



Human Resources Office

One Raider Lane

Horseheads, NY 14845

(607) 739-5601 Ext. 4212 Fax (607) 795-2425

SUBSTITUTE APPLICATION	
(NON-INSTRUCTIONAL POSITIONS)	
Name:	
Address:	
Home Phone:	Cell:
E-mail:	
Social Security #:	Date of Birth:
Substitute positions (check selections below):	
<input type="checkbox"/> Bus Driver <input type="checkbox"/> Cleaner <input type="checkbox"/> Clerical <input type="checkbox"/> Food Service Helper <input type="checkbox"/> LPN (license required) <input type="checkbox"/> School Nurse (license required) <input type="checkbox"/> School Monitor <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Teaching Assistant	Seasonal Positions: <input type="checkbox"/> Laborer (Cleaner/Maintenance) <div style="text-align: center;">July & August</div> <input type="checkbox"/> Computer Tech (Summer Help) <div style="text-align: center;">July & August</div>
List any building preferences (if any).	
Are you interested in a permanent position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list position(s):
Emergency Contact: (name)	Phone:

cc: _____

SUBSTITUTE APPLICATION PROCEDURE

The following steps are required in order to place your name on the substitute list:

- Complete all forms in the substitute application packet (use checklist).
- Return completed forms to Human Resources with two (2) forms of identification.
- View school safety slideshow/video in the Human Resources Office.
- Your application will be reviewed by the Director of Human Resources. Once it has been approved, you will receive notification along with instructions for fingerprinting. Your name will not be placed on the active substitute list until your fingerprint clearance has been received.
- For substitute clerk typists, teaching assistants, teacher aides and nurses, your name will be added to the substitute service automated calling system. You will receive instructions on how to register, along with your PIN number.
- Once this process has been completed, your name will be added to the substitute list. Substitutes work is on an on-call, as needed basis.
- Your name will be placed on the next Board of Education agenda for approval.

Before the start of the next school year, you will receive a letter of **“Reasonable Assurance”** asking if you wish to continue as a substitute for the upcoming school year. Please sign the letter with your intention and return it to Human Resources before the deadline date stated. If we do not receive your letter, your name will be dropped from the substitute list.

Thank you!

SUBSTITUTE APPLICATION CHECKLIST

Please complete the following required forms and use the checklist below to show all forms have been completed:

- Substitute Cover Sheet
- Employment Application
- NYS Employee's Withholding Allowance Certificate – IT-2104
- Form W-4
- Form I-9 – Employment Eligibility Verification

- For **acceptable** forms of ID, see reverse side of Form I-9.

Please note: Acceptable forms of ID are 1 from **Column A**
or
2 forms of ID — 1 from **Column B** and 1 from **Column C**.

- ERS Retirement System Membership
(available to all non-instructional substitute positions)
- TRS Retirement System Membership
(available to substitute teaching assistant positions)

Checklist completed

2018-19 SUBSTITUTE PAY RATES

Bus Driver	\$11.40/hr. w/out required CDL
Bus Driver	\$12.40/hr. w/required CDL

Cleaner	\$11.10/hr.
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Clerical	\$11.10/hr.
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Food Service Helper	\$11.10/hr.
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Licensed Practical Nurse	\$14.00/hr.
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Registered Nurse	\$16.00/hr.
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School Monitor	\$11.10/hr.
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Seasonal Laborer	\$11.10/hr.
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Student Pool Employee	\$11.10/hr.
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Teacher Aide	\$11.10/hr.
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Teaching Assistant	\$11.10/hr.
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Substitute Teacher Pay Rates:

Retired Hhds. Teachers	\$135/day
Retired Other District	\$115/day
Certified	\$105/day
Degreed (4 yr.)	\$95/day
Non-Degreed	\$90/day

Employment Application

Horseheads Central School District

One Raider Lane • Horseheads, NY 14845 • (607) 739-5601, x4211

The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

Personal Information (Please type or print legibly)

Name _____ Date _____
Last First Middle Initial

Address _____
No. Street City State Zip

How long at this address (years/months)? _____

Previous name(s) by which you have been known in the last ten years _____

Telephone (_____) _____ E-Mail: _____

Position applying for _____ Salary desired _____

How did you find out about this position?

_____ Newspaper _____ Vacancy Notice _____ Other – specify: _____
_____ Walk-in _____ Word of Mouth _____

Have you been employed previously by the Horseheads Central School District? _____ Yes _____ No

If yes, what date(s)? _____ Position(s)? _____

Are you a United States citizen? _____ Yes _____ No

Are you a licensed driver? _____ Yes _____ No

If yes, what type or class? _____

Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

Personal Information

1. Have you ever resigned from a position rather than face disciplinary action? _____ Yes _____ No
2. Has any disciplinary action been brought against you which resulted in your being discharged from employment? _____ Yes _____ No
3. Have you ever been convicted of any crime (felony or misdemeanor)? _____ Yes _____ No
4. Have you ever had a teaching credential revoked, suspended, or annulled? _____ Yes _____ No
5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? _____ Yes _____ No

If you answered "yes" to any of the questions above, **provide on a separate sheet the specifics or an explanation for the response.** If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

United States Military Service

Branch of Service _____ Date entered _____ Date discharged _____

Did you receive an honorable discharge? _____ Yes _____ No
(A dishonorable discharge is not an absolute bar to employment. Other factors will affect the hiring decision).

Final rank _____ Service school(s) or special training _____

Reserve or National Guard training _____

Tenure

Have you ever been granted tenure in New York State? _____ Yes _____ No

Name of School District	Tenure Area	Effective date

Certificate/License

Name of Certificate/License	Number	Type (i.e., temporary, adult ed., provisional, permanent)	Date issued	State

Employment

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **This section must be filled out completely.** If you need additional space, please continue on a separate sheet of paper. [Key: F/T = full time P/T = part time]

Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	

Summarize **special skills, qualifications, and honors** achieved from employment, education, or other experience that would advance your candidacy: _____

List any other **organizations** (professional, volunteer, community service) to which you belong which relate to your candidacy: _____

Education

High School _____ Graduated? _____ Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

College/University _____ Graduated? _____ Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Graduate School _____ Graduated? _____ Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Special Training _____

References

List below three (3) professional references who have observed your work.

Name	Address	Telephone

List below two (2) references, not related to you, who may be contacted.

Name	Address	Telephone

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

Signature _____ Date _____

Form W-4 (2019)

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.

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at 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 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input 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			4 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"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
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.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 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). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

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 not subject to withholding 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 \$53,000 (\$24,450 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 not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 who claims no withholding allowances; 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 aren't required to provide the information requested on a form that's 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.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

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 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)		1 <input type="text"/>
2 Total number of allowances for New York City (from line 35)		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
----------------------	------

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 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, 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 2019 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 5 of the worksheet on page 3. 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 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 withhold at higher single rate* on the certificate front, and divide the

total number of allowances that you compute on line 20 and line 35 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 6 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 7 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 6 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 6 or Part 7, 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 rehired, 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.

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, complete Part 3 below and enter the number from line 29	17	_____
18	If you made contributions in 2018 to a New York Charitable Gifts Trust Fund (the Health Charitable Account or the Elementary and Secondary Education Account), complete Part 4 below and enter the amount from line 32	18	_____
19	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 24. All others enter 0	19	_____
20	Add lines 6 through 19. 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> .	20	_____

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

21	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>)	21	_____												
22	Based on your federal filing status, enter the applicable amount from the table below	22	_____												
Standard deduction table															
<table border="0" style="width: 100%;"> <tbody> <tr> <td>Single (cannot be claimed as a dependent)</td> <td>\$ 8,000</td> <td>Qualifying widow(er)</td> <td>\$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent)</td> <td>\$ 3,100</td> <td>Married filing jointly</td> <td>\$16,050</td> </tr> <tr> <td>Head of household</td> <td>\$11,200</td> <td>Married filing separate returns</td> <td>\$ 8,000</td> </tr> </tbody> </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												
23	Subtract line 22 from line 21 (<i>if line 22 is larger than line 21, enter 0 here and on line 19 above</i>)	23	_____												
24	Divide line 23 by \$1,000. Drop any fraction and enter the result here and on line 19 above	24	_____												

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).

25	Expected annual wages and compensation from electing employer in 2019	25	_____
26	Line 25 minus \$40,000 (if zero or less, stop)	26	_____
27	Line 26 multiplied by .015	27	_____
28	Line 27 multiplied by .935	28	_____
29	Divide line 28 by 65. Drop any fraction and enter the result here and on line 17 above	29	_____

Part 4 – Complete this part if you made contributions in 2018 to the Health Charitable Account or the Elementary and Secondary Education Account (line 18).

30	Contributions to these funds in 2018	30	_____
31	Multiply line 30 by 85% (.85)	31	_____
32	Divide line 31 by 60. Drop any fraction and enter the result here and on line 18 above	32	_____

Part 5 – Complete this part to compute your withholding allowances for New York City (line 2).

33	Enter the amount from line 6 above	33	_____
34	Add lines 15 through 19 above and enter total here	34	_____
35	Add lines 33 and 34. Enter the result here and on line 2	35	_____

		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	\$27	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$24	\$31	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$20	\$27	\$34	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$25	\$23	\$30	\$37	\$17	\$21	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$31	\$27	\$25	\$32	\$38	\$19	\$22	\$25	\$28	\$31
\$1,131,500	\$1,185,399	\$20	\$31	\$27	\$25	\$31	\$38	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$20	\$31	\$27	\$25	\$32	\$38	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$20	\$31	\$27	\$25	\$32	\$38	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$20	\$31	\$27	\$25	\$32	\$38	\$19
\$1,347,050	\$1,400,949				\$9	\$20	\$31	\$27	\$25	\$32	\$38
\$1,400,950	\$1,454,849					\$9	\$20	\$31	\$27	\$25	\$32
\$1,454,850	\$1,508,699						\$9	\$20	\$31	\$27	\$25
\$1,508,700	\$1,562,549							\$9	\$20	\$31	\$27
\$1,562,550	\$1,616,449								\$9	\$20	\$31
\$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	\$38	\$19	\$22	\$25	\$28	\$31	\$35	\$38	\$471	\$891
\$1,454,850	\$1,508,699	\$31	\$38	\$19	\$22	\$25	\$28	\$31	\$35	\$468	\$887
\$1,508,700	\$1,562,549	\$25	\$32	\$38	\$19	\$22	\$25	\$28	\$31	\$465	\$884
\$1,562,550	\$1,616,449	\$27	\$25	\$31	\$38	\$19	\$22	\$25	\$28	\$462	\$881
\$1,616,450	\$1,670,399	\$31	\$27	\$25	\$32	\$38	\$19	\$22	\$25	\$459	\$878
\$1,670,400	\$1,724,299	\$20	\$31	\$27	\$25	\$32	\$38	\$19	\$22	\$456	\$875
\$1,724,300	\$1,778,149	\$9	\$20	\$31	\$27	\$25	\$32	\$38	\$19	\$452	\$872
\$1,778,150	\$1,832,049		\$9	\$20	\$31	\$27	\$25	\$32	\$38	\$449	\$869
\$1,832,050	\$1,885,949			\$9	\$20	\$31	\$27	\$25	\$32	\$469	\$866
\$1,885,950	\$1,939,799				\$9	\$20	\$31	\$27	\$25	\$462	\$885
\$1,939,800	\$1,993,699					\$9	\$20	\$31	\$27	\$455	\$878
\$1,993,700	\$2,047,599						\$9	\$20	\$31	\$457	\$871
\$2,047,600	\$2,101,499							\$9	\$20	\$462	\$873
\$2,101,500	\$2,155,349								\$9	\$451	\$878
\$2,155,350	\$2,209,299									\$235	\$437
\$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 7 – 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	\$27	\$26							
\$96,800	\$118,399	\$8	\$17	\$24	\$27	\$28						
\$118,400	\$129,249	\$2	\$11	\$18	\$21	\$25	\$33					
\$129,250	\$139,999		\$4	\$14	\$17	\$22	\$35					
\$140,000	\$150,749		\$2	\$10	\$14	\$18	\$35	\$34				
\$150,750	\$161,549			\$3	\$10	\$15	\$35	\$32				
\$161,550	\$172,499			\$2	\$8	\$13	\$34	\$34	\$31			
\$172,500	\$193,849				\$3	\$10	\$33	\$37	\$32	\$32		
\$193,850	\$236,949					\$10	\$28	\$39	\$37	\$36	\$22	
\$236,950	\$280,099						\$9	\$17	\$27	\$23	\$24	\$14
\$280,100	\$323,199							\$7	\$16	\$26	\$19	\$23
\$323,200	\$377,099								\$8	\$17	\$26	\$19
\$377,100	\$430,949									\$8	\$17	\$26
\$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	\$23	\$8	\$8	\$8								
\$377,100	\$430,949	\$19	\$23	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$26	\$19	\$23	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$17	\$26	\$19	\$23	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$17	\$26	\$19	\$23	\$8	\$8	\$8	\$8	\$8	\$236	\$452
\$592,650	\$646,499		\$8	\$17	\$26	\$19	\$23	\$8	\$8	\$8	\$8	\$236	\$452
\$646,500	\$700,399			\$8	\$17	\$26	\$19	\$23	\$8	\$8	\$8	\$236	\$451
\$700,400	\$754,299				\$8	\$17	\$26	\$19	\$23	\$8	\$8	\$236	\$452
\$754,300	\$808,199					\$8	\$17	\$26	\$19	\$23	\$8	\$236	\$452
\$808,200	\$862,049						\$8	\$17	\$26	\$19	\$23	\$236	\$452
\$862,050	\$915,949							\$8	\$17	\$26	\$19	\$251	\$451
\$915,950	\$969,899								\$8	\$17	\$26	\$247	\$466
\$969,900	\$1,023,749									\$8	\$17	\$253	\$463
\$1,023,750	\$1,077,549										\$8	\$245	\$469
\$1,077,550	\$1,131,499											\$123	\$233
\$1,131,500	\$1,185,399												\$14

(Part 7 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) or TDD equipment users: Dial 7-1-1 for the New York Relay Service



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**ERS RETIREMENT SYSTEM - NON-INSTRUCTIONAL
SUBSTITUTES/TEMPORARY EMPLOYEES**

This form is to be completed by **ALL NON-INSTRUCTIONAL SUBSTITUTE AND TEMPORARY EMPLOYEES.**

Are you currently a member of the New York State Employees' Retirement System (ERS)? _____ If yes, complete the following:

_____ I do currently contribute to the Employees' Retirement System

_____ I do NOT contribute to the Employees' Retirement System

Employees who are not members of ERS, please check one of the following:

_____ I WISH TO JOIN the Employees' Retirement System
Please complete the attached application.

_____ I DO NOT wish to join the Employees' Retirement System
at this time.

Date

Signature

Social Security #



NYS LRS ID

--	--	--	--	--	--	--	--	--	--

Received Date

Employees' Retirement System Membership Registration

RS 5420

(Rev. 10/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Social Security Number *

--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:			Middle Initial:
Employee's Address:		Apt	City	State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)			Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female

Are you receiving or about to receive a pension from a New York State or New York City public retirement system? Yes No
 If yes, please indicate name of system: _____

Are you inactive or withdrawn from a New York State or New York City public retirement system? Yes No
 If yes, please indicate name of system: _____

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:				Employer's Telephone:					
Employer's Address:				Employer's Fax Number:					
Job Code [1]		Employee Classification				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time	
		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time	
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]		Location Code		Standard Workday [4]		For State Agency Use Only – Agency Code	
Month	Day	Year	Month	Day	Year				
						For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes			

Frequency of Payment

Weekly Bi-Weekly Semi - Monthly Monthly Quarterly Semi- Annually Annually Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ **Date:** _____

Employee's Telephone Number:	Employee's Email Address:
-------------------------------------	----------------------------------

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

- [1] Job Code— As the employer, you will need to reference our job code list to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php.
- [2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.
- [3a] Hire Date is the first time the employee was hired for the job criteria entered.
- [3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage
- [4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.
- [5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<p>Hourly Employees</p> <p>12 month Employee: \$ _____ X _____ X 260 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p>	<p>Daily Employees</p> <p>12 month Employee: \$ _____ X 260 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p>
<p>Unit of Work Employees</p> <p>\$ _____ X _____ = _____</p> <p style="text-align: center;">Unit Rate # of Events** Annual Wage</p> <p>**Estimated or Actual</p>	<p>Unit of Work Employee Example: Paid \$50 per Meeting</p> <p>\$ 50 X 12 Meetings = \$ 600</p> <p style="text-align: center;">Unit Rate # of Events*** Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>

Note: Any questions regarding annualized wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.



Office of the New York State Comptroller
New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Receipt Date
Office Use Only

Application to Reinstate a Former Tier 1 or 2 Membership in Accordance with Section 645

RS 5506

(Rev. 8/13)

Complete and return this application only if you previously held a membership in any of the retirement systems listed below, with a date of membership prior to July 26, 1976.

You must be a current member of the Retirement System. Retirees are not eligible for this benefit. Please complete pages 1 and 4 of this form. Pages 2 and 3 provide a comparison of benefits for members covered under regular plans. If you are covered by a 20 or 25 year plan you should contact the Retirement System if you have any questions. Please read this information and if you have any questions call our Information Office toll free at 1-866-805-0990, Albany area 474-7736 or contact us via email at nyslrsinfo@osc.state.ny.us.

SOCIAL SECURITY # _____ DATE OF BIRTH _____

CURRENT RETIREMENT SYSTEM REGISTRATION # _____

LAST NAME _____ FIRST _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE NUMBER: () _____ HOME PHONE NUMBER () _____

EMAIL ADDRESS _____

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- | | |
|---|---|
| <input type="checkbox"/> New York State Teachers' Retirement System | <input type="checkbox"/> New York City Board of Education Retirement System |
| <input type="checkbox"/> New York State Employees' Retirement System | <input type="checkbox"/> New York City Teachers' Retirement System |
| <input type="checkbox"/> New York State Police and Fire Retirement System | <input type="checkbox"/> New York City Police Pension Fund |
| <input type="checkbox"/> New York City Employees' Retirement System | <input type="checkbox"/> New York City Fire Pension Fund |

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes ___ No ___

If Yes, what Retirement System: _____

Are you receiving or eligible to receive a retirement benefit based on this service? Yes ___ No ___

PREVIOUS PUBLIC EMPLOYMENT INFORMATION:

Name of Employer	Name of Dept. or Agency	Title of Position	From			To		
			Mo.	Day	Year	Mo.	Day	Year

LISTED BELOW ARE THE BENEFITS UNDER THE DIFFERENT TIERS

Tier Dates of Membership	Tier 1 ERS before 07/01/1973 PFRS before 07/30/1973	Tier 2 ERS 07/01/1973 to 07/26/1976 PFRS 07/31/1973 to 06/30/2009	Tier 3 ERS 07/27/1976 to 08/31/1983 PFRS 07/01/2009 to 01/08/2010 Tier 4 ERS 09/01/1983 to 12/31/2009 PFRS NO Tier 4	Tier 5 ERS 01/01/2010 to 03/31/2012 PFRS 01/09/2010 to 03/31/2012	Tier 6 ERS 04/01/2012 to PFRS 04/01/2012 to
Contributions	Contributions are required for service rendered before 4/1/60.	Same as Tier 1	Tier 3 and Tier 4 ERS: Contributions are required at the rate of 3% on all gross salary until you have been a member of the Retirement System for 10 years or have 10 years of credited service. Tier 3 PFRS: For members covered by Article 14, contributions are required at the rate of 3% on all gross salary for 25 years or until they retire, whichever is earlier.	Contributions are required at the rate of 3% on all gross salary. Contributions of 4% are required for Uniformed Court and Peace Officers in the Unified Court System.	Members contribute for all years of public service. Effective April 1, 2013, contribution rate based on annual salary. \$45,000 or less 3% \$45,000.01 to \$55,000 3.5% \$55,000.01 to \$75,000 4.5% \$75,000.01 to \$100,000 5.75% More than \$100,000 6%
Creditable Previous Service	In most cases all paid service rendered in public employment is allowable.	Same as Tier 1	Same as Tier 1	Same as Tier 1	Same as Tier 1
Final Average Salary (FAS)	Average of wages earned during any three consecutive years of credited service. If your date of membership is before 4/1/72 payment for unused vacation not to exceed 30 days will be included in your final average salary if the FAS period is the three year period immediately preceding termination of employment. If your date of membership is 6/17/71 or later the wages in any twelve month period used in the FAS calculation can not exceed the earnings in the preceding twelve month period by more than 20%.	Average of wages earned during any three consecutive years. Earnings in any year included in the period cannot exceed the average of the previous two years by more than 20%. Payment of accumulated vacation cannot be used.	Average of wages earned during any three consecutive years. Earnings can not exceed the average of the previous two years by more than 10%.	Average of wages earned during any three consecutive years. Earnings can not exceed the average of previous two years by more than 10%. Compensation in excess of the overtime limitation will not be included as regular compensation and therefore will not be used in your FAS calculation. This overtime pay limitation increases 3% each calendar year. For further information please go to: www.osc.state.ny.us/retire	The average of wages earned during the five highest consecutive years of service, subject to limitations. The wages in any year cannot exceed the average of the previous four years by more than 10 percent. Compensation in excess of the overtime limitation will not be included as regular compensation and therefore will not be used in your FAS calculation. This overtime pay limitation increases by the consumer price index each fiscal year. For further information please go to: www.osc.state.ny.us/retire
Eligibility for the Benefit	Full retirement benefit at age 55.	Full retirement benefit at age 62 or with 30 years of credited service at age 55.	Same as Tier 2	Full retirement benefit at age 62. Uniformed Court and Peace Officers may receive full retirement benefits with 30 years of credited service at age 55.	Full retirement benefit at age 63
Reduction for Early Retirement Based on Age at Retirement	None	Age 55 - 27% Age 56 - 24% Age 57 - 21% Age 58 - 18% Age 59 - 15% Age 60 - 12% Age 61 - 6%	Tier 4: Same as Tier 2 Except for NYS Correction Officers covered by Tier 3 - Article 14, who retire with less than 25 years of Correction Officer Service. Reduction shown below: Age 55 - 30% Age 59 - 16.67% Age 56 - 26.67% Age 60 - 13.33% Age 57 - 23.33% Age 61 - 6.67% Age 58 - 20.00%	Age 55 - 38.33% Age 56 - 33.33% Age 57 - 28.33% Age 58 - 23.33% Age 59 - 18.33% Age 60 - 13.33% Age 61 - 6.67%	Age 55 - 52.0% Age 56 - 45.5% Age 57 - 39.0% Age 58 - 32.5% Age 59 - 26.0% Age 60 - 19.5% Age 61 - 13.0% Age 62 - 6.5%
Service Retirement Benefit	Please refer to our website for a description of your plan coverage. www.osc.state.ny.us/retire If your service began before 4/1/60, your benefit will include an annuity purchased by your contributions that you were required to make prior to that date, plus interest.	Same as Tier 1 with 30 or more years of service. With less than 30 years there is an age reduction. See box above.	Less than 20 years is 1.66% or 1/60th for each year of service credit. With 20 to 30 years of service credit, 1/50th (2%) for each year of service. For each year beyond 30 years, the benefits will include an additional 1.5% of your final average salary. No reduction with 30 years of service.	Less than 20 years is 1.66% or 1/60th of FAS for each year of service credit. With 20 to 30 years of service credit, 1/50th (2%) for each year of service. For each year beyond 30 years, the benefit will include an additional 1.5% of your final average salary. No reduction with 30 years of service for Uniformed Court and Peace Officers.	Less than 20 years is 1.66% or 1/60th of FAS for each year of service credit. With 20 or more years of service credit, 35% for 20 years plus an additional 2% for years of service beyond 20.
Ordinary Disability Retirement	Need ten years of credited service.	Same as Tier 1	Tier 3: Need five years of credited service and must have been awarded Primary Social Security Disability Benefits. Tier 4: Same as Tier 1	Same as Tier 1	Same as Tier 1
Ordinary Death Benefit	1/12 (8.33%) of your last year's earnings multiplied by your years of credited service up to 36 years or three times your last year's salary. After age 55, your death benefit is equal to the initial value of your pension benefit calculated under the 75-c or 375-c plan. There is no post retirement death benefit.	Death Benefit 1 – One month's salary for each year of service credit not to exceed three years salary. After 62, your death benefit is equal to the initial value under Section 75-c or 375-c. Death Benefit 2 – Salary multiplied by your service not to exceed three years. Beginning at age 61, Death Benefit 2 will be reduced by 4% each year, but not below 60% of the original benefit. For PFRS members, Death Benefit 2 will be reduced by 3% each year, but not below 70% of the original benefit. There is a post retirement death benefit.	Salary multiplied by your service not to exceed three years. Beginning at age 61, Death Benefit 2 will be reduced by four percent each year, but not below 60% of the original benefit. There is a post retirement death benefit.	Same as Tier 3 & Tier 4	Same as Tier 3 & Tier 4



If your employer provides a special plan that provides for a fixed pension after 20 or 25 years of required service (example, special plans for correction officers, sheriffs, police officers, firefighters, and certain other titles), or if you are a member of the Police and Fire Retirement System, you should contact the retirement system before completing this form.

IMPORTANT INFORMATION:

- If you are given Tier 1 or Tier 2 status, your Tier 3, 4, 5 and 6 contributions are **not refundable** and you **will not be able to take a loan against these contributions**. This legislation requires that we keep the contributions plus interest to help meet the cost of the benefit improvements.
- If you owe contributions for service after your current date of membership, you are not eligible for tier reinstatement until the balance is paid in full.
- **If your employer provides a special plan that provides for a fixed pension after 20 or 25 years of required service (example, special plans for correction officers, sheriffs, police officers, firefighters, and certain other titles), or if you are a member of the Police and Fire Retirement System, you should contact the Retirement System before completing this form.**
- If your date of membership will be before April 1, 1960 you may owe contributions for service rendered prior to April 1, 1960. Any deficit in contributions for service before 1960 will result in a reduction of your retirement allowance.
- Your outstanding loan balance must be repaid in accordance with your current payment schedule.
- Any payments made to purchase previous service will be applied first to any outstanding loan balance then to any deficit in required contributions in your new tier and any remainder will be refunded to you. Any money applied to reduce your outstanding loan or refunded to you may be reportable for federal income tax purposes.
- If you are eligible for a refund of contributions, the Retirement System is required to withhold 10% of the taxable amount of the refund for federal taxes unless you instruct us not to take the withholding.
- Tier 1 and 2 may be eligible for additional service credit under Article 19.

If you do not want the Retirement System to withhold federal income tax from your payment, sign and date this election.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY PAYMENT.

Signed _____ Date: _____

I am a current member of the New York State and Local Employees' Retirement System or the New York State and Local Police and Fire Retirement System. I hereby elect reinstatement to the date of membership held under my earliest membership in accordance with Section 645 of the Retirement and Social Security Law.

I have reviewed the information provided on pages 2 and 3 of this application showing the comparison of changing membership tier and the effects it may have on my future benefits.

Please mail this completed application to: New York State and Local Retirement System
Tier Reinstatement – Mail Drop 5-6
110 State Street
Albany, NY 12244-0001

This election must be signed to be valid.

MEMBER'S SIGNATURE

Date

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; Telephone Number (518) 474-8482.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

For Office Use Only
Receipt Date

Designation of Beneficiary With Contingent Beneficiaries

RS 5127

(Rev. 9/14)

THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.

Please **PRINT** clearly, using only blue or black ink.

Member/Pensioner Information

Registration/Retirement Number: _____

Last 4 Digits of Social Security Number* _____

Name: _____

Former Name: _____

Home Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Telephone Number: _____

Email Address: _____

Employed By:	Employer Address:
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IMPORTANT INFORMATION REGARDING THIS FORM

- If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.
- Attachments to your beneficiary form are **unacceptable**.
- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form **all** beneficiaries you wish to designate.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We make payment to a contingent beneficiary(ies) only if **all** primary beneficiary(ies) die before you do.
- If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

Make sure that you:

- **Complete all requested information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered the date his or her commission expires.**
- **Mail your completed form to:**
New York State and Local Retirement System
Member & Employer Services
Registration – Mail Drop 5-6
110 State Street
Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the System's inability to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

* SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form, and have the form notarized.

Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live all of these contingent beneficiaries, any benefit payable should be paid to my estate. I reserve the right to change this designation at any time.

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

This form must be signed, dated and notarized in order to be valid

Member/Pensioner Signature _____

Date _____

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Stamp

NOTARY PUBLIC (Please sign and affix stamp)

SUBSTITUTE TEACHER/HOME TUTOR

Social Security and Teachers' Retirement System

This form is to be completed by all Substitute Teachers/Home Tutors employed in the Horseheads Central School District.

1. Are you a member of the NYS Teachers' Retirement System? _____
(Retired teachers are NOT considered members.)

2. Are you a retired teacher? _____
If yes, educational institution retired from: _____

3. What type of degree do you hold, if any? _____

4. Are you certified? _____

5. What is your area of certification? _____

If you are a member, fill in the following:

_____ I **DO** contribute _____ % to the Teachers' Retirement System.

Teacher Retirement Number: _____

Social Security deductions will be taken if you are a member of the Retirement System.

_____ I **DO NOT** contribute to the Teachers' Retirement System.

SUBSTITUTE INSTRUCTIONAL EMPLOYEES who are not members of TRS, please check one of the following:

_____ I **WISH TO JOIN** the Teachers' Retirement System.
3.5% of your gross salary will be deducted for the Teachers' Retirement System. Please complete TRS application that follows.

_____ I **DO NOT** wish to join the Teachers' Retirement System at this time.

Date

Signature

Social Security #



FINGERPRINTING INSTRUCTIONS

- Schedule appointments at www.identogo.com or call 877-472-6915.
 - When scheduling your appointment, you will be asked to provide a Service Code. The NYSED code for this is 14ZGR7. This tells the vendor which agency to send the fingerprint results to once the fingerprinting process is complete.

Service Code	14ZGR7
--------------	--------

- There is a fee, payable at your fingerprinting appointment.

*Location: Able 2
1118 Charles St., Elmira, New York

Days/Times: Wed. & Fri. 9:00–12:00 & 1:00-5:00

*Location is subject to change without notice. The nearest location will be shown to you when you schedule your appointment.

Horseheads Central Schools 2018-2019 School Calendar

B.O.E. Approved 6/21/18

^ Early Dismissal Drill

SEPTEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

OCTOBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12^	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

JANUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

APRIL						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

School Not in Session:

- Labor Day 9/3
- Columbus Day 10/8
- Veterans Day 11/12
- Thanksgiving Recess 11/21 - 11/23
- Winter Recess 12/24 - 1/4
- Martin Luther King, Jr Day 1/21
- President's Day Recess 2/18 - 2/19
- Spring Recess/Good Friday 4/15 - 4/19*
- Memorial Day Recess 5/27*

* Pending days utilized for emergency/snow day closures during the year.

Parent/Teacher Conference

- 11/9/18 (Full Day Off - Pre K - 6th Only)
- 11/16/18 (½ Day PM Off - Pre K - 6th Only)

**End of Year
½ Days (A.M.)**

- 6/21/19 (7th - 8th Only)
- 6/24/19 (Pre K - 8th Only)
- 6/25/19 (Pre K - 6th Only)

Full Days Off

- 9/5/18 (10th - 12th Only)
- 1/28/19 (7th - 12th Only)
- 6/21/19 (Pre K - 6th Only)
- 6/25/19 (7th - 8th Only)




JUNE						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

First Day of School PreK - 9th:
Wednesday, September 5, 2018

First Day of School 10th - 12th:
Thursday, September 6, 2018

Last Teacher Day:
Wednesday, June 26, 2019

LEGEND

	Conference Days (9/4, 10/19, and 3/15)
	Schools Closed*
	Regents Exams

The district will utilize April 22, and May 24, 2019 as potential give back days PENDING the use of emergency closure days and/or the need to meet state mandated attendance days and/or hours.

The district will communicate to residents and staff in regard to these days at the end of March 2019.

Please be aware, if the district needs to make up school days due to excessive emergency/snow closure days, the Priority of Make-up Days for spring break will be as follows, upon notification of the district:

- 1st Make Up Day 4/15/19
- 2nd Make Up Day 4/16/19
- 3rd Make Up Day 4/17/19
- 4th Make Up Day 4/18/19

Last Day: 9th - 12th: 6/17/19

Last Day: 7th - 8th: 6/24/19

Last Day: PreK-6th: 6/25/19

HORSEHEADS CENTRAL SCHOOL DISTRICT
2018/2019
PAYROLL CALENDAR

Lag PR WORK DAYS	REPORTS DUE P/R	Lag/Sub/Extra time PAYROLL PERIOD	P/R #	PAYDATES	REMARKS
05	Mon 06/25	06/16-06/22	1	07/05/18	1/2 pay 12 month employee, 1st pay 11 month
10	Mon 07/9	06/23-07/07	2	07/19/18	
10	Mon 07/23	07/08-07/21	3	08/02/18	2nd pay 11-month employee
10	Mon 08/06	07/22-08/04	4	08/16/18	
10	Mon 08/20	08/05-08/18	5	08/30/18	
10	Tues 09/04	08/19-09/01	6	09/13/18	1st teacher pay (most 10 month employee)
10	Mon 09/17	09/02-09/15	7	09/27/18	1st 10-month hourly employee
10	Mon 10/01	09/16-09/29	8	10/11/18	
10	Mon 10/15	09/30-10/13	9	10/25/18	
10	Mon 10/29	10/14-10/27	10	11/08/18	
10	Tues 11/13	10/28-11/10	11	11/21/18	Mail checks (Wednesday pay)
10	Mon 11/26	11/11-11/24	12	12/06/18	
10	Mon 12/10	11/25-12/08	13	12/20/18	
10	Fri 12/21	12/09-12/22	14	01/03/19	
10	Mon 01/07	12/23-01/05	15	01/17/19	
10	Tues 01/22	01/06-01/19	16	01/31/19	
10	Mon 02/04	01/20-02/02	17	02/14/19	
10	Wed 02/20	02/03-02/16	18	02/28/19	
10	Mon 03/04	02/17 -03/02	19	03/14/19	
10	Mon 03/18	03/03-03/16	20	03/28/19	
10	Mon 04/01	03/17-03/30	21	04/11/19	
10	Tues 04/16	03/31-04/13	22	04/25/19	
10	Mon 04/29	04/14-04/27	23	05/09/19	
10	Mon 05/13	04/28-05/11	24	05/23/19	
10	Tues 05/28	05/12-05/25	25	06/06/19	
10	Mon 06/10	05/26-06/08	26	06/20/19	final pay most 10-month employee
05	Mon 06/17	06/09-06/15	27	06/27/19	1/2 pay 12 month employee
05	Mon 06/24	06/16-06/22	1	07/03/19	1/2 pay 12 month employee - Mail check (Wednesday pay)
10	Mon 07/08	06/23-07/06	2	07/18/19	