

State of New York

THE CITY OF NEW YORK OFFICE OF PAYROLL ADMINISTRATION

ONE CENTRE STREET, ROOM 200N NEW YORK, NEW YORK 10007

WITHHOLDING CERTIFICATE AFFIRMATION

SS:
County of
I,being duly sworn, depose and say:
1. My Social Security number is
2. The withholding tax certificate(s), form(s) W-4, IT-2104, or IT-2104E presented by me to the City of
New York for processing are to the best of my knowledge truthful and the allowances or exemptions claimed are
valid.
3. These certificates are not being filed for the purpose of evading the lawful imposition of income tax upon
me by either the Federal, State, or City governments.
4. I understand that: (a) filing a false or fraudulent certificate may result in civil and criminal prosecution
and disciplinary action including, but not limited to, termination of employment; (b) I may voluntarily provide
substantiation for the withholding allowances claimed or the basis for my claim of total exemption from tax; (c) that
all W-4 withholding certificates that are required to be forwarded to the Internal Revenue Service will be so
forwarded; and (d) all IT-2104s in which more than 14 allowances are claimed and all IT-2104Es in which total
exemption is claimed will be forwarded to the New York State Department of Taxation and Finance.
Date Employee's Signature
Date Employee's Signature
Sworn to before me this day or
Notary Public