

## ALLIANCE MASONRY CORP.

2544 NYS Route 12  
Chenango Forks, NY 13746  
Phone: (607) 639-1665  
Fax: (607) 639-1629  
E-mail: [jdockray@alliancemasonrycorp.com](mailto:jdockray@alliancemasonrycorp.com)



### New Employee Checklist

Welcome to Alliance Masonry Corp.

Following is a list of the basic information we require from you as an employee. This information makes it easier for us to complete payroll and reporting duties. Please make certain you receive all of the information listed and return the completed information to your foreman. ***This information is required before any payroll check can be issued.***

- \_\_\_ Employee & Company Responsibilities
- \_\_\_ Direct Deposit Authorization Form
- \_\_\_ Address & Emergency Contact Information
- \_\_\_ W-4 Federal Tax Withholding Certificate
- \_\_\_ IT-2104 NYS Tax Withholding Certificate
- \_\_\_ I-9 Employment Eligibility Verification Form
- \_\_\_ Scaffold Training Checklist
- \_\_\_ Verification of Scaffold Training
- \_\_\_ Hazardous Material Communication Policy
- \_\_\_ Employee Safety Handbook
- \_\_\_ ***Copy of OSHA 10 or 30 Card (Need on File @ Office)***
- \_\_\_ Copy of any Specialty Training Cards (Forklift, Welder, etc.)

If you have any questions or concerns regarding any of the information provided please feel free to discuss them with your foreman or contact us directly at our main office.

Thank you,

*Jena M. Dockray*

Jena M. Dockray  
Secretary/Treasurer  
Accounting/Payroll

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### **EMPLOYEE RESPONSIBILITIES**

BE ON TIME EVERY DAY  
NOTIFY FOREMAN OF ABSENCES  
HAVE ALL REQUIRED TOOLS  
FOLLOW ALL SAFETY PROCEDURES  
NOTIFY FOREMAN OF ANY UNSAFE CONDITIONS  
USE ALL REQUIRED SAFETY EQUIPMENT  
MAINTAIN SAFETY EQUIPMENT  
PROPERLY USE AND MAINTAIN ALL EQUIPMENT/TOOLS  
KEEP WORK AREAS CLEAN AT ALL TIMES  
ATTEND DAILY JOB HUDDLES/MEETINGS  
REVIEW & SIGN REQUIRED TOOLBOX TALKS  
PROVIDE INPUT ON DAILY PLANNING  
WORK TO MEET DAILY PRODUCTION GOALS  
PROVIDE INPUT ON IMPROVING PRODUCTIVITY  
PROVIDE QUALITY WORKMANSHIP  
COOPERATE AND WORK AS A TEAM  
CARRY OUT INSTRUCTIONS FROM THE FOREMAN  
BE PROFESSIONAL AT ALL TIMES  
NOTIFY FOREMAN OF ANY TRAINING YOU MAY REQUIRE OR DESIRE

### **COMPANY RESPONSIBILITIES**

PROVIDE A SAFE WORKING ENVIRONMENT  
PROVIDE ALL SAFETY EQUIPMENT NECESSARY  
PROVIDE REQUIRED OR REQUESTED EQUIPMENT  
SEE THAT ANY REQUIRED OR REQUESTED TRAINING IS PROVIDED  
RESPOND TO EMPLOYEE REQUESTS FOR INFORMATION  
RESPOND TO, OR INITIATE EMPLOYEE IDEAS  
SCHEDULE AND MAINTAIN ADEQUATE MATERIAL DELIVERIES  
SET PROJECT PRODUCTION GOALS  
REVIEW PROJECT WITH KEY PERSONNEL PRIOR TO START OF WORK  
NOT TO TOLERATE ANY FORM OF DISCRIMINATION  
DISCHARGE EMPLOYEES WORKING IN UNSAFE MANNER  
DISCHARGE EMPLOYEES USING DRUGS/ALCOHOL AT WORK  
DISCHARGE EMPLOYEES WHO MISUSE EQUIPMENT  
DISCHARGE EMPLOYEES LACKING PROPER SKILLS  
HELP ESTABLISH DAILY GOALS  
MAINTAIN A PROFESSIONAL IMAGE  
PROVIDE INFORMATION ON UPCOMING PROJECTS  
PROVIDE EVALUATION OF EMPLOYEES  
HIRE AND TRAIN APPRENTICES TO INCREASE WORKFORCE



Please complete the following forms and return them to our office as soon as possible. Thank you!

**NAME:**

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**ADDRESS:**

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**CITY, STATE, ZIP CODE**

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**HOME PHONE:**

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**CELL PHONE:**

---

**SOCIAL SECURITY #:**

---

**DATE OF BIRTH:**

---

**EMERGENCY CONTACT:**

---

**TELEPHONE:**

---

**ADDRESS:**

---

**RELATIONSHIP:**

---

**UNION AFFILIATION:**

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**YOUR JOB TITLE:**

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**IF APPRENTICE, WHAT YEAR?**

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**OSHA CERTIFICATION :**

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**SPECIAL CERTIFICATIONS :**

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**MINORITY STATUS (IF ANY):**

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**FORM OF  
TRANSPORTATION?**

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**DO YOU HAVE ANY WORK  
RESTRICTIONS?**

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*BY SIGNING BELOW, YOU HEREBY AGREE TO BE DRUG TESTED, FOLLOWING ANY WORK RELATED INJURY, THAT MAY OCCUR DURING THE HOURS OF EMPLOYMENT.*

**SIGNED:**

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## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize **Alliance Masonry Corp.** hereinafter called COMPANY, to initiate credit entries to my \_\_\_ Checking \_\_\_ Savings account (select one or both) at the depository financial institution(s) named below for the purposes of direct deposit of payroll.

- 1. PRIMARY DEPOSITORY NAME** \_\_\_\_\_  
(Name of Bank)  
**ROUTING/ABA #** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
**CHECKING** \_\_\_ **SAVINGS** \_\_\_ (Select one)
- 2. ADDITIONAL (SECONDARY) DEPOSITORY NAME** \_\_\_\_\_  
(Name of Bank)  
**ROUTING/ABA #** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
**CHECKING** \_\_\_ **SAVINGS** \_\_\_ (Select one)  
**USUAL DEPOSIT AMOUNT \$** \_\_\_\_\_ (funds directed to a secondary account must be the same each pay period. The balance of the net pay will be deposited to the primary account listed above)

I understand that this authorization will remain in full force and in effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

I understand that the BANK is not responsible for any errors made by the COMPANY and that the BANK can only initiate debit and credit entries based upon information given to it by the COMPANY. I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure or any interruption in communications not within its control, or if sufficient funds are not given to it by the COMPANY in the amount of the required transfer.

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**DATE** \_\_\_\_\_

**\* ATTACH A COPY OF A VOIDED CHECK HERE.**

## 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**TIP:** If you have self-employment income, see page 2.

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	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	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

**Your privacy.** 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).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

If you (and your spouse) have a total of only two jobs, you may 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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.

- 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 . . . . . **1** \$ \_\_\_\_\_
- 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 . . . . . **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 . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **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. . . . . **3** \_\_\_\_\_
- 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) . . . . . **4** \$ \_\_\_\_\_

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



- 1 Enter an estimate of your 2023 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 . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

}	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
- 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-" . . . . . **3** \$ \_\_\_\_\_
- 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 . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 territories 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 Surviving Spouse**

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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600





# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> 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

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

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

**Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.**

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

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

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

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

**Employee:** Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

**Note:** Single taxpayers with one job and zero dependents, enter 1 on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: IT-2104-I) or scan the QR code below.

**Employer: Keep this certificate with your records.**

If any of the following apply, mark an X in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit [www.tax.nys.gov](http://www.tax.nys.gov) (search: IT-2104-I) or scan the QR code below.

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

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

You may report new hire information online instead of mailing the form to New York State. Visit [www.nynewhire.com](http://www.nynewhire.com).

**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

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 New York State Tax Department.)	Employer identification number
---	--------------------------------

Scan here





# Instructions for Form IT-2104

## Employee's Withholding Allowance Certificate

### Overview

Form IT-2104 is completed by you, as an employee, and given to your employer to instruct them how much New York State (and New York City and Yonkers) tax to withhold from your pay and send to the New York State Tax Department on your behalf.

Your employer will use the information you provide on this form—including residency, marital status, and allowances—to withhold these taxes from your pay. The more allowances you claim, the lower the amount of tax your employer will withhold from your paycheck.

### Definition

**Allowances:** A withholding allowance is an exemption that lowers the amount of income tax your employer must deduct from your paycheck. A larger number of withholding allowances means a smaller New York income tax deduction from your paycheck, and a smaller number of allowances means a larger New York income tax deduction from your paycheck.

### Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualifying surviving spouse;
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2023 Form IT-2104 and give it to your employer.

### Changes effective beginning 2022

Form IT-2104 has been revised for tax year 2022. The worksheet and the charts below, used to compute withholding allowances or to enter an additional dollar amount on line 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 2023 Form IT-2104 and give it to your employer.

### Who should file this form

Complete Form IT-2104 each year and file it with your employer if any of the following apply:

#### Life changes

- you are no longer a dependent
- you got married
- you became divorced or legally separated
- you had a child
- you moved into or out of New York City or Yonkers

#### Income changes

- your wages increased and you expect to earn \$107,650 or more during the tax year
- the total of your income and your spouse's income increased to \$107,650 or more for the tax year
- you have significantly more or less income from other sources or from another job, including self-employment

#### Job changes

- you started or ended a new job
- you are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program

#### Tax situation changes

- you itemize your deductions on your personal income tax return
- you are eligible for New York State credits (like the earned income, child and dependent care, or college tuition credits)
- you owed tax or received a large refund when you filed your personal income tax return for the past year
- you no longer qualify for exemption from withholding
- the IRS (Internal Revenue Service) advised you 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 you claimed the disallowed allowances on your original Form IT-2104

## Tax years 2019 or earlier

If the most recent federal Form W-4 you submitted to your employer was for tax year 2019 or earlier, and you did not file New York State 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.

## Tax years 2020 or later

If you submit a federal Form W-4 to your employer for tax year 2020 or later, and do not file New York State Form IT-2104, your employer may use zero as your number of allowances. For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

## How often to submit Form IT-2104 to your employer

When you start a new job, complete Form IT-2104. You should review the form you submitted for each job you have every year. Whenever your tax situation changes and you need to update the number of allowances you may claim, submit a new Form IT-2104 to your employer.

## Claiming the correct number of withholding allowances

### General information

#### Calculations

Calculate the number of withholding allowances you want to claim in Part 1 and Part 4 of the worksheet. If you want more tax withheld, you may claim fewer allowances.

#### Allowances you may not claim

You may **not** claim a withholding allowance for yourself or, if married, your spouse.

#### If you have 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.

If you claim all your allowances at your higher-paying job and zero allowances at the lower-paying job, your withholding will better match your total tax liability.

#### Dependents

If you are a dependent of another taxpayer and expect to earn more than \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will help make sure your employer withholds enough tax. If you calculate a negative number of allowances (less than zero), see Claiming negative allowances and Additional dollar amounts.

#### 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 this form. If you have only one job, you may also choose to claim two additional withholding allowances on line 15.

#### Single or head of household taxpayers with two or more jobs

If you are a single or head of household taxpayer, and your combined wages from all your 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 calculate a negative number of allowances (less than zero), see Claiming negative allowances below.

If you are a single or head of household taxpayer, and your combined wages from all your jobs are **between \$107,650 and \$2,263,265**, use the charts in Part 6 and enter the additional withholding dollar amount from the chart on line 3.

#### 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.

If the higher wage-earning spouse claims all the allowances the couple is entitled to, and the lower wage-earning spouse claims zero allowances, your withholding will better match your total tax liability. **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 charts in Part 5 and enter the additional withholding dollar amount on line 3

## Married taxpayers with two or more jobs

If you are a married taxpayer, and your combined wages from all your jobs are **\$107,650 or more**, use the charts 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).

## Specific information

Follow these instructions to make sure you withhold the correct amount, so that you will not owe additional tax when you file your income tax return.

### Claiming more than 14 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. The Tax Department will review your certificate and notify your employer of any adjustments that must be made to either the filing status or number of withholding allowances permitted, or both.

### Claiming negative allowances

If you use the worksheet and calculate a negative number of allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amounts* below.

### Income from sources other than wages

If you have more than \$1,000 of income from sources other than wages (such as self-employment income, interest, dividends, or alimony received) and do not make estimated tax payments for that income, reduce the number of allowances claimed on line 1 and line 2 (if applicable) of this form by one for each \$1,000 of nonwage income. If you calculate a negative number of allowances (less than zero), see Claiming negative allowances above.

If you have significant amounts of nonwage income (income that is not reported on federal Form W-2), you may also consider making quarterly estimated tax payments directly to the Tax Department. For more information, see Estimated taxes, Form IT-2105-1, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals, or Need help?*.

### Claiming other credits

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 as follows:

1. Find your filing status and your New York adjusted gross income (NYAGI) in the chart below.
2. Divide the amount of the expected credit by the number indicated. (To determine the amount, see the instructions for the credit you are claiming.)
3. Enter the result (rounded to the nearest whole number) on line 14 of the Worksheet.

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	60
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Between \$1,077,550 and \$5,000,000	Between \$1,616,450 and \$5,000,000	Between \$2,155,350 and \$5,000,000	96
Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	100
Over \$25,000,000	Over \$25,000,000	Over \$25,000,000	110

**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 60.  $160/60 = 2.6667$ . The additional withholding allowance would be 3. Enter 3 on line 14.

### Additional dollar amounts

To ask your employer to withhold an additional dollar amount each pay period, complete lines 3, 4, and 5 on Form IT-2104, as applicable.

In most instances, if you calculate a negative number of allowances and your employer cannot accommodate that, you should ask to withhold these amounts **for each negative allowance claimed**:

- New York State (line 3): an additional \$1.85 of tax withheld per week
- New York City (line 4): an additional \$0.80 of tax withheld per week
- Yonkers residents (line 5): an additional 16.75% (.1675) of the New York State amount

**Note:** The additional amounts provided in these instructions or calculated using the charts in Part 5 or Part 6 are accurate for a **weekly** payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amounts that you calculate.

For example, if you are paid biweekly, you must double the dollar amounts you calculated.

## Avoid under withholding

Form IT-2104, together with your employer's withholding tables, is designed to make sure the correct amount of tax is withheld from your pay. If you do not have enough tax withheld during the entire year, you may owe additional tax when you file your return. The Tax Department must charge you interest and may impose penalties in certain situations in addition to the tax you owe. Even if you do not file a return, we may determine that you owe personal income tax. In that case, we must add interest and applicable penalties to the amount of tax that you should have paid during the year.

## Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file one of the following with your employer:

- Form IT-2104-E, *Certificate of Exemption from Withholding*,
- Form IT-2104-IND, *New York State Certificate of Exemption from Withholding*
- Form IT-2104-MS, *New York State Withholding Exemption Certificate for Military Service Personnel*

To determine if you are eligible to file any of the above forms, see their respective instructions on our website ([www.tax.ny.gov](http://www.tax.ny.gov)).

## 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:

1. Mark an **X** in box A.
2. 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 not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

3. If the employee is also a new hire or rehire, see Box B instructions.

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

Quarter	Due date	Quarter	Due date
January 1 through March 31	April 30	July 1 through September 30	October 31
April 1 through June 30	July 31	October 1 through December 31	January 31

### Box B

If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program:

1. Mark an **X** in box B.
2. Enter the first day the employee performs services 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.)
3. 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.
4. Within 20 days of hiring, submit the completed form as follows:

#### by mail

**NYS DEPT TAX AND FINANCE  
NEW HIRE NOTIFICATION  
PO BOX 15119  
ALBANY NY 12212-5119**

#### online

To report newly-hired or rehired employees online instead of submitting this form, visit <https://www.nynewhire.com>.

**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the New York New Hire Online Reporting Center, **not** Form IT-2104.

For more information, see New hire reporting or visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *new hire*).

**Worksheet**

**Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).** For assistance, see Tips and reminders for completing the worksheet.

6. Enter the number of dependents that you will claim on your state return (*do not include yourself or, if married, your spouse*). 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: see instructions 14. \_\_\_\_\_
15. Head of household status **and** only one job: If the situation applies, enter **2**. 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 2023, 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 Taxpayers with more than one job or Married couples with both spouses working. 19. \_\_\_\_\_

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

20. Enter your estimated New York itemized deductions for the tax year (*see Form IT-196 and its instructions; enter the amount from line 49*). 20. \_\_\_\_\_
21. Based on your federal filing status, enter the applicable amount from the table below. 21. \_\_\_\_\_
22. Subtract line 21 from line 20 (*if line 21 is larger than line 20, enter 0 here and on line 18 above*). 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 2023 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. \_\_\_\_\_

**Standard deduction table**

Filing status	Amount	Filing status	Amount
Single (cannot be claimed as a dependent)	\$8,000	Qualifying surviving spouse	\$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

**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 amounts. For example, if you are paid biweekly, you must double the dollar amounts computed.

**Combined wages between \$107,650 and \$538,749**

Higher earner's wages	Combined wages: \$107,650-\$129,249	Combined wages: \$129,250-\$150,749	Combined wages: \$150,750-\$172,299	Combined wages: \$172,300-\$193,849	Combined wages: \$193,850-\$236,949	Combined wages: \$236,950-\$280,099	Combined wages: \$280,100-\$323,199	Combined wages: \$323,200-\$377,099	Combined wages: \$377,100-\$430,949	Combined wages: \$430,950-\$484,899	Combined wages: \$484,900-\$538,749
\$53,800 - \$75,299	\$11	\$16									
\$75,300 - \$96,799	\$10	\$17	\$25	\$30							
\$96,800 - \$118,399	\$6	\$14	\$21	\$32	\$43						
\$118,400 - \$129,249	\$2	\$8	\$16	\$27	\$41	\$40					
\$129,250 - \$139,999		\$3	\$12	\$23	\$38	\$37					
\$140,000 - \$150,749		\$2	\$9	\$20	\$35	\$37	\$34				
\$150,750 - \$161,549			\$4	\$16	\$31	\$37	\$32				
\$161,550 - \$172,499			\$2	\$11	\$26	\$34	\$30	\$33			
\$172,500 - \$193,849				\$4	\$18	\$27	\$27	\$52	\$73		
\$193,850 - \$236,949					\$5	\$11	\$19	\$49	\$70	\$73	
\$236,950 - \$280,099						\$5	\$11	\$52	\$81	\$75	\$80
\$280,100 - \$323,199							\$5	\$45	\$86	\$88	\$81
\$323,200 - \$377,099								\$22	\$47	\$62	\$63
\$377,100 - \$430,949									\$8	\$22	\$38
\$430,950 - \$484,899										\$8	\$22
\$484,900 - \$538,749											\$8

**Combined wages between \$538,750 and \$1,185,399**

Higher earner's wages	Combined wages: \$538,750-\$592,649	Combined wages: \$592,650-\$646,499	Combined wages: \$646,500-\$700,399	Combined wages: \$700,400-\$754,299	Combined wages: \$754,300-\$808,199	Combined wages: \$808,200-\$862,049	Combined wages: \$862,050-\$915,949	Combined wages: \$915,950-\$969,899	Combined wages: \$969,900-\$1,023,749	Combined wages: \$1,023,750-\$1,077,549	Combined wages: \$1,077,550-\$1,131,499	Combined wages: \$1,131,500-\$1,185,399
\$236,950 - \$280,099	\$85											
\$280,100 - \$323,199	\$89	\$94										
\$323,200 - \$377,099	\$57	\$65	\$74	\$49								
\$377,100 - \$430,949	\$39	\$32	\$41	\$50	\$5	\$5						
\$430,950 - \$484,899	\$37	\$39	\$32	\$41	\$50	\$5	\$5	\$5				
\$484,900 - \$538,749	\$22	\$37	\$39	\$32	\$41	\$50	\$5	\$5	\$5	\$5		
\$538,750 - \$592,649	\$8	\$22	\$37	\$39	\$32	\$41	\$60	\$5	\$5	\$5	\$3	\$1
\$592,650 - \$646,499		\$8	\$22	\$38	\$39	\$32	\$41	\$50	\$5	\$5	\$3	\$1
\$646,500 - \$700,399			\$8	\$22	\$37	\$39	\$32	\$41	\$50	\$5	\$3	\$1
\$700,400 - \$754,299				\$8	\$22	\$37	\$39	\$32	\$41	\$50	\$3	\$1
\$754,300 - \$808,199					\$8	\$22	\$37	\$39	\$32	\$41	\$51	\$1
\$808,200 - \$862,049						\$8	\$22	\$37	\$39	\$32	\$42	\$54
\$862,050 - \$915,949							\$8	\$22	\$37	\$39	\$34	\$45
\$915,950 - \$969,899								\$8	\$22	\$38	\$40	\$37
\$969,900 - \$1,023,749									\$8	\$22	\$39	\$43
\$1,023,750 - \$1,077,549										\$8	\$24	\$42
\$1,077,550 - \$1,131,499											\$9	\$25
\$1,131,500 - \$1,185,399												\$9



**Combined wages between \$1,185,400 and \$1,724,299**

Higher earner's wages	Combined wages: \$1,185,400- \$1,239,249	Combined wages: \$1,185,400- \$1,239,249	Combined wages: \$1,293,200- \$1,347,049	Combined wages: \$1,347,050- \$1,400,949	Combined wages: \$1,400,950- \$1,454,849	Combined wages: \$1,454,850- \$1,508,699	Combined wages: \$1,508,700- \$1,562,549	Combined wages: \$1,562,550- \$1,616,449	Combined wages: \$1,616,450- \$1,670,399	Combined wages: \$1,670,400- \$1,724,299
\$592,650 - \$646,499	\$4	\$8								
\$646,500 - \$700,399	\$4	\$8	\$11	\$14						
\$700,400 - \$754,299	\$4	\$8	\$11	\$14	\$17	\$20				
\$754,300 - \$808,199	\$4	\$8	\$11	\$14	\$17	\$20	\$23	\$26		
\$808,200 - \$862,049	\$4	\$8	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$862,050 - \$915,949	\$57	\$8	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$915,950 - \$969,899	\$49	\$60	\$11	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$969,900 - \$1,023,749	\$40	\$52	\$64	\$14	\$17	\$20	\$23	\$26	\$29	\$32
\$1,023,750 - \$1,077,549	\$46	\$43	\$55	\$67	\$17	\$20	\$23	\$26	\$29	\$32
\$1,077,550 - \$1,131,499	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$31
\$1,131,500 - \$1,185,399	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28
\$1,185,400 - \$1,239,249	\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25
\$1,239,250 - \$1,293,199		\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22
\$1,293,200 - \$1,347,049			\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19
\$1,347,050 - \$1,400,949				\$9	\$25	\$44	\$48	\$44	\$56	\$68
\$1,400,950 - \$1,454,849					\$9	\$25	\$44	\$48	\$44	\$56
\$1,454,850 - \$1,508,699						\$9	\$25	\$44	\$48	\$44
\$1,508,700 - \$1,562,549							\$9	\$25	\$44	\$48
\$1,562,550 - \$1,616,449								\$9	\$25	\$44
\$1,616,450 - \$1,670,399									\$9	\$25
\$1,670,400 - \$1,724,299										\$9

**Combined wages between \$1,724,300 and \$2,263,265**

Higher earner's wages	Combined wages: \$1,724,300- \$1,778,149	Combined wages: \$1,778,150- \$1,832,049	Combined wages: \$1,832,050- \$1,885,949	Combined wages: \$1,885,950- \$1,939,799	Combined wages: \$1,939,800- \$1,993,699	Combined wages: \$1,993,700- \$2,047,599	Combined wages: \$2,047,600- \$2,101,499	Combined wages: \$2,101,500- \$2,155,349	Combined wages: \$2,155,350- \$2,209,299	Combined wages: \$2,209,300- \$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	\$48	\$51				
\$1,023,750 - \$1,077,549	\$36	\$39	\$42	\$45	\$48	\$51	\$54	\$57		
\$1,077,550 - \$1,131,499	\$34	\$37	\$40	\$43	\$46	\$50	\$53	\$56	\$1,233	\$1,262
\$1,131,500 - \$1,185,399	\$31	\$34	\$37	\$40	\$43	\$46	\$50	\$53	\$1,230	\$1,262
\$1,185,400 - \$1,239,249	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$50	\$1,227	\$1,259
\$1,239,250 - \$1,293,199	\$25	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$1,224	\$1,256
\$1,293,200 - \$1,347,049	\$22	\$25	\$28	\$31	\$34	\$37	\$40	\$43	\$1,221	\$1,253
\$1,347,050 - \$1,400,949	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$40	\$1,218	\$1,250
\$1,400,950 - \$1,454,849	\$68	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$1,215	\$1,247
\$1,454,850 - \$1,508,699	\$56	\$68	\$19	\$22	\$25	\$28	\$31	\$34	\$1,212	\$1,244
\$1,508,700 - \$1,562,549	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$31	\$1,208	\$1,241
\$1,562,550 - \$1,616,449	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$28	\$1,205	\$1,237
\$1,616,450 - \$1,670,399	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$25	\$1,202	\$1,234
\$1,670,400 - \$1,724,299	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$22	\$1,199	\$1,231
\$1,724,300 - \$1,778,149	\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$19	\$1,196	\$1,228
\$1,778,150 - \$1,832,049		\$9	\$25	\$44	\$48	\$44	\$56	\$68	\$1,193	\$1,225
\$1,832,050 - \$1,885,949			\$9	\$25	\$44	\$48	\$44	\$56	\$1,243	\$1,222
\$1,885,950 - \$1,939,799				\$9	\$25	\$44	\$48	\$44	\$1,231	\$1,272
\$1,939,800 - \$1,993,699					\$9	\$25	\$44	\$48	\$1,219	\$1,260
\$1,993,700 - \$2,047,599						\$9	\$25	\$44	\$1,222	\$1,248
\$2,047,600 - \$2,101,499							\$9	\$25	\$1,218	\$1,251
\$2,101,500 - \$2,155,349								\$9	\$1,200	\$1,247
\$2,155,350 - \$2,209,299									\$16	\$54
\$2,209,300 - \$2,263,265										\$16

**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?).

**Part 6:** Use these charts only for single or head of household taxpayers with more than one job, and combined wages between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amounts, as shown below, are 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 amounts you calculated.

**Combined wages between \$107,650 and \$538,749**

Higher wage	Combined wages: \$107,650-\$129,249	Combined wages: \$129,250-\$150,749	Combined wages: \$150,750-\$172,299	Combined wages: \$172,300-\$193,849	Combined wages: \$193,850-\$236,949	Combined wages: \$236,950-\$280,099	Combined wages: \$280,100-\$323,199	Combined wages: \$323,200-\$377,099	Combined wages: \$377,100-\$430,949	Combined wages: \$430,950-\$484,899	Combined wages: \$484,900-\$538,749
\$53,800 - \$75,299	\$13	\$19									
\$75,300 - \$96,799	\$12	\$21	\$29	\$30							
\$96,800 - \$118,399	\$7	\$16	\$24	\$29	\$30						
\$118,400 - \$129,249	\$2	\$10	\$18	\$22	\$27	\$47					
\$129,250 - \$139,999		\$4	\$13	\$18	\$24	\$58					
\$140,000 - \$150,749		\$2	\$9	\$13	\$19	\$58	\$61				
\$150,750 - \$161,549			\$3	\$9	\$15	\$57	\$60				
\$161,550 - \$172,499			\$1	\$6	\$12	\$57	\$62	\$62			
\$172,500 - \$193,849				\$3	\$9	\$55	\$66	\$65	\$43		
\$193,850 - \$236,949					\$14	\$49	\$69	\$70	\$74	\$60	
\$236,950 - \$280,099						\$12	\$23	\$40	\$39	\$46	\$22
\$280,100 - \$323,199							\$7	\$20	\$36	\$34	\$42
\$323,200 - \$377,099								\$8	\$22	\$37	\$34
\$377,100 - \$430,949									\$8	\$22	\$37
\$430,950 - \$484,899										\$8	\$22
\$484,900 - \$538,749											\$8

**Combined wages between \$538,750 and \$1,185,399**

Higher wage	Combined wages: \$538,750-\$592,649	Combined wages: \$592,650-\$646,499	Combined wages: \$646,500-\$700,399	Combined wages: \$700,400-\$754,299	Combined wages: \$754,300-\$808,199	Combined wages: \$808,200-\$862,049	Combined wages: \$862,050-\$915,949	Combined wages: \$915,950-\$969,899	Combined wages: \$969,900-\$1,023,749	Combined wages: \$1,023,750-\$1,077,549	Combined wages: \$1,077,550-\$1,131,499	Combined wages: \$1,131,500-\$1,185,399
\$236,950 - \$280,099	\$13											
\$280,100 - \$323,199	\$9	\$8										
\$323,200 - \$377,099	\$43	\$8	\$8	\$8								
\$377,100 - \$430,949	\$34	\$43	\$8	\$8	\$8	\$8						
\$430,950 - \$484,899	\$36	\$34	\$43	\$8	\$8	\$8	\$8	\$8				
\$484,900 - \$538,749	\$22	\$36	\$34	\$43	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750 - \$592,649	\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$8	\$8	\$8	\$604	\$636
\$592,650 - \$646,499		\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$8	\$8	\$604	\$636
\$646,500 - \$700,399			\$8	\$22	\$36	\$34	\$43	\$8	\$8	\$8	\$604	\$636
\$700,400 - \$754,299				\$8	\$22	\$37	\$34	\$43	\$8	\$8	\$604	\$636
\$754,300 - \$808,199					\$8	\$22	\$37	\$34	\$43	\$8	\$604	\$636
\$808,200 - \$862,049						\$8	\$22	\$37	\$34	\$43	\$604	\$636
\$862,050 - \$915,949							\$8	\$22	\$36	\$34	\$639	\$636
\$915,950 - \$969,899								\$8	\$22	\$36	\$630	\$671
\$969,900 - \$1,023,749									\$8	\$22	\$633	\$662
\$1,023,750 - \$1,077,549										\$8	\$618	\$665
\$1,077,550 - \$1,131,499											\$16	\$54
\$1,131,500 - \$1,185,399												\$16

**Combined wages between \$1,185,400 and \$1,724,299**

Higher wage	Combined wages: \$1,185,400- \$1,239,249	Combined wages: \$1,185,400- \$1,239,249	Combined wages: \$1,293,200- \$1,347,049	Combined wages: \$1,347,050- \$1,400,949	Combined wages: \$1,400,950- \$1,454,849	Combined wages: \$1,454,850- \$1,508,699	Combined wages: \$1,508,700- \$1,562,549	Combined wages: \$1,562,550- \$1,616,449	Combined wages: \$1,616,450- \$1,670,399	Combined wages: \$1,670,400- \$1,724,299
\$592,650 - \$646,499	\$668	\$700								
\$646,500 - \$700,399	\$668	\$700	\$732	\$765						
\$700,400 - \$754,299	\$668	\$700	\$732	\$765	\$797	\$829				
\$754,300 - \$808,199	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893		
\$808,200 - \$862,049	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$862,050 - \$915,949	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$915,950 - \$969,899	\$668	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$969,900 - \$1,023,749	\$703	\$700	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$1,023,750 - \$1,077,549	\$695	\$735	\$732	\$765	\$797	\$829	\$861	\$893	\$925	\$957
\$1,077,550 - \$1,131,499	\$101	\$131	\$172	\$189	\$201	\$233	\$265	\$297	\$329	\$361
\$1,131,500 - \$1,185,399	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329
\$1,185,400 - \$1,239,249	\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297
\$1,239,250 - \$1,293,199		\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265
\$1,293,200 - \$1,347,049			\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233
\$1,347,050 - \$1,400,949				\$16	\$54	\$101	\$131	\$172	\$169	\$201
\$1,400,950 - \$1,454,849					\$16	\$54	\$101	\$131	\$172	\$169
\$1,454,850 - \$1,508,699						\$16	\$54	\$101	\$131	\$172
\$1,508,700 - \$1,562,549							\$16	\$54	\$101	\$131
\$1,562,550 - \$1,616,449								\$16	\$54	\$101
\$1,616,450 - \$1,670,399									\$16	\$54
\$1,670,400 - \$1,724,299										\$16

**Combined wages between \$1,724,300 and \$2,263,265**

Higher wage	Combined wages: \$1,724,300-\$1,778,149	Combined wages: \$1,778,150-\$1,832,049	Combined wages: \$1,832,050-\$1,885,949	Combined wages: \$1,885,950-\$1,939,799	Combined wages: \$1,939,800-\$1,993,699	Combined wages: \$1,993,700-\$2,047,599	Combined wages: \$2,047,600-\$2,101,499	Combined wages: \$2,101,500-\$2,155,349	Combined wages: \$2,155,350-\$2,209,299	Combined wages: \$2,209,300-\$2,263,265
\$862,050 - \$915,949	\$989	\$1,021								
\$915,950 - \$969,899	\$989	\$1,021	\$1,053	\$1,086						
\$969,900 - \$1,023,749	\$989	\$1,021	\$1,053	\$1,086	\$1,118	\$1,150				
\$1,023,750 - \$1,077,549	\$989	\$1,021	\$1,053	\$1,086	\$1,118	\$1,150	\$1,182	\$1,214		
\$1,077,550 - \$1,131,499	\$393	\$425	\$457	\$490	\$522	\$554	\$586	\$618	\$650	\$70
\$1,131,500 - \$1,185,399	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586	\$618	\$650
\$1,185,400 - \$1,239,249	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586	\$618
\$1,239,250 - \$1,293,199	\$297	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554	\$586
\$1,293,200 - \$1,347,049	\$265	\$297	\$329	\$361	\$393	\$425	\$458	\$490	\$522	\$554
\$1,347,050 - \$1,400,949	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457	\$490	\$522
\$1,400,950 - \$1,454,849	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457	\$490
\$1,454,850 - \$1,508,699	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425	\$457
\$1,508,700 - \$1,562,549	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393	\$425
\$1,562,550 - \$1,616,449	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361	\$393
\$1,616,450 - \$1,670,399	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329	\$361
\$1,670,400 - \$1,724,299	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297	\$329
\$1,724,300 - \$1,778,149	\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265	\$297
\$1,778,150 - \$1,832,049		\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233	\$265
\$1,832,050 - \$1,885,949			\$16	\$54	\$101	\$131	\$172	\$169	\$201	\$233
\$1,885,950 - \$1,939,799				\$16	\$54	\$101	\$131	\$172	\$168	\$201
\$1,939,800 - \$1,993,699					\$16	\$54	\$101	\$131	\$172	\$168
\$1,993,700 - \$2,047,599						\$16	\$54	\$101	\$131	\$172
\$2,047,600 - \$2,101,499							\$16	\$54	\$101	\$131
\$2,101,500 - \$2,155,349								\$16	\$54	\$101
\$2,155,350 - \$2,209,299									\$16	\$54
\$2,209,300 - \$2,263,265										\$16

**Privacy notification**

Visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: Privacy).

**Need help?**

Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

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

**Telephone assistance**

Automated income tax refund status: 518-457-5149  
 Personal Income Tax Information Center: 518-457-5181  
 To order forms and publications: 518-457-5431  
 Text Telephone (TTY) or TDD equipment users: Dial 7-1-1 for the New York Relay Service



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

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

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

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

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

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

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

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

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

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

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

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

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

**Employer Completes Next Page**



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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name <i>ALLIANCE MASONRY COOP.</i>		
Employer's Business or Organization Address (Street Number and Name) <i>2544 NYS ROUTE 12</i>	City or Town <i>CHENANGO FORKS</i>	State <i>NY</i>	ZIP Code <i>13744</i>	

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	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	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



# **SCAFFOLD TRAINING CHECK LIST**

## **SCAFFOLD ERECTION:**

- \_\_\_\_\_ CHECK SUB BASE FOR STABILITY PRIOR TO ERECTING ANY SCAFFOLDING.
- \_\_\_\_\_ ONLY USE APPROVED MATERIALS FOR MUD SILLS OR CRIBBING.
- \_\_\_\_\_ ALWAYS USE SCREW JACKS OR SCAFFOLD FEET.
- \_\_\_\_\_ SECURE FEET TO CRIBBING OR MUD SILLS.
- \_\_\_\_\_ SCAFFOLD MUST BE FULLY BRACED.
- \_\_\_\_\_ INSERT ALL SAFETY PINS.
- \_\_\_\_\_ PLUMB AND LEVEL SCAFFOLD.
- \_\_\_\_\_ OUTRIGGERS MUST BE WITHIN 3" FROM FACE OF WALL.
- \_\_\_\_\_ WALKWAYS MUST BE AT LEAST 18" WIDE.
- \_\_\_\_\_ ALL WORKING PLATFORMS MUST BE FULLY PLANKED.
- \_\_\_\_\_ GAPS BETWEEN PLANKING CANNOT EXCEED 1".
- \_\_\_\_\_ PLANK CANNOT EXTEND MORE THAN 12' BEYOND IT'S' SUPPORT WITHOUT A GUARDRAIL SYSTEM.
- \_\_\_\_\_ SAFE ACCESS MUST BE PROVIDED TO THE WORKING PLATFORM BY LADDER OR CLIMBING FRAMES.
- \_\_\_\_\_ SCAFFOLD OVER 20' HEIGHT MUST BE SUPPORTED FROM TIPPING AT INTERVALS OF 20' O.C.
- \_\_\_\_\_ TOE BOARDS MUST BE INSTALLED ON ANY SCAFFOLD OVER 10' AND MUST EXTEND 3-1/2" ABOVE PLANKING.
- \_\_\_\_\_ GUARDRAILS MUST BE INSTALLED ON ANY SCAFFOLD OVER 10' HIGH.
- \_\_\_\_\_ TOP RAILS MUST BE BETWEEN 39" TO 45" AND MUST WITHSTAND A FORCE OF 200 POUNDS.
- \_\_\_\_\_ MID RAILS MUST BE USED WITH GUARDRAILS AND ARE LOCATED MIDWAY B/W THE PLANK AND GUARDRAIL.
- \_\_\_\_\_ END RAILS MUST BE PROVIDED AT ANY OPEN END OF EACH PLATFORM 10' HIGH.
- \_\_\_\_\_ DO NOT ERECT SCAFFOLDING NEAR POWER LINES W/OUT APPROVAL FROM COMPETENT PERSON ON SITE.
- \_\_\_\_\_ DO NOT MIX SCAFFOLD COMPONENTS FROM DIFFERENT MANUFACTURERS.
- \_\_\_\_\_ HAVE THE COMPETENT PERSON ON SITE INSPECT SCAFFOLD AFTER ERECTING.

## **SCAFFOLD SAFETY:**

- \_\_\_\_\_ ALWAYS INSPECT SCAFFOLD FOR SAFETY PRIOR TO EACH SHIFT.
- \_\_\_\_\_ NEVER WORK ON A SCAFFOLD OVER 10' IN HEIGHT THAT DOES NOT HAVE END RAILS, GUARD RAILS, MID RAILS OR IS NOT FULLY PLANKED.
- \_\_\_\_\_ DO NOT OVERLOAD THE SCAFFOLDING.
- \_\_\_\_\_ ALWAYS REPLACE END RAILS, GUARDRAILS, TOE BOARDS AND PLANKING IF REMOVED FOR ANY REASON.
- \_\_\_\_\_ ALWAYS USE APPROVED MEANS FOR ACCESSING A SCAFFOLD.
- \_\_\_\_\_ NEVER CLIMB SCAFFOLD FRAMES OR BRACES. ONLY LADDER TYPE SCAFFOLD FRAMES CAN BE CLIMBED.
- \_\_\_\_\_ REMOVE AND DESTROY ANY PLANK, WHICH APPEARS TO BE DAMAGED.
- \_\_\_\_\_ SCAFFOLD WALKWAYS MUST BE KEPT CLEAN OF TRIPPING HAZARDS AND DEBRIS.
- \_\_\_\_\_ NEVER RUN WHILE ON SCAFFOLD.
- \_\_\_\_\_ IMMEDIATELY REPORT ANY SCAFFOLD DEFICIENCIES TO THE COMPETENT PERSON ON SITE.
- \_\_\_\_\_ NEVER RAISE FOOT PLANK ALONE.
- \_\_\_\_\_ NEVER WORK FROM A LADDER ON TOP OF SCAFFOLDING.

## **VERIFICATION OF SCAFFOLD TRAINING**

BY SIGNING THIS PAGE, THE EMPLOYEE AGREES THAT HE OR SHE HAS RECEIVED TRAINING FROM AN ALLIANCE MASONRY CORP. COMPETENT PERSON ON SITE WITH REGARDS TO SCAFFOLD SAFETY AND HOW TO RECOGNIZE THE HAZARDS ASSOCIATED WITH SUCH WORK.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMPETENT PERSON** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **HAZARDOUS MATERIAL COMMUNICATION POLICY**

PLEASE FIND ATTACHED YOUR COPY OF OUR HAZARDOUS MATERIAL COMMUNICATION POLICY, ALONG WITH THE OSHA HAZARD COMMUNICATION STANDARD, U.S. DEPARTMENT OF LABOR HIGHLIGHTS, CONFIRMATION OF RECEIPT AND EMPLOYEE EVALUATION FORM.

OSHA REQUIRES BY LAW THAT EVERY COMPANY DEVELOP AND IMPLEMENT A HAZARDOUS MATERIAL COMMUNICATION POLICY SUCH AS THIS ONE. PLEASE TAKE THE TIME TO REVIEW THIS MATERIAL AND FILL OUT THE CONFIRMATION OF RECEIPT AND THE EMPLOYEE EVALUATION FORM. THE COMPLETED FORMS MUST BE RETURNED TO OUR OFFICE AS SOON AS POSSIBLE. (THIS PAGE AND THE LAST PAGE ONLY NEED TO BE RETURNED, YOU MAY KEEP THE REST OF THE PACKET.)

THANK YOU IN ADVANCE FOR YOUR COOPERATION!

### **CONFIRMATION OF RECEIPT**

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_