



Jennifer Horan • Personnel Associate, Office of Human Resources
25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x40115 • Fax (845) 896-1286

Thank you for your interest in becoming a substitute teacher for the WCSD. On the day of your appointment, please be sure to bring the completed forms in order of checklist. Upon receipt of complete candidate packet, you will meet with a WCSD administrator to complete the interview process.

CHECKLIST (all documents must be originals):

Application	Complete, sign and date
Form I-9	Complete Section I only Must provide one documents from list A OR one document from each of list B and list C
W-4 and IT-2104	Complete entire form
Direct Deposit Agreement	Complete and attach voided check (<i>MANDATORY</i>)
Profile	Complete, sign and date
Retirement Advisory	Complete, sign and date
Fingerprint	Is either on file with TEACH or provide receipt as proof of appointment
Oath of Allegiance	Read, sign and date (<i>NOTE: Reference Step #2 on the website</i>)
Applicant Status	<input type="checkbox"/> Certified applicant (must provide valid NYS teaching certificate) <input type="checkbox"/> Uncertified applicant (must provide original transcript indicating completion of a minimum of 60 college credits)
Professional References	Two written, signed and dated within 18 months; and they may not be from current WCSD employees.
Resume	Current

If you have any questions please contact the Office of Human Resources at 298-5000 x40115.

**WAPPINGERS CENTRAL SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES
25 CORPORATE PARK DRIVE
POST OFFICE BOX 396
HOPEWELL JUNCTION, NEW YORK 12533
TELEPHONE: (845)298-5000 ext 40115**

SUBSTITUTE TEACHER / HOME TEACHER APPLICATION – 2020/21

- * Complete each item on this application in full in your own handwriting.
- * **Mail in your completed packet to Jennifer Horan at the address indicated on this application.** All prospective employees of New York State public schools must undergo fingerprinting and a criminal history background check. If you have not yet been fingerprinted, beginning August 3, 2015 candidates may have their fingerprints scanned at MorphoTrust locations listed at www.11enrollment.com/locations/?st=ny. If you have already been fingerprinted for NYS public school employment, please notify us when you call for your appointment.
- * If you are New York State certified, bring a copy of your certificate. If you have completed certification requirements but your certificate has not yet been issued, indicate the date you will have fulfilled certification requirements, request that your college send a letter verifying that date, and provide us with verification that you have achieved satisfactory scores on the NYS Teacher Certification Examinations, and verification that you have completed the workshops required for NYS certification. Workshops in child abuse reporting, school violence prevention and DASA are required for certification in all areas. A workshop in students with autism is required only for those applying after September 1, 2009 for certification in the areas of Students with Disabilities and/or Speech & Language Disabilities.
- * If you are not certified, bring your original transcript(s) verifying at least 60 college credits. Do not bring photocopies of diplomas or transcripts.
- * Applicants are evaluated based on application, professional reference checks, and an interview with a building administrator. You will be notified in writing as to whether or not your name will be placed on our substitute teacher/home teacher list.
- * The rate of pay is \$87.50 per day for substitute teachers and \$32.31 per hour for New York State certified home teachers. If you are provisionally or initially certified and your certificate expires, you will automatically be moved to the uncertified substitute teacher list and/or removed from the home teacher list until verification that you hold a valid certificate is received by the Office of Human Resources.
- * Notify the Office of Human Resources by telephone immediately if you have a change of name, address, or telephone number. If at any time in the future you wish to have your name removed from our substitute teacher/home teacher list, you must notify the Office of Human Resources in writing.

**THE WAPPINGERS CENTRAL SCHOOL DISTRICT
IS AN EQUAL OPPORTUNITY EMPLOYER.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT
SUBSTITUTE TEACHER / HOME TEACHER APPLICATION**

Application for position of _____
Substitute Teacher and/or Home Teacher

Personal Data

Name _____ Social Security Number _____
Last, First, Middle

Address _____
Street Address, City, State, Zip Code

Telephone Number _____ Cell Phone Number _____

E-mail Address _____

If you are presently a member of (or if you are receiving a benefit from) a public retirement system in New York State, please indicate which system (Teachers, Employees, Police & Fire), your member number, and the percentage (if any) you contribute:

System _____ Member Number _____ Percentage _____

If previously employed by the District, give job title(s) and dates of employment: _____

New York State Teaching Certificate(s)

Provisional, Initial, Permanent or Professional Certification Area Effective Date

Provisional, Initial, Permanent or Professional Certification Area Effective Date

Provisional, Initial, Permanent or Professional Certification Area Effective Date

Professional References List three individuals who have direct knowledge of your professional ability, scholarship, and character. Include current and former supervisors. Do not list individuals currently employed by Wappingers Central School District or personal references.

Name & Position	Full Mailing Address	Daytime Telephone Number
1) _____	_____	_____
_____	_____	_____
2) _____	_____	_____
_____	_____	_____
3) _____	_____	_____
_____	_____	_____

College Education List all colleges attended in reverse chronological order. Attach additional pages if necessary.

Dates Attended	Name and Location (City/State) of College or University	Degree Received and/or Number of Credits	Major Field(s) of Study
From (month/year)	_____	_____	_____
To (month/year)	_____	_____	_____
From (month/year)	_____	_____	_____
To (month/year)	_____	_____	_____
From (month/year)	_____	_____	_____
To (month/year)	_____	_____	_____

Professional Experience List all professional experience in reverse chronological order. Attach additional pages if necessary.

Dates Employed	Name and Street Address of Employer/School/School District	Position, Grades and/or Subjects Taught	Indicate Full-Time, Part-time, or Student Teaching	For Personnel Office Use Only
From (month/year)	_____	_____	_____	_____
To (month/year)	_____	_____	_____	_____
From (month/year)	_____	_____	_____	_____
To (month/year)	_____	_____	_____	_____
From (month/year)	_____	_____	_____	_____
To (month/year)	_____	_____	_____	_____
From (month/year)	_____	_____	_____	_____
To (month/year)	_____	_____	_____	_____
From (month/year)	_____	_____	_____	_____
To (month/year)	_____	_____	_____	_____

Moral Character Determination Answer yes or no.

Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or disciplinary action and/or dismissal for any reason? _____

Has any disciplinary action been brought against you which resulted in your being discharged from employment? _____

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? _____

Have you ever been convicted of any crime (felony or misdemeanor)? _____

Are you now under charges for any crime (felony or misdemeanor)? _____

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges? _____

Have you ever had a teaching credential revoked, suspended, or annulled? _____

Have proceedings ever been initiated against you pursuant to Education Law Section 3020-a? _____

If you answered "yes" to any of the questions above, provide the specifics or an explanation for the response on a separate page. None of the above circumstances represents an automatic bar to employment by the District.

Retirement Advisory

If you are not presently a member of the New York State Teachers' Retirement System, please be advised of the following: Substitute teachers in NYS public schools have the right to join the NYS Teachers' Retirement System (NYSTRS). While membership is mandatory for full-time teachers employed under annual contracts, membership is optional for teachers, such as substitutes, who render less than full-time service and/or who are not employed under annual contracts. If you elect to join, after two years of credited service you may be eligible to purchase credit for service rendered prior to your membership date. If you were previously a member of a NYS public retirement system, you may be eligible for reinstatement to the date of membership and membership tier you previously held. If you have an active membership in another NYS public retirement system, you may wish to consider transferring your membership into NYSTRS or you may choose to maintain simultaneous membership in more than one NYS public retirement system. You may join NYSTRS at any time. To join, call the Office of Human Resources to schedule an appointment to complete a membership application. **If you join NYSTRS through another employer, you must notify us immediately.**

If you are retired and receiving a benefit from a New York State public employer, please be advised you are responsible for contacting the retirement system to determine what if any impact employment by the District will have on your retirement allowance.

Substitute Teacher Advisory

Substitute teachers are advised of the following: The District's substitute teacher calling service (AESOP) may contact you by telephone to offer you work. The calling hours are 5:00 am to 1:00 pm, and 4:00 pm to 10:00 pm. If your telephone is busy or if you do not answer your telephone, the service will continue to try to contact you. You will also have the option of logging into the website to seek out substitute opportunities.

Signature

I affirm that the statements made in this application and all accompanying documents are true and complete to the best of my knowledge. I authorize investigation of my employment history and all statements contained in this application and any accompanying documents. In the event of employment, I understand that false information or a deliberate omission found herein may be cause for dismissal. Furthermore, I acknowledge that I have read the Retirement Advisory and Substitute Teacher Advisory above and that I have received a copy and read the District's "Information for Substitute Teachers" booklet.

Signature

Date



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
QR Code - Section 1 Do Not Write In This Space	

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

STOP *Employer Completes Next Page* STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 Personnel Associate	
Last Name of Employer or Authorized Representative HORAN	First Name of Employer or Authorized Representative JENNIFER	Employer's Business or Organization Name Wappingers Central School		
Employer's Business or Organization Address (Street Number and Name) PO Box 396, 25 Corporate Park Drive		City or Town Hopewell Junction	State NY	ZIP Code 12533

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)
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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 	OR	<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 	AND	<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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



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		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>				
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"/>									
Complete the worksheet on page 4 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) <table border="1" style="float: right;"><tr><td style="width: 20px;">1</td><td style="width: 100px;"></td></tr></table> 2 Total number of allowances for New York City (from line 31) <table border="1" style="float: right;"><tr><td style="width: 20px;">2</td><td style="width: 100px;"></td></tr></table>						1		2	
1									
2									
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				
4 New York City amount					4				
5 Yonkers amount					5				

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
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Instructions

Changes effective for 2021

Form IT-2104 has been revised for tax year 2021. The worksheet on page 4 and the charts beginning on page 5, 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 2021 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.

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 and the Veterans Benefits and Transition 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 4 of the worksheet on page 4. 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 7.

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	65
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 65. $160/65 = 2.4615$. 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 19 and line 31 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 5 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 6 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 5 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 5 or Part 6, 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 <https://www.nynewhire.com>.

(continued)

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 \$	16	
17	If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2021, complete Part 3 below and enter the number from line 28	17	
18	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0	18	
19	Add lines 6 through 18. 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>	19	

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

20	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>)	20													
21	Based on your federal filing status, enter the applicable amount from the table below	21													
Standard deduction table															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Single (cannot be claimed as a dependent)</td> <td style="width: 20%;">\$ 8,000</td> <td style="width: 30%;">Qualifying widow(er)</td> <td style="width: 20%;">\$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> </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												
22	Subtract line 21 from line 20 (<i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i>)	22													
23	Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above	23													

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).

24	Expected annual wages and compensation from electing employer in 2021	24	
25	Line 24 minus \$40,000 (if zero or less, stop)	25	
26	Line 25 multiplied by .05	26	
27	Line 26 multiplied by .935	27	
28	Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above	28	

Part 4 – 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 15 through 18 above and enter total here	30	
31	Add lines 29 and 30. Enter the result here and on line 2	31	

BUSINESS OFFICE
WAPPINGERS CENTRAL SCHOOL DISTRICT
25 Corporate Park Drive, P.O. Box 396
Hopewell Junction, NY 12533

**DIRECT DEPOSIT AGREEMENT
NON-REGULAR EMPLOYEE**

For direct deposit into a checking account, **you must attach a voided check.**
For direct deposit into a savings account, **you must attach verification from your bank with routing number and account number** (deposit slips cannot be accepted)

Date: _____ Initiate _____ Change _____ Discontinue _____
New Bank Bank on file
Bank name _____

Part 1: Employee Information

Name: _____ Signature: _____

Social Security #: _____

Part 2: Financial Institution(s) Information

Financial Institution #1:

Name: _____

Address: _____

Bank ABA #: _____

(The Bank ABA number can be found at the bottom left-hand corner of your check)

Deposit 100% of new paycheck to Account #: _____ Checking ___ Savings ___

Return this completed form to **Payroll Department, Business Office at District Office.**
Direct deposit changes/additions take 2-3 pay periods to take effect (4-6 weeks). Once your paperwork has been processed, the first check after the change/addition will be a LIVE check that will need to be cashed/deposited. The check following that will be directly deposited into your new account. If you have questions regarding direct deposit, call **Payroll Department** at 298-5000, extension 40109.

Blank direct deposit forms are available in the main office of any school.

Rev. 3/31/17

**WAPPINGERS CENTRAL SCHOOL DISTRICT
NEW SUBSTITUTE TEACHER PROFILE**

Name: _____ **Social Security Number:** _____

Address: _____

Telephone Number: _____

Email Address: _____

1. I am willing to substitute in the following schools (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Brinckerhoff Elementary (K-5) | <input type="checkbox"/> Van Wyck JHS (6-8) | <input type="checkbox"/> John Jay HS (9-12) |
| <input type="checkbox"/> Evans Elementary (K-6) | <input type="checkbox"/> Wappingers JHS (7-8) | <input type="checkbox"/> Orchard View Alternative HS (10-12) |
| <input type="checkbox"/> Fishkill Elementary (K-5) | | <input type="checkbox"/> Roy C. Ketcham HS (9-12) |
| <input type="checkbox"/> Fishkill Plains Elementary (K-5) | | |
| <input type="checkbox"/> Gayhead Elementary (K-5) | | |
| <input type="checkbox"/> Kinry Road Elementary (4-6) | | |
| <input type="checkbox"/> Myers Corners Elementary (K-6) | | |
| <input type="checkbox"/> Oak Grove Elementary (K-5) | | |
| <input type="checkbox"/> Sheafe Road Elementary (K-5) | | |
| <input type="checkbox"/> Vassar Road Elementary (K-3) | | |

CERTIFIED

UNCERTIFIED

2. Check if applicable: _____ I am interested in home teaching ONLY (Note: NYS certified substitutes only)

Signature _____ Date _____

**WAPPINGERS CENTRAL SCHOOL DISTRICT
RETIREMENT ADVISORY**

CHECK ONE BOX THEN SIGN AND DATE AT THE BOTTOM.

I am a member of the NYS Teachers' Retirement System. My member number is _____.

For Tier 3 and 4 members only: If you have 10 or more years of membership and no longer contribute 3%, check here:

I am retired and receiving a benefit from a NYS public retirement system. I understand that I am responsible for contacting the retirement system to determine what if any impact employment by the District may have on my retirement allowance.
If so, which system? _____

I am a member of another NYS public retirement system. I understand that simultaneous membership in more than one NYS public retirement system is an option and I will call the Office of Human Resources at 298-5000, extension 40115 to schedule an appointment to complete a membership application if I wish to pursue this option.
If so, which system? _____

I am not a member of a NYS public retirement system. I understand the following:

- I have the right to join the NYS Teachers' Retirement System (NYSTRS). My membership is optional since I am not employed full-time and/or on a per annum contract.
- If I wish to join NYSTRS, I must call the Office of Human Resources at 298-5000, extension 40115, to schedule an appointment to complete a membership application.
- If I elect to join:
 - I will be required to contribute a percentage of reportable salary to NYSTRS throughout my active membership (Please refer to the Active Members' Handbook located on this page: <https://www.nystrs.org/Active-Members/Membership-FAQs>)
 - After two years of credited service I may be eligible to purchase credit for service rendered prior to my membership date.
 - If I was previously a member of a NYS public retirement system, I may be eligible for reinstatement to the date of membership and membership tier I previously held.
 - If I stop teaching in NYS public schools before being credited with 10 years of service in NYSTRS, I may apply for a refund of my contributions with interest.
 - My beneficiary will be protected by a death benefit if I die in service after I have been credited with one year of service.
- If I join NYSTRS through another employer, I must notify the Office of Human Resources in writing immediately.

Signature

Date

WAPPINGERS CENTRAL SCHOOL DISTRICT

Amended Oath of Allegiance

I do hereby pledge and declare that I will support the constitution of the United States and the constitution of the State of New York and that I will faithfully discharge the duties of the position of Substitute Teacher according to the best of my ability.

Receipt of Information

I have read the District's policies regarding Drug-Free Workplace, Sexual Harassment, Ethics Regulations, Corporal Punishment and Child Abuse in an Educational Setting, Smoking on School Property and Student Transportation in Private Vehicles. I have received a copy of the District's "Information For Substitute Teachers" Booklet.

Signature: _____

Date: _____

OATH: Substitutes



Dr. Dwight Bonk, Deputy Superintendent for Human Resources & Labor Relations
Human Resources
25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x40115 • Fax (845) 896-1286

MEMORANDUM

To: Prospective Employees

From: Dr. Dwight Bonk, Deputy Superintendent for Human Resources & Labor Relations

Date: July 2015

Re: Fingerprinting

New York State Education Department (NYSED) is in the process of joining the Statewide Vendor Managed System operated by MorphoTrust in conjunction with the Division of Criminal Justice Services to complete the fingerprint based criminal history review for employment. Effective June 26, 2015, Districts are no longer able to submit fingerprint cards to NYSED for processing.

Beginning August 3, 2015 candidates may have their fingerprints scanned at MorphoTrust locations listed at www.11enrollment.com/locations/?st-ny. MorphoTrust maintains a web-based online appointment system and a multi-lingual call center for assistance with fingerprinting issues. The call center can be reached at **1-877-472-6915**.

The prospective employee is solely responsible for the application and fees associated with fingerprint processing. The cost is approximately \$101.75 per application. Applicants can choose to pay online with a credit card when they book the appointment or pay with a check or money order at the location.

Contact the Office of Human Resources at 845-298-5000 x40115 should you have any questions regarding this process.

8/19

Fingerprinting

New Procedures for Fingerprinting Effective of July 1, 2020

On July 14, 2017, the ORI TEACH will no longer be in use. You must use one of the URLs below or call MorphoTrust/IDEMIA to schedule your fingerprinting appointment.

Enter the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employee	14ZGR7

1. Click on the appropriate URL from this table below:
2. You may call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment.

The fingerprint application fee as of July 1, 2020 is:

Total Fee \$102.00

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employee	https://uenroll.identogo.com/workflows/14ZGR7