



Welcome to SUNY Morrisville! Congratulations on your upcoming employment to the student payroll. Please complete as much of the packet as possible and we will assist you with any questions you might have when you return your packet to the Payroll Office.

WE CANNOT PROCESS PAYMENT AND STUDENTS CANNOT BEGIN WORKING UNTIL THIS PACKET OF PAPERWORK IS COMPLETED AND RETURNED TO THE PAYROLL OFFICE.

New Hire Checklist – Please prepare this form with your Name, Employment Position and Morrisville ID #. Once you turn in all your paperwork to payroll, someone in HR will check off all the required documents as they review your completed forms to make sure you have provided all required documents.

I-9 List of Acceptable Documents- As a new hire, you are required to present proof of identification and US Citizenship. You must provide one or more of the documents highlighted on this form and bring to the HR office at your time of scheduled appointment. Most commonly, students will bring in a valid US Passport **or** a Driver's License and Social Security card **or** Driver's License and Birth Certificate.

***All must be original, unexpired documents. We cannot accept copies, no exceptions.**

Personal Information form- Please complete this form to its fullest. Students must use their legal name as well as their legal address on all forms. Campus addresses will not be accepted.

Equal Employment Opportunity Self-Identification Applicant Survey – These forms are voluntary.

Form W-4 – Federal Tax Form – Please complete all areas on page 1 of the W-4 form. (If you have any questions regarding how to complete your W-4, please consult with your tax advisor. We cannot provide any tax recommendations.)

Form IT-2104 – New York State Tax Form – Please complete all areas on page 1 of the IT-2104 form. (If you have any questions regarding how to complete your IT-2104, please consult with your tax advisor. We cannot provide any tax recommendations.)

Direct Deposit form – We highly recommend signing up for direct deposit. All paychecks are mailed directly from Albany, NY to your **legal home address** listed on your paperwork. Along with this direct deposit form, will also need you to provide us with a Direct Deposit Authorization form, Bank Verification form **or** a voided check. Please contact your bank in order to receive the correct form for your account. Once we have received one of these forms of verification, we will be able to activate your account for you. If you do not provide us with proper verification, your paychecks will be mailed to the address listed on your paperwork.

Employee's Retirement Selection Form – Employee's Retirement is optional; however, we must have you check if you would like to sign up for Retirement System or not. You must only complete the Employees Retirement System Membership Registration form (RS 5420) if you choose to sign up for New York State Local Retirement System.

All forms must be brought with you to your HR Orientation session, along with your completed agreement form and proper identification documents listed below to complete the required I-9 form.



SUNY MORRISVILLE

SUNY Morrisville New Hire Student Checklist Federal Work Study / Student Temp Service

Employee Name: _____

Position: _____

Student Morrisville ID#: _____

Start Date: _____ First Paycheck Date: _____

REQUIRED PAYROLL INFORMATION:

_____ Agreement Form

_____ Employment Eligibility Verification – Form I-9 (Includes copies of required documentation)

_____ Student Post Employment Information Form

_____ Federal Tax Form – W-4

_____ New York State Tax Form – IT-2104

_____ Employee's Retirement System Form

_____ Confidentiality and Security Compliance Agreement

OPTIONAL PAYROLL INFORMATION:

_____ Direct Deposit Form for NYS Employees

_____ New York State Employee's Retirement Application Form

_____ Equal Employment Opportunity Self-Identification Applicant Survey

Pay Schedule:

_____ Received

_____ Not Received

Student Signature: _____ Date: _____

Phone: _____ Email Address: _____

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

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

Refer to the instructions for more information about acceptable receipts.

SUNY MORRISVILLE

— EST. 1908 —

PERSONAL INFORMATION FORM

Please complete the following and return it to the Payroll Office. This information is required for centralized personnel records. If you have any questions regarding completion of this form, please feel free to contact us at 315-684-6038 or humanresources@morrisville.edu

Name: (First) _____ (Middle) _____ (Last) _____

Chosen Name (if applicable): _____
SUNY Morrisville recognizes the needs of students and employees who wish to be identified by a first name that differs from their legal name. Your chosen name is how your name is displayed for internal communication and certain external communications.

Social Security Number: _____ **Morrisville Campus ID Number:** _____

Mailing Address: (Street) _____ Apt # _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Birth date: (Month) _____ (Day) _____ (Year) _____

Birthplace: (State) _____ (City) _____ (Country) _____

Gender: Male Female **Gender Identity:** Male Female Non-Binary

Citizenship: I am a United States Citizen I am NOT a United States Citizen (Visa) _____

Ethnicity (Check ONLY one): Not Hispanic or Latino Hispanic or Latino

Education: (Highest level of education completed): High School Graduate or GED High School, some additional training
 Associates Degree Bachelor's Degree Master's Degree Doctoral Degree
 Professional Degree Some Graduate Work Technical School Less Than High School

If you're Highest Education Level is a College Degree, please complete requirements below and send transcript to Human Resources.

(1) (Degree Type) _____ (Degree Program) _____

(Degree Award Date) _____ (University Name) _____

(City) _____ (State) _____

Are you currently enrolled in college: Yes No **Degree in Progress:** _____

(State) _____ (City) _____ (College) _____

(Major) _____

Emergency Contacts:

(1) (First) _____ (Last) _____ (Relationship) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(2) (First) _____ (Last) _____ (Relationship) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Prior New York State and SUNY Service:

Have you ever worked FOR New York State: Yes No If yes, dates: _____

Have you ever worked FOR SUNY: Yes No If yes, dates: _____

Equal Employment Opportunity Self-Identification Applicant Survey

Applicant Name: _____

Date: _____

Position Applied For: _____

Survey of Sex, Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

Select the categories that apply. Definitions below.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race: (select all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
	<input type="checkbox"/> American Indian or Alaska Native		

Definitions – Race / Ethnic Groups

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Applicant Survey

Survey of Protected Veteran Status

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service ("VETS"), toll-free, at 1-866-4-USA-DOL.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you identify as one (or more) of the following protected veteran categories? Categories and definitions below.
Please check the appropriate box below this section. NOTE: You do not have to indicate which specific category applies.

Disabled Veteran: (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985.

Active Duty Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

- June 27, 1950 to January 31, 1955 (Korean conflict)
- February 28, 1961 to May 7, 1975 (for veterans serving in the Republic of Vietnam)
- August 5, 1964 to May 7, 1975 (for all other veterans who served during the Vietnam conflict)
- August 2, 1990 to the present (Gulf War)

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I DECLINE TO ANSWER.

Applicant Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

MEMORANDUM

TO: All Employees
FROM: Payroll Office
RE: Additional Tax Form Information
DATE: March 2021

When filling out your tax forms, please note the following:

Federal Tax form W-4

Effective in 2020 a new W-4 was put in place and less taxes are being taken as a result of the Tax Cuts and Jobs Act. Please be sure to read through all steps and complete the worksheet if needed. Employees should seek financial advice from their tax preparer or other financial advisor to determine what steps need to be taken to ensure enough taxes are being withheld.

New York State IT-2104

Please read through the form carefully and complete attached worksheet if needed.

For the question: Are you a resident of New York City –
The 5 counties designated to be within the City of New York are:

Bronx County (Bronx)

Kings County (Brooklyn)

New York County (Manhattan)

Queens County (Queens)

Richmond County (Staten Island)

If your permanent address is within one of these counties, you must answer yes to this question.

If you are not a resident of the State of New York, please see the Payroll Officer.

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.**

2022

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____		
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____		

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 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, 2023.

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 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 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$25,900 if you're married filing jointly or qualifying widow(er); \$19,400 if you're head of household; \$12,950 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,220	2,970	3,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,160	3,910	4,910	5,910
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,330	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State
		ZIP code
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.
Complete the worksheet on page 4 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) 1 <input type="text"/> 2 Total number of allowances for New York City (from line 31) 2 <input type="text"/>		
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 <input type="text"/> 4 New York City amount 4 <input type="text"/> 5 Yonkers amount 5 <input type="text"/>		

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

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

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

Employer: Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for NYS A

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

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

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

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

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 qualified widow(er);
- 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 2022 Form IT-2104 and give it to your employer.

Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

Who should file this form

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

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

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

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or

has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.

Exemption from withholding

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

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 4 of the worksheet on page 4. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 7.

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

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

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	63
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 63. $160/63 = 2.5397$. The additional withholding allowance(s) would be 3. Enter 3 on line 14.*

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

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 19 and line 31 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

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

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 5 or Part 6, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

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

Employers

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

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

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

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

(continued)

Worksheet

See the instructions before completing this worksheet.

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

6 Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.		
7 College tuition credit	7	
8 New York State household credit	8	
9 Real property tax credit	9	
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.		
10 Child and dependent care credit	10	
11 Earned income credit	11	
12 Empire State child credit	12	
13 New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2	13	
14 Other credits (<i>see instructions</i>)	14	
15 Head of household status and only one job (<i>enter 2 if the situation applies</i>)	15	
16 Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number	16	
17 If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2022, complete Part 3 below and enter the number from line 28	17	
18 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0	18	
19 Add lines 6 through 18. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	19	

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

20 Enter your estimated NY itemized deductions for the tax year (<i>see Form IT-196 and its instructions; enter the amount from line 49</i>)	20													
21 Based on your federal filing status, enter the applicable amount from the table below	21													
Standard deduction table														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Single (cannot be claimed as a dependent)</td> <td style="padding: 2px;">\$ 8,000</td> <td style="padding: 2px;">Qualifying widow(er)</td> <td style="padding: 2px;">\$16,050</td> </tr> <tr> <td style="padding: 2px;">Single (can be claimed as a dependent)</td> <td style="padding: 2px;">\$ 3,100</td> <td style="padding: 2px;">Married filing jointly</td> <td style="padding: 2px;">\$16,050</td> </tr> <tr> <td style="padding: 2px;">Head of household</td> <td style="padding: 2px;">\$11,200</td> <td style="padding: 2px;">Married filing separate returns</td> <td style="padding: 2px;">\$ 8,000</td> </tr> </table>	Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050	Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050	Head of household	\$11,200	Married filing separate returns	\$ 8,000		
Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050											
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050											
Head of household	\$11,200	Married filing separate returns	\$ 8,000											
22 Subtract line 21 from line 20 (<i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i>)	22													
23 Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above	23													

Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).

24 Expected annual wages and compensation from electing employer in 2022	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	

		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$1,185,400	\$1,239,250	\$1,293,200	\$1,347,050	\$1,400,950	\$1,454,850	\$1,508,700	\$1,562,550	\$1,616,450	\$1,670,400
		\$1,239,249	\$1,293,199	\$1,347,049	\$1,400,949	\$1,454,849	\$1,508,699	\$1,562,549	\$1,616,449	\$1,670,399	\$1,724,299
\$592,650	\$646,499	\$5	\$8								
\$646,500	\$700,399	\$5	\$8	\$11	\$14						
\$700,400	\$754,299	\$5	\$8	\$11	\$14	\$17	\$20				
\$754,300	\$808,199	\$5	\$8	\$11	\$14	\$17	\$20	\$24	\$27		
\$808,200	\$862,049	\$5	\$8	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$862,050	\$915,949	\$42	\$8	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$36	\$45	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$30	\$39	\$48	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$36	\$33	\$42	\$52	\$17	\$20	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$38	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$31
\$1,131,500	\$1,185,399	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$23	\$37	\$38	\$34	\$44	\$53	\$19
\$1,347,050	\$1,400,949				\$9	\$23	\$38	\$38	\$35	\$44	\$53
\$1,400,950	\$1,454,849					\$9	\$23	\$38	\$38	\$35	\$44
\$1,454,850	\$1,508,699						\$9	\$23	\$38	\$38	\$34
\$1,508,700	\$1,562,549							\$9	\$23	\$38	\$38
\$1,562,550	\$1,616,449								\$9	\$23	\$38
\$1,616,450	\$1,670,399									\$9	\$23
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300	\$1,778,150	\$1,832,050	\$1,885,950	\$1,939,800	\$1,993,700	\$2,047,600	\$2,101,500	\$2,155,350	\$2,209,300
		\$1,778,149	\$1,832,049	\$1,885,949	\$1,939,799	\$1,993,699	\$2,047,599	\$2,101,499	\$2,155,349	\$2,209,299	\$2,263,265
\$862,050	\$915,949	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$45						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$45	\$48	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$45	\$48	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$34	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$1,234	\$1,263
\$1,131,500	\$1,185,399	\$31	\$34	\$38	\$41	\$44	\$47	\$50	\$53	\$1,231	\$1,263
\$1,185,400	\$1,239,249	\$28	\$31	\$34	\$38	\$41	\$44	\$47	\$50	\$1,228	\$1,260
\$1,239,250	\$1,293,199	\$25	\$28	\$31	\$34	\$38	\$41	\$44	\$47	\$1,224	\$1,257
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$31	\$34	\$38	\$41	\$44	\$1,221	\$1,253
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$31	\$34	\$38	\$41	\$1,218	\$1,250
\$1,400,950	\$1,454,849	\$53	\$19	\$22	\$25	\$28	\$31	\$34	\$38	\$1,215	\$1,247
\$1,454,850	\$1,508,699	\$44	\$53	\$19	\$22	\$25	\$28	\$31	\$34	\$1,212	\$1,244
\$1,508,700	\$1,562,549	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$31	\$1,209	\$1,241
\$1,562,550	\$1,616,449	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$1,206	\$1,238
\$1,616,450	\$1,670,399	\$37	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$1,203	\$1,235
\$1,670,400	\$1,724,299	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$1,200	\$1,232
\$1,724,300	\$1,778,149	\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$1,197	\$1,229
\$1,778,150	\$1,832,049		\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$1,193	\$1,225
\$1,832,050	\$1,885,949			\$9	\$23	\$38	\$38	\$35	\$44	\$1,228	\$1,222
\$1,885,950	\$1,939,799				\$9	\$23	\$38	\$38	\$34	\$1,218	\$1,257
\$1,939,800	\$1,993,699					\$9	\$23	\$38	\$38	\$1,209	\$1,247
\$1,993,700	\$2,047,599						\$9	\$23	\$38	\$1,212	\$1,238
\$2,047,600	\$2,101,499							\$9	\$23	\$1,212	\$1,241
\$2,101,500	\$2,155,349								\$9	\$1,197	\$1,241
\$2,155,350	\$2,209,299									\$16	\$52
\$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?* on page 7).

Part 6 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

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

		Combined wages between \$107,650 and \$538,749										
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$12	\$19									
\$75,300	\$96,799	\$12	\$20	\$28	\$29							
\$96,800	\$118,399	\$8	\$16	\$24	\$27	\$29						
\$118,400	\$129,249	\$2	\$10	\$18	\$21	\$26	\$40					
\$129,250	\$139,999		\$4	\$14	\$17	\$23	\$46					
\$140,000	\$150,749		\$2	\$9	\$13	\$19	\$46	\$47				
\$150,750	\$161,549			\$3	\$9	\$15	\$46	\$46				
\$161,550	\$172,499			\$1	\$7	\$12	\$46	\$48	\$46			
\$172,500	\$193,849				\$3	\$10	\$44	\$51	\$49	\$52		
\$193,850	\$236,949					\$12	\$38	\$53	\$53	\$55	\$45	
\$236,950	\$280,099						\$10	\$20	\$33	\$31	\$35	\$18
\$280,100	\$323,199							\$7	\$18	\$31	\$26	\$32
\$323,200	\$377,099								\$8	\$20	\$31	\$27
\$377,100	\$430,949									\$8	\$20	\$31
\$430,950	\$484,899										\$8	\$20
\$484,900	\$538,749											\$8

		Combined wages between \$538,750 and \$1,185,399											
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099	\$11											
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$33	\$8	\$8	\$8								
\$377,100	\$430,949	\$27	\$33	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8	\$604	\$636
\$592,650	\$646,499		\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$604	\$636
\$646,500	\$700,399			\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$604	\$636
\$700,400	\$754,299				\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$604	\$636
\$754,300	\$808,199					\$8	\$20	\$31	\$27	\$33	\$8	\$604	\$636
\$808,200	\$862,049						\$8	\$20	\$31	\$27	\$33	\$604	\$636
\$862,050	\$915,949							\$8	\$20	\$31	\$27	\$629	\$636
\$915,950	\$969,899								\$8	\$20	\$31	\$623	\$661
\$969,900	\$1,023,749									\$8	\$20	\$627	\$655
\$1,023,750	\$1,077,549										\$8	\$616	\$659
\$1,077,550	\$1,131,499											\$16	\$52
\$1,131,500	\$1,185,399												\$16

(Part 6 continued on page 8)

Privacy notification

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

Need help?



Visit our website at www.tax.ny.gov

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

Telephone assistance

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

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 01/2021)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

NAME (LAST, FIRST, MI)	NYS EMPLID N	LAST 4 SSN
PHONE (AREA CODE + PHONE NUMBER) ()	WORK EMAIL	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		

SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name **must** appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

BALANCE ACCOUNT (REQUIRED)			ACTION	New	Change Account	Add/Change Joint Account Holder
TYPE	Checking	Savings	ACCOUNT #	ROUTING #		
FINANCIAL INSTITUTION						DISTRIBUTION <input checked="" type="checkbox"/> Excess

SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

Up to **seven** fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee's name **must** appear on the account(s). A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

DEPOSIT ORDER-1	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-2	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-3	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-4	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #:	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-5	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-6	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%
DEPOSIT ORDER-7	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE	Checking	Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION					DISTRIBUTION \$_____ or _____%

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 01/2021)

SECTION D: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

Check the box to opt out of receiving a printed copy of your direct deposit pay stub:

Go Paperless* - I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will **not** receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPO): <https://psonline.osc.ny.gov>

**Go Paperless is only provided to agencies enrolled in NYSPO. Contact your payroll officer or Human Resources office to determine whether your agency is enrolled in NYSPO.*

SECTION E: AUTHORIZATION (REQUIRED)

The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for new/additional accounts or changes in account holder(s). By signing this form, the employee and any joint account holder allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-6 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-7 JOINT ACCOUNT HOLDER	DATE

I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize all of my NYS salary payments to be sent to the designated financial institution(s) to be deposited into the specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution to be deposited into the balance account designated. I understand that this form supersedes any previous elections I have made, and that changes may take up to two payroll periods to become effective.

EMPLOYEE SIGNATURE _____ **DATE** _____

CANCELLATIONS

The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee's failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.

(optional)

INFORMATION ON THE EMPLOYEE'S RETIREMENT SYSTEM

Please check one:

_____ I would like to join the Employees' Retirement System. Please send a membership application.

_____ I understand that I am eligible to join the Employees' Retirement System. However, I chose NOT to join at this time. I also understand that if my employment status changes to full-time and permanent, I must join the Retirement System at that time. I certify that I have not been a member of the New York State Employees' Retirement System (ERS) in the last seven years, or, if a member, that I withdrew my contributions upon separation from service and no longer have an active membership with the system.

Print Name

Signature

Department

Date

Student Assistant
Title

SS#

Employees who are either part time or temporary may elect to join the Employees Retirement System; they are not, however, required to join. Employees who are both full time and permanent must join the Retirement System.

You must complete a membership application to join. You are required to contribute 3% of your salary to the Retirement System. You will need the equivalent of five years of full-time State service to become eligible for pension benefits.

If you join the System, your beneficiary will be protected by a death benefit after you have been credited by the System with one year of service. Upon meeting eligibility requirements, you will be entitled to lifetime pension at age 55 or a disability pension at an earlier age if you become permanently and totally disabled from gainful employment.

PLEASE RETURN TO:
Payroll Department
SUNY Morrisville
Brooks Hall, 3rd Floor

About the Retirement System

The New York State and Local Retirement System (NYSLRS) administers two distinct systems. They are the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS). With more than one million members, retirees and beneficiaries, and nearly 3,000 employers, NYSLRS is one of the largest public retirement systems in the nation.

The New York State Comptroller is administrative head of NYSLRS and is responsible for ensuring the System's benefit programs are managed properly and effectively. He is also trustee of the New York State Common Retirement Fund (the Fund) and is one of the largest institutional investors in the world. The Fund's assets come from three main sources of incoming funds: member contributions, investment income and employer contributions. Each year, the Fund's value is determined at the end of its fiscal year, March 31. Members are eligible to receive a pension after 10 years of active membership.

Your Benefits

Your membership in the Employees' Retirement System or the Police and Fire Retirement System provides many benefits, including:

- Service retirement benefits.
- Disability retirement benefits for permanent on-the-job and non-job-related disabilities.
- Death benefits.
- Vesting of benefits.
- Loans for contributing members.
- The ability to transfer membership to and from other public retirement systems in New York State; and
- The crediting of withdrawn service from another public retirement system in New York State.

Your service retirement, ordinary and accidental disability and death benefits vary depending on your tier and/or retirement plan coverage

If You Are an ERS Member:

You are in:	If you joined:
Tier 1	Before July 1, 1973
Tier 2	July 1, 1973, through July 26, 1976
Tier 3	July 27, 1976, through August 31, 1983
Tier 4	September 1, 1983, through December 31, 2009
Tier 5	January 1, 2010, through March 31, 2012
Tier 6	April 1, 2012, or after

Mandatory Contributions

- Most Tier 6 members contribute between 3 and 6 percent for their entire careers. Contribution percentages are based on earnings.
- The amount that Tier 6 members contribute is initially based on their annual wage, as provided by their employer during the membership enrollment process and is adjusted to reflect changes in earnings every state fiscal year.

SUNY Morrisville

Confidentiality and Security Compliance Agreement

I understand that I may be granted access to information and data that may contain records subject to federal or state regulations (“regulated data”) regarding privacy and confidentiality, and that I may handle other information considered Personal, Private, and Sensitive. My continued access to this information is based on my agreement to comply with the following terms and conditions regardless of my SUNY Morrisville employment, internship or volunteer status:

- I will comply with all state and federal laws and college policies that govern access to and use of information about employees, interns, volunteers, applicants, students, donors and vendors.
- My right to access this is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing, using, copying or otherwise disseminating regulated data that is not relevant and necessary for me to perform my job-related duties.
- I will not share regulated data unless explicitly authorized to do so, and in no instance will I share regulated data with third parties without appropriate authorization.
- I will sign-out of electronic records systems when I am not actively using them.
- I will keep my account credentials (e.g., UserID, password) confidential, and will not disclose or share them with anyone. A request for someone else to use your Morrisville password(s) is considered fraudulent activity.
- If issued keys or other means of entry, I will not copy or share them with anyone and I will report lost or stolen keys immediately to my supervisor.

New York State Cyber Security Policy P03-002: Information Security Policy (Rev. Date: November 23, 2021)

Personal, Private, and Sensitive Information (PPSI):

Any information where unauthorized access, disclosure, modification, destruction or disruption of access to or use of such information could severely impact the College, its critical functions, its employees, its customers, third parties, or citizens of New York. This term shall be deemed to include, but is not limited to, the information encompassed in existing statutory definitions, e.g. General Business Law §§399-dd; 399-h(1)(c),(d),(e); 899-aa(1)(a)(b); Public Officers Law, §§86(5); 92(7), (9); State Technology Law §§202(5); 208(1)(a).

PPSI includes, but is not limited to:

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver’s license number or non-driver identification card number; or
- Mother’s maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person’s identity or gain access to a person’s financial resources or credit.

- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.
- Information that identifies specific structural, operational, or technical information, such as maps, mechanical or architectural drawings, floor plans, operational plans or procedures, or other detailed information relating to electric, natural gas, steam, water supplies, nuclear or telecommunications systems or infrastructure, including associated facilities, including, but not limited to:
 - Training and security procedures at sensitive facilities and locations as determined by the Office of Homeland Security (OHS);
 - Descriptions of technical processes and technical architecture;
 - Plans for disaster recovery and business continuity; and
 - Reports, logs, surveys, or audits that contain sensitive information.
- Security related information (e.g., vulnerability reports, risk assessments, security logs).
- Other information that is protected from disclosure by law or relates to subjects and areas of concern as determined by the College's executive management.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the confidentiality of a student's records. As an employee of SUNY Morrisville, you must become familiar with the basic provisions of FERPA to comply with this federal law. All employees, including full-time, part-time, hourly, and student employees, have the same responsibilities under FERPA. Student educational records must only be accessed if there is a legitimate educational reason to do so.

All student information gained from student records (whether the files are paper or computer generated) or from conversations heard in the course of your work are strictly confidential. As such, you may not share this information with anyone. In addition, no files or copies of records are ever allowed to leave the office or department. Files or copies of records are not to be left unattended in public areas for others to view.

You must avoid acquiring student information that you do not need to do your job, nor should you exchange information about students that you may have learned while performing your job unless there is legitimate educational reason to do so. Disclosure of information (for example, telling another person of a student's class schedule) is considered a violation.

I understand that violations of this agreement may result in the revocation of my access privileges to college information systems, appropriate administrative action, including but not limited to disciplinary action and termination, and may also subject me to prosecution by federal or state authorities. I certify that I have read all of the above information pertaining to Personal, Private, and Sensitive Information (PPSI) and I agree to comply with the above terms and conditions.

Print Name

Signature

Date

**WORK STUDY AND TEMP SERVICE STUDENTS & SUPERVISORS
2022**

PAYROLL NUMBER	SERVICE RENDERED REGULAR HOURS	STUDENT TAS	TAS TIMESHEET	DATE PAID
21	12/23/2021 – 1/5/2022	1/5/2022	1/7/2022	1/27/2022
22	1/6/2022 – 1/19/2022	1/19/2022	1/21/2022	2/10/2022
23	1/20/2022 – 2/2/2022	2/2/2022	2/4/2022	2/24/2022
24	2/3/2022 – 2/16/2022	2/16/2022	2/18/2022	3/10/2022
25	2/17/2022 – 3/2/2022	3/2/2022	3/4/2022	3/24/2022
26	3/3/2022 – 3/16/2022	3/16/2022	3/18/2022	4/7/2022
27	3/17/2022-3/30/2022	3/30/2022	4/1/2022	4/21/2022
1	3/31/2022- 4/13/2022	4/13/2022	4/15/2022	5/5/2022
2	4/14/2022 – 4/27/2022	4/27/2022	4/29/2022	5/19/2022
3	4/28/2022 – 5/11/2022	5/11/2022	5/13/2022	6/2/2022
4	5/12/2022 – 5/25/2022	5/25/2022	5/26/2022	6/16/2022
5	5/26/2022 – 6/8/2022	6/8/2022	6/10/2022	6/30/2022
6	6/9/2022 – 6/22/2022	6/22/2022	6/24/2022	7/14/2022
7	6/23/2022 – 7/6/2022	7/6/2022	7/8/2022	7/28/2022
8	7/7/2022 – 7/20/2022	7/20/2022	7/22/2022	8/11/2022
9	7/21/2022 – 8/3/2022	8/3/2022	8/5/2022	8/25/2022
10	8/4/2022 – 8/17/2022	8/17/2022	8/19/2022	9/8/2022
11	8/18/2022 – 8/31/2022	8/31/2022	9/2/2022	9/22/2022
12	9/1/2022 – 9/14/2022	9/14/2022	9/16/2022	10/6/2022
13	9/15/2022 – 9/28/2022	9/28/2022	9/30/2022	10/20/2022
14	9/29/2022 – 10/12/2022	10/12/2022	10/14/2022	11/3/2022
15	10/13/2022 – 10/26/2022	10/26/2022	10/28/2022	11/17/2022
16	10/27/2022 – 11/9/2022	11/9/2022	11/11/2022	12/1/2022
17	11/10/2022 – 11/23/2022	11/23/2022	11/25/2022	12/15/2022
18	11/24/2022 – 12/7/2022	12/7/2022	12/9/2022	12/29/2022
19	12/8/2022 – 12/21/2022	12/21/2022	12/23/2022	1/12/2023
20	12/22/2022-1/4/2023	1/4/2023	1/6/2023	1/26/2023