



Town of Vestal
Recreation Department
 516 Front St., Vestal, NY 13850
 (607) 754-3368

Office Use Only
Date Rec'd: _____
Received by: _____

2026 Application for Employment

Please Print

Name _____ SS# _____

Address _____
 Street City/Town State Zip Home Phone

Cell Phone _____ E-Mail Address _____

Are you below 18 years ____ Are You below 16 years ____ (If you are under 18 years of age & hired by the Town of Vestal, you need working papers. You get them at the High School Guidance Office & we keep the original).

Education: Current Grade in High School ____ OR Current Year in College ____ Major _____

Please indicate the position you are applying for. If you wish to be considered for more than one position, please **number** positions below by the priority you wish to be considered. **One being the highest priority.**

- | | |
|--|---|
| <p>Lifeguard – Part-Time Summer _____</p> <p>Lifeguard – Full-Time Summer _____</p> <p>Swim Instructor/Lifeguard – Full-Time Summer _____</p> <p>Outdoor Pool Assistant Director _____</p> <p>Outdoor Pool Director _____</p> <p>Instructional Pool Assistant Director _____</p> <p>Instructional Pool Director _____</p> <p>Lifeguard - Family Swim (Winter) _____</p> <p>Playground Instructor _____</p> <p>Acting Camp _____</p> <p>Advanced Baseball Camp _____</p> <p>Baseball Camp _____</p> <p>Basketball Camp _____</p> <p>Cheerleading Camp _____</p> <p>Co-Ed Flag Football _____</p> <p>Elite Basketball Camp _____</p> | <p>Field Hockey Camp _____</p> <p>Field Hockey League (Fall) _____</p> <p>Girls Advanced Soccer Camp _____</p> <p>Girls Basketball Camp _____</p> <p>Girls Flag Football Camp _____</p> <p>Girls Lacrosse Camp _____</p> <p>Lacrosse Camp _____</p> <p>Pickleball Camp _____</p> <p>Running Camp _____</p> <p>Softball Camp _____</p> <p>Soccer Camp _____</p> <p>Tennis Lessons _____</p> <p>Volleyball Camp _____</p> <p>VYBO (Jan. - Feb.) Basketball Referee _____</p> <p>Wrestling Camp _____</p> <p>Other (Specify) _____</p> |
|--|---|

Have you ever been employed by the Town of Vestal? ____ If yes, what capacity? _____ Dates? _____

What date would you be available for work? _____ When is the last day you're available for work? _____

List three references, their phone numbers & their relationship to you _____

Please list briefly all employment during the last three years, paid or volunteer:



Do you have any commitment to any other employer (another job) or organization; you plan on keeping that could limit your availability? If so, please explain _____

Describe your qualifications, activities, organizations, or any other information which you feel would be relevant to your ability to perform this job? _____

Playground Applicants: Do you have a current First Aid/CPR/AED that covers Adults & Children? _____
Date completed _____

T-Shirt Size: _____

Aquatics Personnel Only:

Do you hold a YMCA Lifeguard Training Card? _____ **OR** Red Cross Lifeguard Training Card _____

Where Received? _____ Date Course Completed _____

Do you hold a current CPR/AED for the Professional Rescuer Card? _____ Date Completed _____

Do you hold Red Cross WSI Instructor Certification? _____ Date Course Completed _____

Where Received? _____ Have you taught a class after getting certified as a WSI Instructor? _____

Suit size: Men's _____
Small, Med., Large, X-Large

Suit Size: Women's _____
30, 32, 34, 36, 38, 40, 42

(Note – female suits run small and you may need to go up a size.)

Lifeguard T-Shirt Size _____ (unisex)

Declaration: I agree, if employed, to abide by all the rules and regulations relative to my position. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job-related information from all other persons, corporations or organizations for furnishing such information.

Signature _____ **Date** _____

Applications are due April 1, 2026

Applications will be held on file until December 31, 2026.

Aquatics and Playground Staff

All Lifeguarding, CPR, and First Aid classes are required to have an in-person component

BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



Department of Personnel

Broome County Office Building, 3rd Floor
60 Hawley Street, PO Box 1766, Binghamton, NY 13902
www.gobroomecounty.com/personnel

DO NOT WRITE IN THIS SPACE

1. _____ Full-Time Part-Time
Title of Position Applying For Temporary Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. **DIRECTIONS:** Please print using black ink or type. Answer all questions. Write "No" or "None" where applicable.

2. **NAME** _____ **3. SOC. SEC. NUMBER** _____
 Last First Middle

4. **LEGAL ADDRESS** _____
 Street County
 City State Zip

5. **MAILING ADDRESS** _____
 (If different from above) Street City State / Zip

6. **EMAIL** _____ **7. CELL PHONE** _____

8. **HOME PHONE** _____ **9. WORK PHONE** _____

(Please notify immediately of any changes.)

10. **EDUCATION:** Select circle for last grade completed (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) () GED

	Name and School Location	Graduated?	Type of Degrees	No. of credits completed
High School last attended		Yes or No <input type="radio"/> <input type="radio"/>		
Colleges or Universities		Yes or No <input type="radio"/> <input type="radio"/>		
		Yes or No <input type="radio"/> <input type="radio"/>		
Other		Yes or No <input type="radio"/> <input type="radio"/>		
		Yes or No <input type="radio"/> <input type="radio"/>		

FOR DEPARTMENT USE ONLY

Approved Disapproved Reviewer's Initials _____

Comments: _____

11. EMPLOYMENT EXPERIENCE - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

Presently Employed

A.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

B.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

C.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

D.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

PERSONAL DATA

12. Do you have the legal right to accept employment in the United States? Yes No
(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment).
13. Have you ever been convicted of a misdemeanor or felony? Yes No
If yes, please give particulars and disposition of each charge on a separate sheet and attach same.
14. If a motor vehicle license is required for the position, please indicate the license you presently possess:
Class A B C D E (select one) Designate type of commercial license: _____
Date of Expiration: _____ / _____ / _____
month day year
15. If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:
Name of Trade or Profession _____
License Number _____ Date From _____ To _____
Licensing Agency _____ City/State _____
16. For reference purposes do you have any objections to our contacting present or past employers? Yes No
If yes, comment: _____
17. Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law? Yes No
18. Did you serve in the armed forces of the United States? Yes No
Branch _____ Dates _____
19. Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes No
20. What made you aware of this vacancy or Broome County employment opportunities?
 Personal Reference TV Radio Newspaper
 Bulletin Board In the Personnel Office Other _____

DECLARATION I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/ or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

21. Signature _____ Date _____

By checking this box and typing or signing your name in the signature field you are agreeing to the above declaration and verifying all information is accurate.

22. Please print any other surnames (last names) by which you are or have been known.

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.

Town of Vestal - Payroll Computer Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Emergency Contact Person: _____

Phone Number for Emergency Contact Person: _____

Tax Filing Status: Married Single Tax Exempt

Male Female

Driver's License Number: _____ Expiration Date _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Starting Date: _____ Position Hired For: _____

Email: _____

DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY

EMP. No. _____ Hourly Rate: _____ Salary: _____

Position: _____ Job Class: _____

BARG. Unit: _____ Location: _____

Budget Code: _____

Earnings Type(s): _____

Deductions: 1000, 1100, 3000, 4000 Plus: _____

Federal and State Tax Filing Status: _____



Declination of Membership in the
New York State Employees' Retirement System (BSC-B4)

Instructions: This form is to decline membership in the NYS Employees' Retirement System. Please fill out this form (type or print clearly), print and sign the form, and send the completed form by mail, fax or email to the BSC Benefits Unit. return to either HR or the Business Office

Employee Information

Employee Name: _____

Agency Code: _____

Employee ID #: _____

Non-Mandatory Enrollee Employees

Type of Appointment:

Part-Time Temporary Provisional Less than 12 months

I have received a copy of the current New York State Employees' Retirement System publication describing the retirement plan. I am aware of the benefits available under this contributory plan and my right to membership in the New York State Employees' Retirement System. I do not wish to enroll in the New York State Employees' Retirement System at this time.

Employee Signature

Date

Employees Receiving a Retirement Benefit

I am receiving or I am about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State.

I do not wish to enroll in the New York State Employees' Retirement System at this time.

Name of Retirement System
(Employee's, Teachers, Police & Fire): _____

Registration Number (if known): _____

Employee Signature

Date

***Authorization and Consent of Candidate to Perform Pre-employment Background Check
and Release and Waiver of Liability to the Town of Vestal***

In consideration of the Town of Vestal's evaluation of my suitability and desirability as a candidate for employment with the Town, I, _____, do hereby

(Clearly Print the Candidate's Full Name)

authorize and fully agree that the Town of Vestal and any of its agents including the Vestal Police Department and any outside agencies, institutions, vendors or other individuals deemed necessary by the Town of Vestal may perform a full and thorough background check in order to verify any and all statements and information I have provided to the Town of Vestal during the hiring process. I fully understand and agree that the Town of Vestal may obtain any and all information specified on the front of this form from any source the Town deems appropriate, whether or not I have previously listed or in any way divulged such information to the Town of Vestal or any of its agents. By reviewing and signing this form, I agree that I am hereby fully informed that the offer of employment made to me by the department head or hiring authority is expressly conditioned on the Vestal Town Board being satisfied with the results of this pre-employment background check I have authorized. Finally, I acknowledge that I am fully aware that, if I have provided false, misleading or incomplete information or statements to the Town at any point during or after the pre-employment hiring process, such action on my part may result in the withdrawal of the Town of Vestal's offer of employment or immediate termination of my employment, as the Town deems appropriate, at any time in the future.

I further agree not to assert any claims or causes of action of any kind against the Town of Vestal or its officials and employees, or its agents or any agencies, institutions, vendors or individuals questioned and providing information about me as a result of the Town of Vestal obtaining and using any information in this pre-employment background check. I further release and forever discharge the Town of Vestal, its officials and employees, its agents and any agencies, institutions, vendors or individuals questioned and providing information about me from any and all claims, demands, damages, actions, causes of action or any kind and nature of action whatsoever arising from the Town of Vestal's investigation of my background and use of the information obtained from that background investigation.

FAILURE TO COMPLETE AND SIGN THIS FORM MAY RESULT IN THE WITHDRAWAL OF YOUR CONDITIONAL OFFER OF EMPLOYMENT WITH THE TOWN OF VESTAL.

Signature of Candidate

Date Signed

Department Head's Signature

Date Signed

DEPARTMENT MUST MAKE COPY OF THESE FORMS FOR DEPARTMENTAL RECORDS AND FORWARD ORIGINALS OF BOTH TO THE TOWN SUPERVISOR'S OFFICE WITH COMPLETED EMPLOYMENT APPLICATION FROM CANDIDATE.

Town of Vestal Request for Pre-Employment Background Check Form

Print Name of Applicant

The Town of Vestal performs background checks of potential candidates for employment as part of its pre-employment process in an effort to attempt to assure the highest possible level of honesty and integrity among the employees comprising its workforce.

INSTRUCTIONS TO DEPARTMENT HEAD OR HIRING AUTHORITY:

Please complete this page of the form and specify which of the following areas of inquiry you are requesting a pre-employment background check by circling "Yes" or "No" for each category below:

1.) History of Criminal Convictions

Vestal Town Court/Broome County Courts Yes

National Criminal Conviction Search Done by NYS Department of Criminal Justice Services (Only applicable to Police Department personnel and \$75.00 Fee Payable by Candidate to Town of Vestal)
Yes

2.) A Check of Past Employment History as Listed on the Candidate's Employment Application
Yes No

3.) A Check of Professional and Personal References Provided by the Candidate
Yes No

4.) A Check of All Required Degrees, Licenses, Certifications or Any Other Job Required Training, Qualifications or Experience Yes No

5.) A Check of Any Degrees, Licenses, Certifications, Training, Qualifications or Experience That the Candidate Offers as Part of Their Representations to the Town and That is Being Relied Upon by the Town to Determine if the Candidate is the Best Qualified Among Other Qualified Candidates
Yes No

Please specify precisely what degrees, licenses, certifications, training, qualifications or experience that you want checked _____

6.) A Check of Driver's License and History of Driving Convictions Yes No

7.) A Check of Financial and Credit History Yes No

8.) Other Information (Explain) _____



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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, sex, 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, sex, 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

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.

2026

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 surviving spouse <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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

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 Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here 3 \$ _____			
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Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____			
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Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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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.		
	<table style="width:100%;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Employee's signature (This form is not valid unless you sign it.)</td> <td style="width:30%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Employee's signature (This form is not valid unless you sign it.)	Date
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

Section references are to the Internal Revenue Code unless otherwise noted.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

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 Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see Note, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 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.

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's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **0** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mmdyyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, **not** Form IT-2104.

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

If Yes, enter the date the employee qualifies (mmdyyyy):

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