

# Montefiore

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## **NEW HIRE FORMS**

**NYSNA - Temp**

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## ASSOCIATE AGREEMENT FORM

### **Patient Information Confidentiality Agreement:**

I recognize that in the course of performing services at Montefiore. I may gain access to patient information which is required by law and by Montefiore Administrative Policy Procedure - JH10.1 to be kept confidential and which may be disclosed only under limited conditions. I agree that:

I will keep confidential all patient information to which I gain access whether in the direct provision of care of otherwise. I will access and use patient information only on a need to know basis. I will disclose patient information only to the extent authorized and necessary to provide patient care. I will not discuss patient information in public places or outside of work. I understand that it is my obligation and responsibility to ensure the confidentiality of all patient information. Improper disclosure or misuse of patient information whether intentional or due to neglect on my part, is a breach of Montefiore policy which will result in disciplinary action and could result in dismissal.

### **Computer Access Agreement:**

During the course of my work at Montefiore, I may be assigned a computer identification number and instructed to develop a personal password. In order to maintain confidentiality of patient information stored in MMC computer systems, I agree that:

I will keep my computer identification number and passwords confidential and will not share them with anyone for any reason. I will not leave a computer terminal unattended without first logging off. I will contact security administration (718 920-4554) immediately if I have reason to believe that my computer identification number or password have been revealed. I will report immediately to security administration (718 920-4554) any suspected unauthorized access to patient information. I understand that it is my obligation and responsibility to protect my computer identification number and password from improper use, and not to do so is a breach of Montefiore policy which will result in disciplinary action and could result in dismissal.

### **Eligibility for NYSNA Benefits Plan:**

I understand that I have been hired in a temporary position scheduled to end on or about \_\_\_\_\_. I further understand that I am not eligible for health benefits unless I complete three (3) months of employment. I also understand that, should I complete six months in continual employment, I will be eligible for vacation and sick time and the accrual will be from the first day of employment. I understand that I will be eligible for Hospital Insurance, Surgical Insurance Major Medical and Prescription Drugs effective the first day of the month coinciding with or next following three months from my date of temporary employment. I also understand that Dental, Vision and Hearing Insurance are covered effective the first day of the month coinciding with or next following six months from my date of temporary employment. I further understand that eligible temporary part-time employees pay a pro-rated cost for benefits. I also understand that I will be eligible for the Grievance and Arbitration Procedure under the Collective Bargaining Agreement between MMC and NYSNA after three months of employment.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Montefiore Medical Center Conflict of Interest Disclosure Survey

Please describe any relationship that you or your immediate family members had or have within the past twelve months with any medical services company, supplier or manufacturer, or with any other vendor or entity potentially having a business relationship with Montefiore Medical Center [collectively, "Vendor(s)"]. **Completed surveys must be returned to the Department of Compliance, 3349 Steuben Avenue.**

Approved clinical trials need not be listed unless other factors below are present. Also, leadership positions or other work done with not-for-profit professional or charitable organizations not affiliated with pharmaceutical or device manufacturers need not be disclosed. If you are unsure whether a relationship should be disclosed you are encouraged to contact Lynn Stansel, Vice President & Counsel, Compliance at (718) 920-7266.

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationships to be listed include, but are not limited to, the following:

**A. Professional Services**

1. Have you served as a consultant, or independent contractor to a Vendor(s)? If yes, please specify the relationship and average compensation over the past three years.

Yes       No

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2. Have you held a title or position, such as medical director, board member, officer, director or principal to a Vendor(s)? If yes, please explain.

Yes       No

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3. Have you received payment for speaking engagements from Vendor(s)? If yes, please list total annual amounts for each entity paying.

Yes       No

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**B. Ownership Interests**

4. Do you have or potentially have an ownership interest, such as holding shares of stock, stock options or future interests, partnership or membership interests, or other securities in a Vendor(s)?

Yes       No

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5. Do you have or potentially have any intellectual property interests, such as patents or royalties, related to work done for or with a Vendor(s)?

Yes       No

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**C. Other Compensation**

6. Have you received compensation, such as paid trips, gifts over \$100, salary, referral fees, or honoraria from a Vendor(s)? If yes, please list occurrences, state amounts received and entity paying.

Yes       No

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**D. Other**

7. Please explain any other relationship not described above that you or your immediate family members had or have within the past twelve months with a Vendor(s). Please refer to Conflict of Interest policy, Administrative Policy and Procedure JH20.1) for guidance, as necessary.

Yes       No

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8. Do you have any other potential conflict as set forth in the Conflict of Interest Policy? Is so, please describe.

Yes       No

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**MONTEFIORE DIRECT DEPOSIT - APPLICATION /CHANGE FORM**

<b>EMPLOYEE NAME</b> Last                      First                      Mi.	<b>Daytime Telephone No.</b> _____
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**EMPLOYEE NUMBER:** \_\_\_\_\_  
6-digit number ( EZ Time ID#). This number can be found on the back of your Montefiore ID or pay stub.

**A) NEW ENROLLMENT:**  
PERSON (S) NAMED ON THE ACCOUNT (print exactly as it appears on your check)  
\_\_\_\_\_  
\_\_\_\_\_

<b>ACCOUNT TYPE</b>	<b>SAVINGS OR CHECKING (Circle only One)</b>
* <b>ABA NUMBER</b> _____	<b>ACCOUNT NUMBER</b> _____

\*Please confirm with your financial institutions that the ABA No. and account type is correct for Direct Deposit. Please attach a Voided personal check or a copy of a personal check.

*COPY OF SAMPLE CHECK ATTACHED*

**EMPLOYEE AUTHORIZATION:**  
By signing below, I hereby authorize my employer, Montefiore to deposit my net pay directly into my checking or savings account each payday. If any monies to which I am not entitled are deposited into my account for any reason, including as the result of Montefiore's error I authorize Montefiore to direct the bank to return such funds directly to Montefiore in the full amount of the improper payment. This authorization allows Montefiore to direct my bank to return the funds at the time the overpayment is discovered, regardless of when the funds were improperly deposited into my account. I agree that this authorization will remain in effect until I provide my employer with written cancellation to terminate this service. I understand that 4 weeks must be allowed for implementation and any changes in direct deposit.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**B) CHANGE OF ENROLLMENT:**  
PERSON (S) NAME ON THE ACCOUNT \_\_\_\_\_  
ABA NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
\_\_\_\_\_ ACCOUNT TYPE SAVINGS OR CHECKING  
Circle only One

\*Please confirm with your financial institution that the ABA No. and account type is correct for direct deposit. Please attach a voided personal check or a copy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**C) CANCELLATION AUTHORIZATION:**  
I HEREBY AUTHORIZE MONTEFIORE MEDICAL CENTER TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax completed form to (914) 378-6485 attn. Gale Kraft.



**EMERGENCY CONTACT INFORMATION**

**Associates' Name:** \_\_\_\_\_

**Associate's SS#:** \_\_\_\_\_

**In case of an emergency please notify:**

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**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP**

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**EMERGENCY TELEPHONE:** \_\_\_\_\_ **ADDRESS**



# New York State, City of New York, and City of Yonkers Certificate of Nonresidence and Allocation of Withholding Tax

**Employee:** Complete this form and return it to your employer. If you become a New York State, New York City, or Yonkers resident, or you substantially change the percentage of services performed within New York State or Yonkers, you must notify your employer within 10 days. A penalty of \$500 may be imposed for furnishing false information that decreases the withholding amount.

Employee's first name and middle initial		Last name		Social security number		Employer's name			
Street address						Street address			
City		State		ZIP code		City		State	ZIP code

**Mark an X in the appropriate boxes below:**

(See definitions for *resident*, *nonresident*, and *part-year resident* on the back of this form.)

**Part 1 – New York State**

- I certify that I am not a resident of New York State and that my residence is as stated above.
- I estimate that \_\_\_\_\_ % of my services during the year will be performed within New York State and subject to New York State withholding tax.

**Part 2 – New York City**

- I certify that I am not a resident of New York City and that my residence is as stated above.

**Part 3 – Yonkers**

- I certify that I am not a resident of Yonkers and that my residence is as stated above.
- I estimate that \_\_\_\_\_ % of my services during the year will be performed within Yonkers.

I will notify my employer within 10 days of any change in the percentage of my services performed within New York State or Yonkers, or of a change in my status from nonresident to resident of New York State, New York City, or Yonkers.

Employee's signature	Date
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**Employer:** You must withhold the applicable amount of New York State, New York City, or Yonkers tax from wages (or from the percentage of wages shown above) paid to employees who file this certificate. **Keep this certificate with your records. You must keep this certificate and have it available for inspection by the Tax Department.**

## Resident and nonresident defined

To determine whether or not you are a resident of New York State, New York City, or Yonkers, you must consider your domicile and permanent place of abode. In general, your *domicile* is the place you intend to have as your permanent home. A *permanent place of abode* is a residence (a building or structure where a person can live) you permanently maintain, whether you own it or not, and usually includes a residence your husband or wife owns or leases.

## Resident

**New York State resident** — You are a New York State resident if:

1. Your domicile is not New York State but you maintain a permanent place of abode in New York State for more than 11 months of the year and spend 184 days or more (any part of a day is a day for this purpose) in New York State during the taxable year. However, if you are a member of the armed forces, and your domicile is not New York State, you are not a resident under this definition; **or**
2. Your domicile is New York State. However, even if your domicile is New York State, you are not a resident if you meet **all three** of the conditions in either Group A or Group B as follows:

### Group A

1. You did not maintain any permanent place of abode in New York State during the tax year, **and**
2. you maintained a permanent place of abode outside New York State during the entire tax year, **and**
3. you spent **30 days or less** (any part of a day is a day for this purpose) in New York State during the tax year.

### Group B

1. You were in a foreign country for at least 450 days during any period of 548 consecutive days, **and**
2. you, your spouse (unless legally separated), and your minor children spent **90 days or less** (any part of a day is a day for this purpose) in New York State during this 548-day period; **and**
3. during the nonresident portion of the tax year in which the 548-day period begins, and during the nonresident portion of the tax year in which the 548-day period ends, you were present in New York State for no more than the number of days that

bears the same ratio to 90 as the number of days in such portion of the tax year bears to 548. This condition is illustrated by the following formula:

$$\frac{\text{number of days in the nonresident portion}}{548} \times 90 = \text{maximum days allowed in New York State}$$

To determine if you are a New York City or Yonkers resident, substitute *New York City* or *Yonkers*, whichever is applicable, for *New York State* in the above definition.

## Nonresident and part-year resident

You are a *nonresident* if you do not meet the above definition of a resident. You are a *part-year resident* if you meet the definition of resident or nonresident for only part of the year.

## Percent of services

The percent of services performed in New York State or Yonkers may be computed using days, miles, time, or similar criteria. For example, an individual working in New York State two out of five days for the entire year performs 40% of his or her services in New York State.

## Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

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.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

## Need help?



### Internet access: [www.nystax.gov](http://www.nystax.gov)

Access our Answer Center for answers to frequently asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



### Fax-on-demand forms: Forms are

available 24 hours a day,  
7 days a week.

1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status: (518) 457-5149  
In-state callers without free long distance: 1 800 443-3200  
(Automated service for refund status is available 24 hours a day, 7 days a week.)

**Personal Income Tax** Information Center: (518) 457-5181

In-state callers without free long distance: 1 800 225-5829

To order forms and publications: (518) 457-5431

In-state callers without free long distance: 1 800 462-8100



### Text Telephone (TTY) Hotline (for persons with

hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



### Persons with disabilities: In compliance with the

Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.





# Employee's Withholding Allowance Certificate

# IT-2104

New York State • New York City • Yonkers

<b>Print or type</b>	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
Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.			
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"/>			
<b>Complete the worksheet on page 3 before making any entries.</b>			
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 31) .....			2. <input type="text"/>
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>			
3 New York State amount .....			3. <input type="text"/>
4 New York City amount .....			4. <input type="text"/>
5 Yonkers amount .....			5. <input type="text"/>

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

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

**Employee: detach this page and give it to your employer; keep pages 3 and 4 for your records.**

**Employers only:** 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 instr.):

A. Employee claimed more than 14 exemption allowances for NYS ..... A.

B. Employee is a new hire or a rehire ..... B.

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

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

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

### New for 2011

If you completed a 2010 Form IT-2104 and computed an additional New York City withholding amount, you should complete a new 2011 Form IT-2104 and give it to your employer.

When reporting new hires or rehires, employers are now required to report if dependent health insurance benefits are available and the date the employee becomes eligible for the benefit.

### 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 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 \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 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 \$3,000.

### 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 3 on page 3 of this form. 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, 2, 20, or 31, 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 filing estimated tax, 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 Income Tax Payment Voucher for Individuals*, or see *Need help?* on page 3.

**Other credits** (Worksheet line 13) — 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 as follows:

- If you expect your New York adjusted gross income to be less than \$300,000, divide the amount of the expected credit by 70 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be between \$300,000 and \$500,000, divide the amount of the expected credit by 80 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be over \$500,000, divide the amount of the expected credit by 90 and enter the result (rounded to the nearest whole number) on line 13.

**Example:** You expect your New York adjusted gross income to be less than \$300,000. 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 70.  $160/70 = 2.2857$ . The additional withholding allowance(s) would be 2. Enter **2** on line 13.

**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. 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 31 (if applicable) between you and your working spouse. 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 you and your spouse's combined wages are between \$100,000 and \$1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19.

**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, reduce the number of allowances by six 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 your combined wages are between \$100,000 and \$1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19. Substitute the words *Highest paying job for Higher earner's wages* within the charts.

**Dependents** — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, 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 14.

**Married couples with only one spouse working** — If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional 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 using the worksheet on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.90 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 10% (.10) of the New York State amount for additional withholding for Yonkers on line 5.

**Note:** If you are requesting that your employer 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 in Part 4, is accurate for a weekly payroll. Therefore, if you are paid other than weekly, 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 using the worksheet on page 3.

### 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.**

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. 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](http://www.nynewhire.com).

## 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. _____
<b>For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.</b>	
7 College tuition credit .....	7. _____
8 New York State household credit .....	8. _____
9 Real property tax credit .....	9. _____
<b>For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.</b>	
10 Child and dependent care credit .....	10. _____
11 Earned income credit .....	11. _____
12 Empire State child credit .....	12. _____
13 Other credits ( <i>see instructions</i> ) .....	13. _____
<b>For lines 14 and 15, enter 2 if either situation applies.</b>	
14 Head of household status <b>and</b> only one job .....	14. _____
15 Married couples with only <b>one</b> spouse working <b>and</b> only one job .....	15. _____
16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and 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 itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28. All others enter <b>0</b> .....	17. _____
18 Add lines 6 through 17 .....	18. _____
19 If you have more than one job, or are married with both spouses working, and your combined wages are between \$100,000 and \$1,100,000, enter the appropriate number from one of the charts in Part 4. All others enter <b>0</b> .....	19. _____
20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter <b>0</b> here and on line 1 and see <i>Additional dollar amounts</i> in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.) .....	20. _____

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

21 Enter your estimated federal itemized deductions for the tax year .....	21. _____
22 Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 21 ( <i>if your estimated New York AGI is over \$1 million, you must enter on line 22 all estimated federal itemized deductions included on line 21 except charitable contributions</i> ) .....	22. _____
23 Subtract line 22 from line 21 .....	23. _____
24 Enter your estimated college tuition itemized deduction .....	24. _____
25 Add lines 23 and 24 .....	25. _____
26 Based on your federal filing status, enter the applicable amount from the table below .....	26. _____

**Standard deduction table**

Single (cannot be claimed as a dependent) ...	\$ 7,500	Qualifying widow(er) .....	\$15,000
Single (can be claimed as a dependent) .....	\$ 3,000	Married filing jointly .....	\$15,000
Head of household .....	\$10,500	Married filing separate returns .....	\$ 7,500

27 Subtract line 26 from line 25 ( <i>if line 26 is larger than line 25, enter 0 here and on line 17 above</i> ) .....	27. _____
28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above .....	28. _____

### Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

29 Enter the amount from line 6 above .....	29. _____
30 Add lines 14 through 17 above and enter total here .....	30. _____
31 Add lines 29 and 30. Enter the result here and on line 2 .....	31. _____

#### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

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.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

#### Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



**Telephone assistance** is available from 8:30 A.M. to 4:30 P.M. (eastern time), Monday through Friday.

Refund status: (518) 457-5149

**Personal Income Tax Information Center:** (518) 457-5181

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



# Form W-4 (2011)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	<b>H</b> _____

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2011</div>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number		
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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

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

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



**ETHNICITY/RACE AND SEX SELF-IDENTIFICATION FORM**  
**COMPLETING THIS FORM IS VOLUNTARY AND IS NOT**  
**A REQUIREMENT FOR EMPLOYMENT**

We believe that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants, or job seekers because of their race, color, sex, religion, national origin, disability, veteran status, age, or any other protected group status as defined by law.

We are subject to certain governmental recordkeeping and reporting requirements relating to the administration of civil rights and affirmative action laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your ethnicity or race and gender. Submission of this information is voluntary and refusal to provide it will not influence our screening or hiring decisions and will not subject you to discharge, disciplinary or other adverse treatment. The information obtained will be kept confidential and separate from your application and/or personnel records and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

Please complete the attached self-identification form, which includes the option to choose not to self-identify, and return it to us as soon as possible.

**YOUR NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**YOUR RACE/ETHNICITY:**

- 1.  White/Non- Minority (Not Hispanic or Latino)
- 2.  Black or African American (Not Hispanic or Latino)
- 3.  Asian (Not Hispanic or Latino)
- 4.  Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- 5.  American Indian or Alaska Native (Not Hispanic or Latino)
- 6.  Two or More Races (Not Hispanic or Latino)
- 7.  Choose Not to Self-Identify Race
- 8.  Hispanic or Latino

**YOUR SEX:**

- 1.  Female
- 2.  Male
- 3.  I Choose Not to Self-Identify Sex

**ETHNICITY/RACE DEFINITIONS:**

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

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

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

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

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

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

**Two or More Races (Not Hispanic or Latino):** Persons who identify with two or more race categories named above

**CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**

Vietnam Era Veteran     Disabled Veteran     Other Eligible Veteran     Disabled Individual



I, \_\_\_\_\_ acknowledge that I have received the following policies and procedures:

- Family, Medical, and Military Leaves of Absence
- Service Excellence
- Non-Discrimination and Anti-Harassment Policy
- Conflict of Interest Policy
- Social Media Policy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **NEW HIRE FORMS CHECK LIST**

Please review the list below to ensure you have all the required documents to complete the New Hire process. Complete the checklist as you complete the forms.

### **NEW HIRE PAPERWORK**

- Associate Agreement Form
- 1199 Dues Deduction Authorization (If Applicable)
- Conflict of Interest Survey
- Emergency Contact Form
- Direct Deposit Form (optional)(attach voided check)
- Ethnicity/Race and Sex Self-Identification Form
- Tax Forms
  - W4
  - IT-2104 (NYS/NYC)
  - IT-2104.1 (Yonkers Non-Residency Certificate)
- Acknowledgement Form

### **ADDITIONAL DOCUMENTS NEEDED**

- Original Social Security Card (Payroll Purposes)
- Identifications (Refer to list provided at [www.newi9.com](http://www.newi9.com) for proper forms to present)
- Licenses/Certificates (If Applicable)
- OSHA Certificates (If Applicable)
- New Associate Pre-Employment Procedures Form signed by Occupational Health Services. This form must be returned upon completion of your OHS appointments when the form is signed and you are medically cleared.