

## 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
- \_\_\_\_\_ 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  
Office Manager

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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 INCENTIVES FOR MEETING SAFETY AND PRODUCTION GOALS  
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!

<b>NAME:</b>	Jon B. Mason
<b>ADDRESS:</b>	1234 Alliance Way
<b>CITY, STATE, ZIP CODE</b>	Brickton, NY 12345
<b>HOME PHONE:</b>	( 123 ) 456-7890
<b>CELL PHONE:</b>	(       )
<b>SOCIAL SECURITY #:</b>	111-22-3333
<b>DATE OF BIRTH:</b>	01/02/1987
<b>EMERGENCY CONTACT:</b>	Jane Mason
<b>TELEPHONE:</b>	123-456-7899
<b>ADDRESS:</b>	SAME
<b>RELATIONSHIP:</b>	Wife
<b>UNION AFFILIATION:</b>	BAC Local 123
<b>YOUR JOB TITLE:</b>	Journeyman
<b>IF APPRENTICE, WHAT YEAR?</b>	N/A
<b>OSHA CERTIFICATION :</b>	10 Hour
<b>SPECIAL CERTIFICATIONS :</b>	Scaffolding, Flagger
<b>MINORITY STATUS (IF ANY):</b>	Native American

# Form W-4 (2018)

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

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

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
<b>1</b> Your first name and middle initial Jon B.			Last name Mason		<b>2</b> Your social security number 111-22-3333
Home address (number and street or rural route) 1234 Alliance Way			<b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code Brickton, NY 12345			<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b> 3	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$ None	
<b>7</b> I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>					
If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶ <i>Jon B. Mason</i>				<b>Date</b> ▶ 01/01/18	
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)	

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b>	_____
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	_____
<b>F</b>	<p><b>Credit for other dependents.</b></p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	_____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

<b>1</b>	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>\$24,000 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,000 if you're head of household</li> <li>\$12,000 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____



# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

First name and middle initial <b>John B.</b>	Last name <b>Mason</b>	Your social security number <b>111-22-3333</b>
Permanent home address (number and street or rural route) <b>1234 Alliance Way</b>		Apartment number Single or Head of household <input type="checkbox"/> Married <input checked="" type="checkbox"/>
City, village, or post office <b>Brickton</b>	State <b>NY</b>	ZIP code <b>12345</b>
Married, but withhold at higher single rate <input type="checkbox"/> <small>Note: If married but legally separated, mark an X in the Single or Head of household box.</small>		
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Complete the worksheet on page 3 before making any entries.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18) .....	<b>1</b>	<b>3</b>
2 Total number of allowances for New York City (from line 29) .....	<b>2</b>	<b>0</b>
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>		
3 New York State amount .....	<b>3</b>	
4 New York City amount .....	<b>4</b>	
5 Yonkers amount .....	<b>5</b>	

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

Employee's signature <i>Jon B. Mason</i>	Date <b>01/01/18</b>
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

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

### Employer Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for NYS ..... A

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

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

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

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

## Instructions

### Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional collar 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 2018 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

**Exemption from withholding**

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

**Withholding allowances**

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. 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 filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

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

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

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

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

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

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

total number of allowances that you compute on line 18 and line 29 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 4 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 5 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 4 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 4 or Part 5, 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.

(continued)

**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, WA Harriman Campus, Albany NY 12227-0865**. If the employee is also a new hire or rehire, see **Box B** instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

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

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

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

**Worksheet**

See the instructions before completing this worksheet.

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

6	Enter the number of dependents that you will claim on your state return ( <i>do not include yourself or, if married, your spouse</i> )	6	_____
<b>For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.</b>			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
<b>For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.</b>			
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 alimony you will pay for the tax year and 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 itemize deductions on your state tax return, complete Part 2 below and enter the number from line 26. All others enter 0	17	_____
18	Add lines 6 through 17. 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 or Married couples with both spouses working</i> .	18	_____

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

19	Enter your estimated federal itemized deductions for the tax year	19	_____
20	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 19	20	_____
21	Subtract line 20 from line 19	21	_____
22	Enter your estimated college tuition itemized deduction	22	_____
23	Add lines 21 and 22	23	_____
24	Based on your federal filing status, enter the applicable amount from the table below	24	_____
<b>Standard deduction table</b>			
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	
25	Subtract line 24 from line 23 ( <i>if line 24 is larger than line 23, enter 0 here and on line 17 above</i> )	25	_____
26	Divide line 25 by \$1,000. Drop any fraction and enter the result here and on line 17 above	26	_____

**Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).**

27	Enter the amount from line 6 above	27	_____
28	Add lines 15 through 17 above and enter total here	28	_____
29	Add lines 27 and 28. Enter the result here and on line 2	29	_____





		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$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	\$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	\$22	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$20	\$28	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$17	\$23	\$29	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$21	\$20	\$26	\$32	\$17	\$21	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$31
\$1,131,500	\$1,185,399	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19
\$1,347,050	\$1,400,949				\$9	\$20	\$29	\$23	\$21	\$27	\$33
\$1,400,950	\$1,454,849					\$9	\$20	\$29	\$23	\$21	\$27
\$1,454,850	\$1,508,699						\$9	\$20	\$29	\$23	\$21
\$1,508,700	\$1,562,549							\$9	\$20	\$29	\$23
\$1,562,550	\$1,616,449								\$9	\$20	\$29
\$1,616,450	\$1,670,399									\$9	\$20
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300 \$1,778,149	\$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	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$45						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$45	\$49	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$45	\$49	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$490	\$906
\$1,131,500	\$1,185,399	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$487	\$906
\$1,185,400	\$1,239,249	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$483	\$903
\$1,239,250	\$1,293,199	\$25	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$480	\$900
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$31	\$35	\$38	\$41	\$44	\$477	\$897
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$31	\$35	\$38	\$41	\$474	\$894
\$1,400,950	\$1,454,849	\$33	\$19	\$22	\$25	\$28	\$31	\$35	\$38	\$471	\$891
\$1,454,850	\$1,508,699	\$27	\$33	\$19	\$22	\$25	\$28	\$31	\$35	\$468	\$887
\$1,508,700	\$1,562,549	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$31	\$465	\$884
\$1,562,550	\$1,616,449	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$462	\$881
\$1,616,450	\$1,670,399	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$459	\$878
\$1,670,400	\$1,724,299	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$455	\$875
\$1,724,300	\$1,778,149	\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$452	\$872
\$1,778,150	\$1,832,049		\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$449	\$869
\$1,832,050	\$1,885,949			\$9	\$20	\$29	\$23	\$21	\$27	\$464	\$866
\$1,885,950	\$1,939,799				\$9	\$20	\$29	\$23	\$21	\$458	\$860
\$1,939,800	\$1,993,699					\$9	\$20	\$29	\$23	\$452	\$874
\$1,993,700	\$2,047,599						\$9	\$20	\$29	\$453	\$868
\$2,047,600	\$2,101,499							\$9	\$20	\$460	\$869
\$2,101,500	\$2,155,349								\$9	\$450	\$876
\$2,155,350	\$2,209,299									\$235	\$436
\$2,209,300	\$2,263,265										\$14

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

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

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

**Part 5** – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

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

		Combined wages between \$107,650 and \$538,749										
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$13	\$18									
\$75,300	\$96,799	\$13	\$20	\$26	\$25							
\$96,800	\$118,399	\$8	\$17	\$23	\$26	\$28						
\$118,400	\$129,249	\$2	\$11	\$18	\$21	\$25	\$30					
\$129,250	\$139,999		\$4	\$14	\$17	\$22	\$32					
\$140,000	\$150,749		\$2	\$10	\$14	\$18	\$32	\$29				
\$150,750	\$161,549			\$4	\$10	\$15	\$31	\$27				
\$161,550	\$172,499			\$2	\$8	\$13	\$31	\$29	\$26			
\$172,500	\$193,849				\$3	\$11	\$29	\$32	\$27	\$27		
\$193,850	\$236,949					\$9	\$24	\$34	\$32	\$30	\$19	
\$236,950	\$280,099						\$8	\$16	\$25	\$20	\$21	\$13
\$280,100	\$323,199							\$7	\$16	\$24	\$17	\$20
\$323,200	\$377,099								\$8	\$17	\$24	\$17
\$377,100	\$430,949									\$8	\$17	\$24
\$430,950	\$484,899										\$8	\$17
\$484,900	\$538,749											\$8


		Combined wages between \$538,750 and \$1,185,399												
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399	
\$236,950	\$280,099	\$9												
\$280,100	\$323,199	\$9	\$8											
\$323,200	\$377,099	\$20	\$8	\$8	\$8									
\$377,100	\$430,949	\$17	\$20	\$8	\$8	\$8	\$8							
\$430,950	\$484,899	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8					
\$484,900	\$538,749	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8	\$8			
\$538,750	\$592,649	\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8	\$236	\$452	
\$592,650	\$646,499		\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$236	\$452	
\$646,500	\$700,399			\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$236	\$452	
\$700,400	\$754,299				\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$236	\$452	
\$754,300	\$808,199					\$8	\$17	\$24	\$17	\$20	\$8	\$236	\$452	
\$808,200	\$862,049						\$8	\$17	\$24	\$17	\$20	\$236	\$452	
\$862,050	\$915,949							\$8	\$17	\$24	\$17	\$248	\$452	
\$915,950	\$969,899								\$8	\$17	\$24	\$245	\$463	
\$969,900	\$1,023,749									\$8	\$17	\$252	\$460	
\$1,023,750	\$1,077,549										\$8	\$245	\$467	
\$1,077,550	\$1,131,499											\$123	\$232	
\$1,131,500	\$1,185,399												\$14	

(Part 5 continued on page 7)


**Privacy notification**

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

**Need help?**

 Visit our website at **www.tax.ny.gov**

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

 **Telephone assistance**

Automated income tax refund status: (518) 457-5149

**Personal Income Tax Information Center:** (518) 457-5181

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



**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) <b>Mason</b>		First Name (Given Name) <b>Jon</b>		Middle Initial <b>B.</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>1234 Alliance Way</b>			Apt. Number	City or Town <b>Brickton</b>	State <b>NY</b>	ZIP Code <b>12345</b>
Date of Birth (mm/dd/yyyy) <b>01/02/1987</b>	U.S. Social Security Number <b>1 1 1 - 2 2 - 3 3 3 3</b>		Employee's E-mail Address <b>jonbmason@email.com</b>		Employee's Telephone Number <b>123-456-7890</b>	

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):

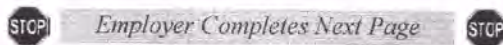
<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An 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></p> <p>2. Form I-94 Admission Number: _____ <b>OR</b></p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee <i>Jon B. Mason</i>	Today's Date (mm/dd/yyyy) <b>01/01/2018</b>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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





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

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

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

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

Employee Info from Section 1	Last Name (Family Name) Mason	First Name (Given Name) Jon	M.I. B	Citizenship/Immigration Status USA
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <b>Drivers License</b>		Document Title <b>Social Security Card</b>
Issuing Authority		Issuing Authority <b>NYS DMV</b>		Issuing Authority <b>SSA</b>
Document Number		Document Number <b>999 88 7766</b>		Document Number <b>111-22-3333</b>
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) <b>01/02/2025</b>		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**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): 01/01/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>JDB</i>		Today's Date(mm/dd/yyyy) 01/01/2018	Title of Employer or Authorized Representative Project Manager	
Last Name of Employer or Authorized Representative Boss	First Name of Employer or Authorized Representative Jane D.	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 FOLKS</i>	State <i>NY</i>	ZIP Code <i>13746</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
--	---------------------------	---

**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		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		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 Jon B. Mason DATE 01/01/2018

COMPETENT PERSON JDB DATE 01/01/2018



## **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 Jon B. Mason

EMPLOYEE SIGNATURE *Jon B. Mason* DATE 01/01/2018