

1he City of New York

Financial Information Services Agency

Office of Payroll Administration

Neil .Matthew Executive Director

WITHHOLDING CERTIFICATE AFFIRMATION

| State | of New York |) SS: | |
|----------------------|--|--|---|
| Count | y of | | |
| l, | | | being duly sworn, depose and say: |
| 1. | My Social Se | curity number is | |
| 2. | the City of Ne | | s) W-4, IT-2104, or IT-2104E presented by me to to the best of my knowledge truthful and the valid. |
| 3. | | | the purpose of evading the lawful imposition of ral, State, or City governments. |
| 4. | prosecution a (b) I may volu allowances of withholding Internal Reve claimed and | and disciplinary action inclu untarily provide substantial laimed or the basis for my certificates in which total enue Service; and (d) all Fo | nudulent certificate may result in civil and criminal uding, but not limited to, termination of employment ion for the withholding amounts or withholding claim of total exemption from tax; (c) that Form Wexemption is claimed may be forwarded to the orm IT-2104s in which more than 14 allowances are the total exemption is claimed will be forwarded to ation and Finance. |
| Employee's Signature | | | Date |
| Sworn | to before me this | day of | |
| Notary | Public | | |
| | | | |
| Date | | | |