

1HZ<RUN 6WDWH 'HSD\DWERQWDQG )LQDQFH

(PSOR\HH\TV :LW\$KORROZGLQJFH &HUWL;FDW

1HZ<RUN 6WDWHR\N1BZRQNHUV

First name and middle initial	Last name	Your social security number
Permanent home address (number and street or rural route)		Apartment number
&LW\ YLOODJH RU SRVW RI;FH		6LQJOH RU +HDG <input type="checkbox"/> KRMarried <input type="checkbox"/> G Married, but withhold at higher single rate <input type="checkbox"/> Note: ,I PDUULHG EXW OHJDOO\ VHSUDWV the Single or Head of household ER[
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"/> Complete the worksheet on page 3 before making any entries. 1 7RWDO QXPEHU RI DOORZDQFHV<RUX DUVH<VNDHJG JLI RDS \$02 F.D.E.O H1 2 Total number of allowances for New York City (from line 28) ..... 2		
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 1HZ<RUN 6WDWH..D.P.R.X.Q.W.....		3
4 New York City amount .....		4
5 Yonkers amount .....		5

, FHUWLI\ WKDW , DP HQWLWOHG WR WKH QXPEHU RI ZLWKKROGLQJ DOORZDQFHV FC

(PSOR\HH\TV:DWXUH	'DWH
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

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

Employers only: Mark an X LQ ER\$ DQG RU ER[ % WR LQGLFDWH ZK\ \RX DUH VRIQ (66666) FR\ RI

\$ (PSOR\HH FODLPHG PRUH WKDQ H[H.P.S.WL RQ DOORZDQFHV IRU 1<6

% (PSOR\HH LV D QHZ...KL%LH R\L Devised for per formed services for pay (mm-dd-yyyy) (see instr.)

\$UH GHSHQGHQW KHDOWK LQVXUDQFH EH.Q.H.;.Yes  DYDLO  IRU WKLV HPSOR\HH

,I Yes .H.Q.WHU W.K.H. GDWH W KH K@0 K@0 @ 0 K @ 0

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	(PSOR\HU LGHQWL;FDWLRQ QXPEHU
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### Instructions

Changes effective for 2013

LV GLIIHUHQW IURP IHGHUO )RUP : RU KDV FKH

)RUP ,7 KDV EHHQ UHYLVHG KHRZRUWV KHHW FRP SOHWL QUP QHZ HDFK \HDU LQFOXGH WKH IH

SDJH XVHG WR FRPSXWH \RXU ZLWKKROGLQJ DOORZDQFHV QHZ FRKH DUWV

EHJLQQLQJ RQ SDJH XVHG WR HQWHU DQ DGGLYLRSDP GRQRJHU PXS SRQGHW

ZLWKKROGLQJ KDYH EHHQ UHYLVHG ,I \RX SUHYLRXVO\ OHG D )RUP ,7

DQG XVHG WKH ZRUNVKHHW RU FKDUWV \RX VKRXOG FRPSOHWH D QHZ

)RUP ,7 DQG JLYH LW WR \RXU HPSOR\HU

† <RX LWHPLJH \RXU GHGFWRQRV RQ \RXU SHUV

† <RX FODLP DOORZDQFHV IRU HQHGLWV

7KLV FHUWL;FDWH )RUP ,7 LV FRPSOHWHG ER DG ZHPSOR\HRIUDQSF HLYHIG D ODUJH UHIXQG Z

WR WKH HPSOR\HU WR LQVWUXFW RUKH HPSOR\ DOORZDQFHV UHVXUQ IRU WKH SDVW \HDU

1HZ<RUN &LW RQDQGHV WD[ WR ZLWKKROG WKH HPSOR\HU SDLQFUHDVHG DQG \RX H[SHFW

PRUH DOORZDQFHV FODLPHG WKH ORZHU WKH GRXJWRWKHWDZLWK KHOG

,I \RX GR QRW ;OH )RUP ,7 \RXU HPSOR\HU FH XWRWDQ\ LQFRPH RPHR DQG \RXU VSRXVH K

RI DOORZDQFHV \RX FODLPHG RQ WRGBUDUHQPHV IRU WKH WD[ \HDU

WD[ ODZ WKLV PD\ UHVXOW LQ WKH ZURQJND PRX<QW RD YHDV ZLOWK;FHQGW ORUP RUVIRX OHHW RLO FR

6WDWH<RIHYZ &LW RQDQGHV &RPSOHWH )RUP ,7 and the for \HDU

DQG ;OH LW ZLWK \RXU HPSOR\HU LI WKH QXPHEHU RQ ORZDQFHV DQFHV DQFHV DQFHV

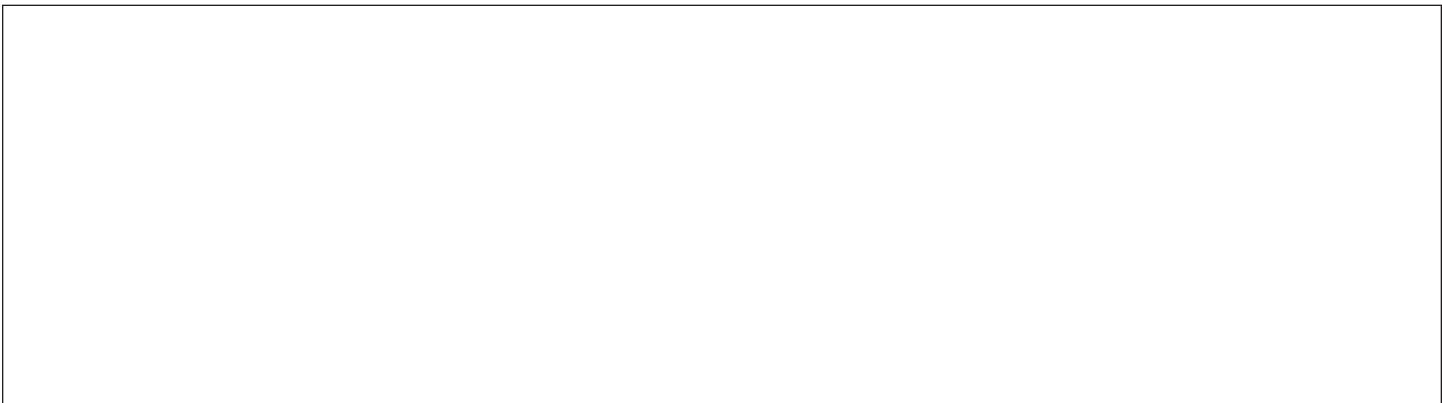
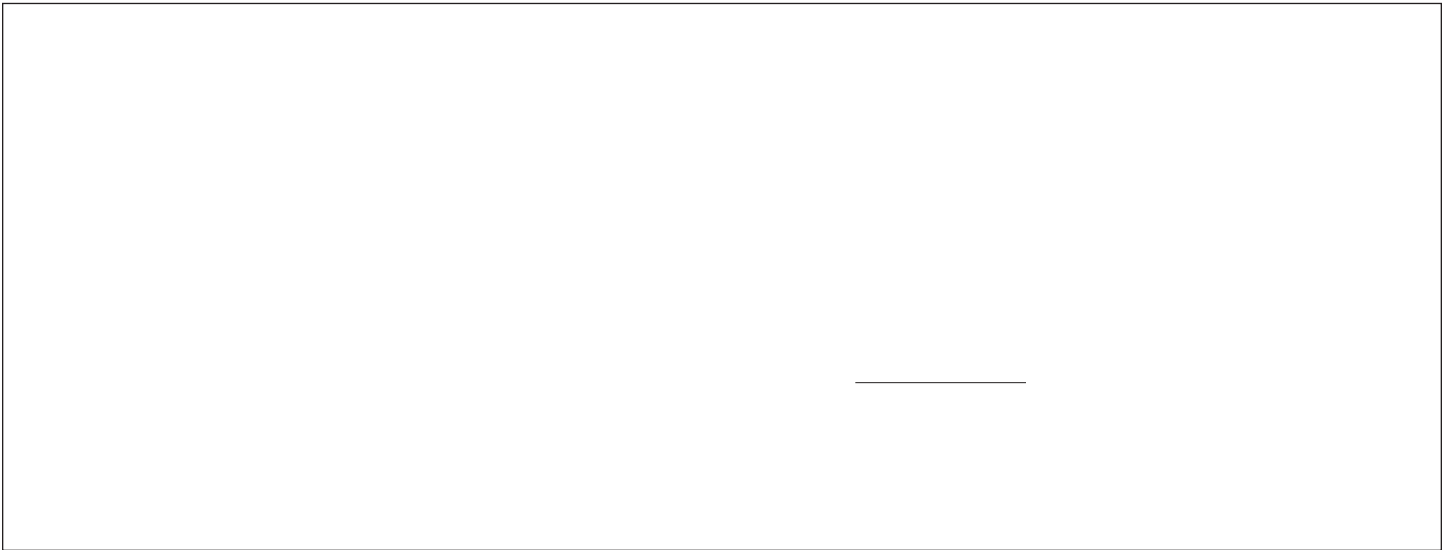
† <RX KDYH EHHQ DGGLVHG E\ WKH ,QWHUQDO 5H

are entitled to fewer allowances than claimed on your original federal

)RUP : DQG WKH GLVDOORZHG DOORZDQFHV Z

)RUP ,7











	\$102,900	\$123,500	\$144,100	\$164,650	\$185,250	\$226,400	\$267,600	\$308,750	\$360,250	\$411,700	\$463,150
	\$123,499	\$144,099	\$164,649	\$185,249	\$205,849	\$226,449	\$247,049	\$267,649	\$288,249	\$308,849	\$329,449



**Need help?**

 Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov)  
‡ JHW LQIRUPDWLRQ DQG PDQDJH \RX  
‡ FKHFN IRU QHZ RQOLQH VHUYLFHV D

 Telephone assistance  
\$XWRPDWHG LQFRPH WD[ UHIXQG VWDWXV  
Personal Income Tax , QIRUPDWLRQ & HQWHU  
7R RUGHU IRUPV DQG SXEOLFDWLRQV  
Text Telephone (TTY) Hotline IRU SHUVRQV ZLWK  
hearing and speech disabilities using a TTY)

