

Department of Taxation and Finance

$(PSOR \ HH \PV : LWKKROGLQJ \ \$OORZDQFH \\ New York \ State \bullet \ New \ York \ City \bullet \ Yonkers$

First name and middle initial	Last name		Your Social Securi	ty number
Permanent home address (number and street or rural route)	Apartment n	umber	Single or Head of hou	usehold Married dathigher single rate
&LW\ YLOODJH RU SRVW R^FH	6 W D W H =	, 3 F R G H	Note: ,I PDUULHG EXW OHJDOO\ V HSDUE the Single or Head of household box.	
Are you a resident of New York City? Are you a resident of Yonkers? Before making any entries, see the Note belo	. Yes \square No \square	neet in the instr	uctions.	
 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) Total number of allowances for New York City (from line 31, if using worksheet) 				1 2
Use lines 3, 4, and 5 below to have additional	al withholding per pay period under spe	cial agreemen	t with your emplo	oyer.
3 New York State amount				3 4
5 Yonkers amount				5
Employer's name and address				

