 <input style="width: 40px;" type="text"/> | Budget Line 2 <input style="width: 40px;" type="text"/> | Allocation 2 <input style="width: 40px;" type="text"/> % |
| | Reporting Category 1 <input style="width: 60px;" type="text"/> | | Allocation 1 <input style="width: 40px;" type="text"/> % | | |
| | Reporting Category 2 <input style="width: 60px;" type="text"/> | | Allocation 2 <input style="width: 40px;" type="text"/> % | | |

Benefits Program Participation link

| | | |
|----------------|--|--|
| BN Prgm | Waiting Period Override <input style="width: 40px;" type="checkbox"/> | NYCAPS has been configured to automate the 90 Day Waiting Period, so it is no longer necessary to enter '90D'. Only enter 'OVR' when an employee has a step-up to a non-permanent title or they are a transfer from another City agency with minimal or no break in service. |
|----------------|--|--|

| | | |
|--|--|---|
| Preparer | Manager/Supervisor | Key Entry Operator |
| I certify that the above transaction is supported by documentation on file. Signature _____ | I certify that I have reviewed the above transaction. Signature _____ | I certify that the above data was entered into NYCAPS. Signature _____ |
| Date _____ | Date _____ | Date _____ |



NYCAPS Payroll Data Form

(To be completed by the Agency Representative)

Print Form

| | | | |
|------------|--|----------|--|
| ID | <input style="width: 95%;" type="text"/> | Empl Rcd | <input style="width: 95%;" type="text"/> |
| First Name | <input style="width: 95%;" type="text"/> | | MI <input style="width: 20px;" type="text"/> |
| Last Name | <input style="width: 95%;" type="text"/> | | Suffix <input style="width: 40px;" type="text"/> |

Type of Payroll Data Update

| | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Tax Data | <input type="checkbox"/> Additional Pay | <input type="checkbox"/> Enter Additional Pay | <input type="checkbox"/> Update Additional Pay |
| | | <input type="checkbox"/> Correct Additional Pay | <input type="checkbox"/> Terminate Additional Pay |

Description of the transaction

Employee Tax Data USA Page

| | | | | |
|--------------------|-----------------------|--|--------------------------------|---|
| Federal Tax | Effective Date | <input style="width: 60px;" type="text"/> | Special Tax Withholding Status | <input style="width: 150px;" type="text"/> |
| | Marital Tax Status | <input type="checkbox"/> Single/Married filing separately <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Head of Household | | |
| | | <input type="checkbox"/> Withhold at Higher Rate | | |
| | Other Income | \$ <input style="width: 100px;" type="text"/> | Deductions | \$ <input style="width: 100px;" type="text"/> |
| | FWT Extra Withholding | \$ <input style="width: 100px;" type="text"/> | | |

| | | |
|------------------|------------------------|---|
| State Tax | State | <input style="width: 40px;" type="text"/> |
| | Special Tax Status | <input style="width: 150px;" type="text"/> |
| | SWT Marital/Tax Status | <input style="width: 100px;" type="text"/> Withholding Allowances <input style="width: 40px;" type="text"/> |
| | Additional Amount | \$ <input style="width: 100px;" type="text"/> |

| | | |
|------------------|--------------------|--|
| Local Tax | Special Tax Status | <input style="width: 150px;" type="text"/> |
|------------------|--------------------|--|

Additional Pay Page

| | | | | | | |
|-------------------------|---------------|---|--------|---|----------------|---|
| Additional Pay 1 | Earnings Code | <input style="width: 40px;" type="text"/> | Reason | <input style="width: 40px;" type="text"/> | Effective Date | <input style="width: 60px;" type="text"/> |
| | Earnings | \$ <input style="width: 100px;" type="text"/> | | | End Date | <input style="width: 60px;" type="text"/> |
| Additional Pay 2 | Earnings Code | <input style="width: 40px;" type="text"/> | Reason | <input style="width: 40px;" type="text"/> | Effective Date | <input style="width: 60px;" type="text"/> |
| | Earnings | \$ <input style="width: 100px;" type="text"/> | | | End Date | <input style="width: 60px;" type="text"/> |

| | | |
|--|---|---|
| <p>Preparer</p> <p>I certify that the above transaction is supported by documentation on file.</p> <p>Signature _____</p> <p>Date _____</p> | <p>Manager/Supervisor</p> <p>I certify that I have reviewed the above transaction</p> <p>Signature _____</p> <p>Date _____</p> | <p>Key Entry Operator</p> <p>I certify that the above data was entered into NYCAPS.</p> <p>Signature _____</p> <p>Date _____</p> |
|--|---|---|



VALID DRIVER LICENSE CERTIFICATION FORM

NEW YORK CITY HOUSING AUTHORITY

PLACE EMPLOYEE DRIVER LICENSE IN SPACE BELOW AND COPY THE ENTIRE FORM. COMPLETE & SIGN THE PHOTOCOPIED FORM WHICH INCLUDES EMPLOYEE DRIVER LICENSE.

| | | | |
|--------------------------|-------|------|--------------------|
| NAME (Please Print) LAST | FIRST | M.I. | EMPLOYEE ID NUMBER |
|--------------------------|-------|------|--------------------|

| | | | | |
|-------------------------------|----------|------|-------|----------|
| ADDRESS (Please Print) STREET | APT. NO. | CITY | STATE | ZIP CODE |
|-------------------------------|----------|------|-------|----------|

| | | |
|------------|--------------|--|
| TITLE NAME | TITLE NUMBER | DRIVING DUTY CATEGORY <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 |
|------------|--------------|--|

| | |
|--------------------|----------------------|
| WORK LOCATION NAME | WORK LOCATION NUMBER |
|--------------------|----------------------|

| | |
|--|------|
| <i>I certify that the driver license shown above is valid.</i> Employee's Signature _____ | DATE |
|--|------|

| | |
|---------------------|----------------------|
| SUPERVISOR | |
| _____ | _____ |
| <i>(Print Name)</i> | <i>(Print Title)</i> |
| _____ | _____ |
| <i>(Sign Name)</i> | <i>(Date)</i> |

| | |
|---|--------------------|
| PLACEMENT COORDINATOR (<i>For use by Employment Division</i>) | DATE |
| _____ | _____ |
| <i>(Print Name)</i> | <i>(Sign Name)</i> |

| | | |
|---|---|---|
| CATEGORY 1 TITLES | | |
| Administrative Construction Project Manager | Computer Service Technician / Supervising Construction Project Manager / Intern | Plumber |
| Appraiser | Elevator Mechanic / Helper / Supervisor | Senior Automotive Service Worker |
| Asbestos Handler / Supervisor | Glazier | Senior Motor Vehicle Supervisor |
| Asbestos Hazard Investigator | Inspector (Construction; Electrical; Housing) | Supervising Housing Groundskeeper |
| Auto Body Worker | Lead Abatement Worker | Supervisor Electrician |
| Auto Mechanic | Mason's Helper | Supervisor of Electrical Installations & Maint. |
| Automotive Service Worker | Media Services Technician | Supervisor of Elevator Maintenance |
| Caretaker G (Licensed Motorized Equipment) | Motor Grader Operator | Supervisor of Mechanics - Mechanical Equipment |
| Caretaker X (designated as Driver) | Motor Vehicle Operator / Supervisor | Supervisor Roofer |
| Chauffeur - Attendant | | |

Send **Original** signed copy to Human Resources Department, Special Projects Unit, 90 Church Street, 5th Floor.

