

&H UWL ; FDWH RI ([HPSWLRQ IURP :LWKKROGLQ  
1HZ <RUN 6W DWH <RUN &LWRQNHUV 7KLV FHUWL ; FDWH ZLOO H[SLU

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

‡ \RX PHHW WKH FRQGLWLRQV VHW IRUWK XQGHU WKH 6HUFLFHPHPEHUV  
&LYLO 5HOLHI \$FW 6&5\$ DV DPHQGHG E\ WKH 0LOLWDU\ 6SRXVHV  
5HVLGHQF\ 5HOLHI \$FW 6HH Military spouses

First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box
Mailing address (number and street or rural route)	Apartment number	Date of birth (mm-dd-yyyy)	\$ Single <input type="checkbox"/> B Married <input type="checkbox"/>
&LW\ YLOODJH RU SRVW RI ; FH	6WDWH	= , 3 FRGH	C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>

Mark an X in the box if a newly hired employee or a rehired employee .....

First date employee performed services for pay (mm-dd-yyyy) (see instructions):

\$UH GHSHQGHW KHDOWK LQVXUDQFH EHQH ; W.V...D.Y. Yes  DE OH IRU WKLV HPSOR\HH "

(mm-dd-yyyy):

0L0LWDU\ VSRXVHV ± 8QGHU WKH 6HUylFHRPSEORVHBU YLO 5HOLHI \$FW  
6&5\$ DV DPHQGHG E\ WKH 0L0LWDU\ 6SRXVHV 5HVLGHQFWEHFDWH\$ZLWK \RXU UHFRU  
you may be exempt from New York income tax (and New York City  
and Yonkers personal income tax, if applicable) on your wages if:  
FODLPV H[HPSWLRQ IURP ZLWKKRQVGLQJQRQ  
H DUQV PRUH WKDO P \$WV Znd h copy of Rht  
\RXU VSRXVH LV D PHPEHU RI WKH DUPHG HPSOR\HHV HUPWLRQ 1LH 27DI 'HSDUWPHQW  
<RUN LQ FRPSOLDQFH ZLWK PLOLWDU\ RUGHV \$XGLW \$GDL SUVWHQWRU :LWKKROGLQJ  
<RUN VROHO\ WR EH ZLWK \RXU VSRXVH DQG \$ +DULPDQ &DPSXV H\$EDQ\ 1<  
another state.

/LDELOLW\ IRU H[V]As a Prs With This Exemption  
FHUWL¿FDWH \RXU HPSOR\HU GRHV QRW ZLWKKRQG LQFRPH WD[IURP \RXU  
wages and you later fail to qualify for exemption from tax, you may  
be required to pay estimated tax and be subject to penalty if it is not  
SDLG )RU IXUWKHU LQIRUPD Estmated Income )RUP ,7  
Tax Payment Voucher for Individuals.

0XOWLSOH HPSOR\ If you have more than one employer, you  
may claim exemption from withholding with each employer as long  
as your total expected income will not cause you to incur a New  
<RUN LQFRPH WD[ OLDELOLW\ IRU WKH \HDU DQG \RX KDG QR OLDELOLW\  
IRU

5HYRFDWLRQ E\ HPSOR\HH ± You must revoke this exemption  
FHUWL¿FDWH ZLWKLQ GD\ IURP WKH GD\ \RX H[SHFW WR LQFXU D  
1HZ <RUN LQFRPH WD[ OLDELOLW\ IRU WKH \HDU RQ RU EHIRUH  
'HFHPEHU LI \RX H[SHFW WR LQFXU D WD[ OLDELOLW\ IRU RU  
ZKHQ \RX QR ORQJHU TXDOLI\ IRU H[HPSWLRQ XQGHU WKH 6&5\$

,I \RX DUH UHTXLUHG WR UHYRNH WKLW FHUWL¿FDWH LI \RX QR ORQJHU PHHW  
the age requirements for claiming exemption, or if you want income  
tax withheld from your pay (because, for example, you expect your  
LQFRPH WR H[FHHQ XVW ¿ ORXRU Employee's  
:LWKKROGLQJ \$OOR ZDQFH & H[BYE\ Follow the  
LQVWUXFWLRQV RQ R RQH W, HUPHQ WKH FRUHFH WXPHEHU RI  
allowances to claim for withholding tax purposes.

)L0LQJ V WdWn XLQ RQH ER[ RQ )RU WKDW  
VKRZV \RXU SUHVHQQ ¿OLQJ VWDWXV IRU IHGHUDO SXUSRVHV

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3ULYDF\ QRWL¿FDWLRQ  
The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including  
EXW QRW OLPLWHG WR VHFWRQV D D DQG  
VRFLDO VHFULW\ QXPEHUV SXUVXDQW WR 86 & F & L

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax  
information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support  
enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

7KLV LQIRUPDWLRQ LV PDLQWDLQHG E\ WKH 0DQJHUS DRU WR FHOXW Q:WS \$ +DULPDQ & DPSXV H\$EDQ\ 1<  
WHOHSKRQH

1HHG KHOS"  
For help completing this form, HPSOR\HHV PD\ FDOO HPSOR\HUVGD\ FDOO