OFFICE OF PAYROLL ADMINISTRATION

One Centre Street, Room 200N, New York, New York 10007

ROY MOGILANSKI
Executive Director

WITHHOLDING CERTIFICATION AFFIRMATION

State of New York }
SS:
County of _____ }

I, _____ being duly sworn, depose and say:

1. My Social Security Number is _____.

2. The withholding tax certification(s) form(s) W-4, IT-2104, or IT-2104E presented by me to the City of New York for processing are 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 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 exemptions from tax; (c) that all W-4 withholding certificates in which more than ten (10) allowances are claimed or total exemption is claimed will be forwarded to the Internal Revenue Service; 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**

Sworn to before me this _____ day of _____ , _____

_____
Notary Public