



New Employee Information

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Cell Phone Number: _____
Email: _____

Invitation to Self-Identify

What is your race/ethnicity?

Please mark the one box that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino

Black or African American

White

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Two or More Races

I choose not to self-identify

Employee Signature: _____

Date: _____

Williams Sprinkler Corp. is an Equal Opportunity Employer. Williams Sprinkler Corp. does not discriminate based on race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status, or any other basis covered by appropriate law. All employment is decided based on qualifications, merit, and business need.



Emergency Contact

Employee Name: _____

| | | | |
|--------------------------|--|--------------------------|-----------------|
| Name: _____ | | Relationship: _____ | |
| Address: _____ | | | |
| City: _____ | | State: _____ | Zip Code: _____ |
| Home Phone Number: _____ | | Cell Phone Number: _____ | |

Signature: _____

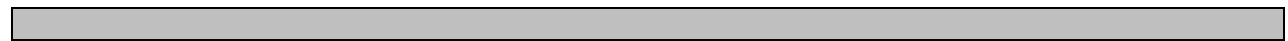
Date: _____



Personnel Status Form



| | |
|----------------------|------------------------|
| Employee Name: _____ | Employee Number: _____ |
| Title: _____ | |
| Date of Hire: _____ | Base Salary: _____ |



| <u>Salary Change</u> | | |
|------------------------|-----------|-------------------------|
| Merit | Promotion | Other |
| New Base Salary: _____ | | Percent Increase: _____ |
| Amount: _____ | | Effective Date: _____ |



Approvals

Immediate Supervisor: _____

Date: _____

Department Manager: _____

Date: _____

Corporate Controller: _____

Date: _____



**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees**

1. Employer Information

Name:
Williams Sprinkler Corp.

Doing Business As (DBA) Name(s):

FEIN (optional):
11-2153414

Physical Address:
50 Midland Avenue
Hicksville, NY 11801

Mailing Address:
50 Midland Avenue
Hicksville, NY 11801

Phone:
516-705-7860

3. Employee's rate of pay:
\$ _____ per hour

4. Allowances taken:

- None
- Tips _____ per hour
- Meals _____ per meal
- Lodging _____
- Other _____

5. Regular payday: _____

6. Pay is:

- Weekly
- Bi-weekly
- Other

7. Overtime Pay Rate:

\$ _____ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in English because it is my primary language.
- My primary language is _____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name

Employee Signature

Date

Preparer's Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

2. Notice given:

- At hiring
- Before a change in pay rate(s), allowances claimed or payday



Direct Deposit Election

Please complete and submit this form to Human Resources along with a voided check or alternative proof of banking.

| |
|--------------------------------|
| Name: _____ |
| Bank Name: _____ |
| Bank's Address: _____ _____ |
| Type of Account: _____ |
| Account Number: _____ |
| Routing Number: _____ |

- I agree to have my paycheck directly deposited into the above account weekly on Wednesday.
- I decline the offer of direct deposit.

Signature: _____

Date: _____



Direct Deposit Confirmation

After the first direct deposit, you are responsible for checking your account to verify that the direct deposit was made correctly. You must notify payroll immediately after verification and return a signed copy of this memo. If payroll does not receive a signed copy before your next pay date, direct deposit will be discontinued.

Name: _____

I confirm that my pay was correctly deposited into my account.

Signature: _____

Date: _____



Acknowledgement

I acknowledge that consideration for my employment is contingent on the results of a reference check, credit check, criminal record check, background check, negative drug screen result, my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon verification of the information provided by me in my application, my resume or in other parts of the application process.

I understand that in making this application for employment, ABCO Peerless or any agent acting on its behalf may request an investigative consumer report or other such information obtained through personal interviews with third parties such as neighbors, friends, business associates, financial sources and acquaintances. I authorize ABCO Peerless, its affiliates, and representatives to verify all information provided by me in the application process and to inquire into my character, general reputation, personal characteristics, and mode of living. I expressly authorize all employers, personnel, schools, companies, corporations, and law enforcement agencies to supply any and all information concerning my qualifications for employment and to verify the information given by me herein or elsewhere in the application process. In consideration for being a candidate for employment, I release ABCO Peerless related entities, as well as any individual or entity providing information from any and all liability in connection with inquiries and investigations, information given, decisions made, or action taken concerning my employment based on such information. I further understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information concerning the nature and scope of the investigation.

I understand that employee screening or other tests, including drug screen, may be a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into written employment contracts on behalf of ABCO Peerless. I hereby acknowledge that no verbal promises, or contacts are authorized by ABCO Peerless and upon my acceptance of employment; I expressly acknowledge that no such verbal promises, inducement, or verbal contracts have been made.

At-Will Employment

If hired, I understand that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice and with or without cause. In consideration of my employment, I agree to confirm to the policies and procedures of ABCO Peerless.

Certification

I hereby certify that the information provided on this form is true and complete. I understand that any omission or false or misleading information provided on this form, my resume or in other aspects of the employment process may result in termination of my employment. A copy of this authorization shall have the same authority as the original.

Signature: _____

Date: _____



Confidentiality Agreement

You understand and agree that certain information relating to the Williams Sprinkler Corp. business is confidential and the sole and exclusive property of Williams Sprinkler Corp. ("Proprietary Information"). You may receive or otherwise learn of some or all of this Proprietary Information during your employment with Williams Sprinkler Corp., and it may be necessary for you to know and use the Proprietary Information to perform your job duties and to promote the Williams Sprinkler Corp. business.

Williams Sprinkler Corp. Proprietary Information includes, but is not limited to, information regarding Williams Sprinkler Corp. trade secrets, marketing, advertising, finances, tuitions, customers and prospective customers, pricing, personnel, faculty, students, fellows, contracts and partnerships, prospective contracts and partnerships, other business relationships and affiliates, admission decisions, accreditation, subjects and potential subjects for educational content, presentation materials and format, seminars, websites, video materials, audio materials, CD-ROMs, workshops, computer programs and software, and any other nonpublic information.

You therefore agree that, after your employment with Williams Sprinkler Corp. ends, you will not disclose or cause to be disclosed Proprietary Information with any person, individual or entity, without the express written consent of the President of Williams Sprinkler Corp.. You agree that, during and after your employment with Williams Sprinkler Corp., you will not disclose or cause to be disclosed Proprietary Information to any person, individual, or entity that competes directly or indirectly with Williams Sprinkler Corp. or to any agent or employee of such a direct or indirect competitor. You agree that, during and after your employment with Williams Sprinkler Corp., you will not use Proprietary Information to compete directly or indirectly with Williams Sprinkler Corp., for the benefit of yourself or a direct or indirect competitor, or to the detriment of Williams Sprinkler Corp.

At the time your employment with Williams Sprinkler Corp. ends, under whatever circumstances, you agree to immediately return all Williams Sprinkler Corp. property to Williams Sprinkler Corp., including but not limited to all Proprietary Information which you may have learned or received, written materials, records, data, computer hardware and software, and all other information, documents, and all copies of same.

You understand and agree that Williams Sprinkler Corp. will suffer irreparable harm if you disclose or use Proprietary Information without the express written authorization from Williams Sprinkler Corp. or if you fail to return all Williams Sprinkler Corp. property to Williams Sprinkler Corp. at the time your employment ends. Therefore, you agree that Williams Sprinkler Corp. may obtain an injunction against you if you breach this Confidentiality Agreement, as well as any other relief to which it is entitled under law and equity, including attorneys' fees and costs incurred in its enforcement.

Employee Signature: _____

Date: _____

Employee Name (Printed) _____



Acknowledgment of Receipt of Union Handbook & Safety Manual

All Williams employees will follow and comply with the ABCO Peerless Sprinkler Handbook and Safety Manual. Please sign below to acknowledge that you have received the current Union Handbook via email and have read and understood the material covered. The ABCO Peerless Safety Manual is located in your Job site Toolbox. If you would like to obtain a copy of the Safety Manual, please contact Kelly at (516) 705-6731. I have had the opportunity to ask questions about the policies in this handbook. I understand that any future questions that I may have about the handbook or its contents will be answered by **Timothy Bowe, President**, or their designated representative upon request. I agree to and will comply with the policies, procedures, and other guidelines outlined in the handbook. I understand that the Company reserves the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in the handbook as it deems appropriate at any time, with or without notice. I acknowledge that neither the handbook nor its contents are an express or implied contract regarding my employment.

I further understand that all employees of the Company, unless provided for in writing, regardless of their classification or position, are employed on an at-will basis, and their employment is terminable at the will of the employee or the Company at any time, with or without cause, and with or without notice. I have also been informed and understand that no officer, agent, representative, or employee of the Company other than the Company President or his designee, has any authority to enter into any agreement with any applicant for employment or employee for an employment arrangement or relationship other than on an at-will basis unless through a subsequent written individual or collective agreement. Accordingly, nothing contained in the policies, procedures, handbooks, or any other documents of the Company shall in any way create an express or implied contract of employment or an employment relationship other than one on an at-will basis.

The Company is hopeful that disputes can be resolved promptly and without outside proceedings. However, if a claim is made, we all agree as follows:

- A. The Company and I each agree to waive any right to trial by jury in connection with any dispute or claim and agree that any claim or dispute will be adjudicated by a judge sitting without a jury.
- B. To assure individualized adjudication, any claim or dispute between us will be adjudicated solely by the Company and by me in an individual action, not as a group, class or collective action or proceeding; and,
- C. Any lawsuit filed shall be heard in federal or state court closest to the site at which the Company employed me.

This handbook is the Company's property and must be returned upon separation. Please sign below to acknowledge your understanding of ABCO's commitment to Safety.

Signature

Date

Employee Name: Printed



AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU.
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Williams Sprinkler Corp.** to obtain “consumer reports” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

“Consumer Report” is a background screening report that may contain information regarding criminal history, sex offender registry status, credit history, employment history, education history, driving record, professional licenses, and other information about myself. It may bear upon character, general reputation, personal characteristics, and or mode of living.

Signature: _____ **Date:** _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Name: _____ Social Security Number: _____

Date of Birth: _____

Driver License No: _____

State Issued: _____

Full Current Address: _____

Previous Address within The Last 7 Years:

Additional Addresses (continue)



Consumer Report Authorization & Disclosure

I authorize Williams Sprinkler and Accurate Information Systems, Inc., a consumer-reporting agency, to request and procure an investigative consumer report concerning me for employment purposes. I understand that this investigative consumer report may include information concerning my character, general reputation, personal characteristics, and mode of living. I understand that that investigative information may be obtained through personal interviews with my neighbors, friends, associates, or other acquaintances.

I understand a Consumer Report or Investigative Consumer Report (“Consumer Report”) may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: ⁽²⁾ **Accurate Information Systems, Inc. 1-800-295-7109, <http://www.accinfosys.com>**.

I also authorize Williams Sprinkler and Accurate Information Systems, Inc. to communicate the information in my investigative consumer report to any of its divisions, departments, parents, and subsidiaries as may be necessary for legitimate business needs.

I understand that if I do not wish such information to be communicated to such affiliates, I will notify the President of Williams Sprinkler in writing within **five (5) business days** of signing this Authorization and Disclosure Form.

I understand that Williams Sprinkler will provide me with a copy of the investigative report it may have procured if I request such a copy of such investigative report within thirty (30) days after signing this Authorization and Disclosure Form. I also understand that, if I make such a request, Williams Sprinkler will mail or otherwise deliver to me a copy of the investigative report within five (5) days of the date of my request or of the date on which Williams Sprinkler Corp. receives the investigative report, whichever is later.

This authorization is continuing, and does not expire, so that Williams Sprinkler may use this same authorization at some time(s) in the future to request and procure additional reports as may be necessary for employment purposes, including but not limited to future promotion or retention.

NOTICE TO NEW YORK APPLICANTS

Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request to be informed of whether an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correctional Law, which governs the employment of persons previously convicted of one or more criminal offenses.



A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer,



- without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

There are several different federal agencies that have the authority to enforce the FCRA.

| QUESTIONS OR CONCERNS REGARDING: | PLEASE CONTACT: |
|---|--|
| CRAs, creditors and others not listed below | Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |



NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.



§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense, or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public



§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



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> |
|-----------------------|----------------------------------|

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 |

Employer Completes Next Page



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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

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 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 |
| 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"/> | | Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box. |
| 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) 1 <input type="text"/> 2 Total number of allowances for New York City (from line 31) 2 <input type="text"/> | | |
| 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 <input type="text"/> 4 New York City amount 4 <input type="text"/> 5 Yonkers amount 5 <input type="text"/> | | |

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 |
|--|--------------------------------|

Instructions

Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. 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 2022 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 | 63 |
| Between \$215,400 and \$1,077,550 | Between \$269,300 and \$1,616,450 | Between \$323,200 and \$2,155,350 | 68 |
| Between \$1,077,550 and \$5,000,000 | Between \$1,616,450 and \$5,000,000 | Between \$2,155,350 and \$5,000,000 | 96 |
| Between \$5,000,000 and \$25,000,000 | Between \$5,000,000 and \$25,000,000 | Between \$5,000,000 and \$25,000,000 | 100 |
| Over \$25,000,000 | Over \$25,000,000 | Over \$25,000,000 | 110 |

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 63. $160/63 = 2.5397$. The additional withholding allowance(s) would be 3. Enter 3 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 rehire, 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 2022, 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 | | |
| Single (cannot be claimed as a dependent) \$ 8,000 | Qualifying widow(er) | \$16,050 |
| Single (can be claimed as a dependent) | Married filing jointly | \$16,050 |
| Head of household | 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 2022 | 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 | |

| | | Combined wages between \$1,185,400 and \$1,724,299 | | | | | | | | | |
|-----------------------|-------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Higher earner's wages | | \$1,185,400 | \$1,239,250 | \$1,293,200 | \$1,347,050 | \$1,400,950 | \$1,454,850 | \$1,508,700 | \$1,562,550 | \$1,616,450 | \$1,670,400 |
| | | \$1,239,249 | \$1,293,199 | \$1,347,049 | \$1,400,949 | \$1,454,849 | \$1,508,699 | \$1,562,549 | \$1,616,449 | \$1,670,399 | \$1,724,299 |
| \$592,650 | \$646,499 | \$5 | \$8 | | | | | | | | |
| \$646,500 | \$700,399 | \$5 | \$8 | \$11 | \$14 | | | | | | |
| \$700,400 | \$754,299 | \$5 | \$8 | \$11 | \$14 | \$17 | \$20 | | | | |
| \$754,300 | \$808,199 | \$5 | \$8 | \$11 | \$14 | \$17 | \$20 | \$24 | \$27 | | |
| \$808,200 | \$862,049 | \$5 | \$8 | \$11 | \$14 | \$17 | \$20 | \$24 | \$27 | \$30 | \$33 |
| \$862,050 | \$915,949 | \$42 | \$8 | \$11 | \$14 | \$17 | \$20 | \$24 | \$27 | \$30 | \$33 |
| \$915,950 | \$969,899 | \$36 | \$45 | \$11 | \$14 | \$17 | \$20 | \$24 | \$27 | \$30 | \$33 |
| \$969,900 | \$1,023,749 | \$30 | \$39 | \$48 | \$14 | \$17 | \$20 | \$24 | \$27 | \$30 | \$33 |
| \$1,023,750 | \$1,077,549 | \$36 | \$33 | \$42 | \$52 | \$17 | \$20 | \$24 | \$27 | \$30 | \$33 |
| \$1,077,550 | \$1,131,499 | \$38 | \$38 | \$34 | \$44 | \$53 | \$19 | \$22 | \$25 | \$28 | \$31 |
| \$1,131,500 | \$1,185,399 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$19 | \$22 | \$25 | \$28 |
| \$1,185,400 | \$1,239,249 | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$19 | \$22 | \$25 |
| \$1,239,250 | \$1,293,199 | | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$19 | \$22 |
| \$1,293,200 | \$1,347,049 | | | \$9 | \$23 | \$37 | \$38 | \$34 | \$44 | \$53 | \$19 |
| \$1,347,050 | \$1,400,949 | | | | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 |
| \$1,400,950 | \$1,454,849 | | | | | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 |
| \$1,454,850 | \$1,508,699 | | | | | | \$9 | \$23 | \$38 | \$38 | \$34 |
| \$1,508,700 | \$1,562,549 | | | | | | | \$9 | \$23 | \$38 | \$38 |
| \$1,562,550 | \$1,616,449 | | | | | | | | \$9 | \$23 | \$38 |
| \$1,616,450 | \$1,670,399 | | | | | | | | | \$9 | \$23 |
| \$1,670,400 | \$1,724,299 | | | | | | | | | | \$9 |

| | | Combined wages between \$1,724,300 and \$2,263,265 | | | | | | | | | |
|-----------------------|-------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Higher earner's wages | | \$1,724,300 | \$1,778,150 | \$1,832,050 | \$1,885,950 | \$1,939,800 | \$1,993,700 | \$2,047,600 | \$2,101,500 | \$2,155,350 | \$2,209,300 |
| | | \$1,778,149 | \$1,832,049 | \$1,885,949 | \$1,939,799 | \$1,993,699 | \$2,047,599 | \$2,101,499 | \$2,155,349 | \$2,209,299 | \$2,263,265 |
| \$862,050 | \$915,949 | \$36 | \$39 | | | | | | | | |
| \$915,950 | \$969,899 | \$36 | \$39 | \$42 | \$45 | | | | | | |
| \$969,900 | \$1,023,749 | \$36 | \$39 | \$42 | \$45 | \$48 | \$52 | | | | |
| \$1,023,750 | \$1,077,549 | \$36 | \$39 | \$42 | \$45 | \$48 | \$52 | \$55 | \$58 | | |
| \$1,077,550 | \$1,131,499 | \$34 | \$38 | \$41 | \$44 | \$47 | \$50 | \$53 | \$56 | \$1,234 | \$1,263 |
| \$1,131,500 | \$1,185,399 | \$31 | \$34 | \$38 | \$41 | \$44 | \$47 | \$50 | \$53 | \$1,231 | \$1,263 |
| \$1,185,400 | \$1,239,249 | \$28 | \$31 | \$34 | \$38 | \$41 | \$44 | \$47 | \$50 | \$1,228 | \$1,260 |
| \$1,239,250 | \$1,293,199 | \$25 | \$28 | \$31 | \$34 | \$38 | \$41 | \$44 | \$47 | \$1,224 | \$1,257 |
| \$1,293,200 | \$1,347,049 | \$22 | \$25 | \$28 | \$31 | \$34 | \$38 | \$41 | \$44 | \$1,221 | \$1,253 |
| \$1,347,050 | \$1,400,949 | \$19 | \$22 | \$25 | \$28 | \$31 | \$34 | \$38 | \$41 | \$1,218 | \$1,250 |
| \$1,400,950 | \$1,454,849 | \$53 | \$19 | \$22 | \$25 | \$28 | \$31 | \$34 | \$38 | \$1,215 | \$1,247 |
| \$1,454,850 | \$1,508,699 | \$44 | \$53 | \$19 | \$22 | \$25 | \$28 | \$31 | \$34 | \$1,212 | \$1,244 |
| \$1,508,700 | \$1,562,549 | \$34 | \$44 | \$53 | \$19 | \$22 | \$25 | \$28 | \$31 | \$1,209 | \$1,241 |
| \$1,562,550 | \$1,616,449 | \$38 | \$34 | \$44 | \$53 | \$19 | \$22 | \$25 | \$28 | \$1,206 | \$1,238 |
| \$1,616,450 | \$1,670,399 | \$37 | \$38 | \$34 | \$44 | \$53 | \$19 | \$22 | \$25 | \$1,203 | \$1,235 |
| \$1,670,400 | \$1,724,299 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$19 | \$22 | \$1,200 | \$1,232 |
| \$1,724,300 | \$1,778,149 | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$19 | \$1,197 | \$1,229 |
| \$1,778,150 | \$1,832,049 | | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$53 | \$1,193 | \$1,225 |
| \$1,832,050 | \$1,885,949 | | | \$9 | \$23 | \$38 | \$38 | \$35 | \$44 | \$1,228 | \$1,222 |
| \$1,885,950 | \$1,939,799 | | | | \$9 | \$23 | \$38 | \$38 | \$34 | \$1,218 | \$1,257 |
| \$1,939,800 | \$1,993,699 | | | | | \$9 | \$23 | \$38 | \$38 | \$1,209 | \$1,247 |
| \$1,993,700 | \$2,047,599 | | | | | | \$9 | \$23 | \$38 | \$1,212 | \$1,238 |
| \$2,047,600 | \$2,101,499 | | | | | | | \$9 | \$23 | \$1,212 | \$1,241 |
| \$2,101,500 | \$2,155,349 | | | | | | | | \$9 | \$1,197 | \$1,241 |
| \$2,155,350 | \$2,209,299 | | | | | | | | | \$16 | \$52 |
| \$2,209,300 | \$2,263,265 | | | | | | | | | | \$16 |

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, contact the Tax Department for assistance (see *Need help?* on page 7).

Part 6 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

| | | Combined wages between \$107,650 and \$538,749 | | | | | | | | | | |
|-------------|-----------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Higher wage | | \$107,650 \$129,249 | \$129,250 \$150,749 | \$150,750 \$172,299 | \$172,300 \$193,849 | \$193,850 \$236,949 | \$236,950 \$280,099 | \$280,100 \$323,199 | \$323,200 \$377,099 | \$377,100 \$430,949 | \$430,950 \$484,899 | \$484,900 \$538,749 |
| \$53,800 | \$75,299 | \$12 | \$19 | | | | | | | | | |
| \$75,300 | \$96,799 | \$12 | \$20 | \$28 | \$29 | | | | | | | |
| \$96,800 | \$118,399 | \$8 | \$16 | \$24 | \$27 | \$29 | | | | | | |
| \$118,400 | \$129,249 | \$2 | \$10 | \$18 | \$21 | \$26 | \$40 | | | | | |
| \$129,250 | \$139,999 | | \$4 | \$14 | \$17 | \$23 | \$46 | | | | | |
| \$140,000 | \$150,749 | | \$2 | \$9 | \$13 | \$19 | \$46 | \$47 | | | | |
| \$150,750 | \$161,549 | | | \$3 | \$9 | \$15 | \$46 | \$46 | | | | |
| \$161,550 | \$172,499 | | | \$1 | \$7 | \$12 | \$46 | \$48 | \$46 | | | |
| \$172,500 | \$193,849 | | | | \$3 | \$10 | \$44 | \$51 | \$49 | \$52 | | |
| \$193,850 | \$236,949 | | | | | \$12 | \$38 | \$53 | \$53 | \$55 | \$45 | |
| \$236,950 | \$280,099 | | | | | | \$10 | \$20 | \$33 | \$31 | \$35 | \$18 |
| \$280,100 | \$323,199 | | | | | | | \$7 | \$18 | \$31 | \$26 | \$32 |
| \$323,200 | \$377,099 | | | | | | | | \$8 | \$20 | \$31 | \$27 |
| \$377,100 | \$430,949 | | | | | | | | | \$8 | \$20 | \$31 |
| \$430,950 | \$484,899 | | | | | | | | | | \$8 | \$20 |
| \$484,900 | \$538,749 | | | | | | | | | | | \$8 |

| | | Combined wages between \$538,750 and \$1,185,399 | | | | | | | | | | | |
|-------------|-------------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------|----------------------------|----------------------------|----------------------------|
| Higher wage | | \$538,750 \$592,649 | \$592,650 \$646,499 | \$646,500 \$700,399 | \$700,400 \$754,299 | \$754,300 \$808,199 | \$808,200 \$862,049 | \$862,050 \$915,949 | \$915,950 \$969,899 | \$969,900 \$1,023,749 | \$1,023,750 \$1,077,549 | \$1,077,550 \$1,131,499 | \$1,131,500 \$1,185,399 |
| \$236,950 | \$280,099 | \$11 | | | | | | | | | | | |
| \$280,100 | \$323,199 | \$9 | \$8 | | | | | | | | | | |
| \$323,200 | \$377,099 | \$33 | \$8 | \$8 | \$8 | | | | | | | | |
| \$377,100 | \$430,949 | \$27 | \$33 | \$8 | \$8 | \$8 | \$8 | | | | | | |
| \$430,950 | \$484,899 | \$31 | \$27 | \$33 | \$8 | \$8 | \$8 | \$8 | \$8 | | | | |
| \$484,900 | \$538,749 | \$20 | \$31 | \$27 | \$33 | \$8 | \$8 | \$8 | \$8 | \$8 | \$8 | | |
| \$538,750 | \$592,649 | \$8 | \$20 | \$31 | \$27 | \$33 | \$8 | \$8 | \$8 | \$8 | \$8 | \$604 | \$636 |
| \$592,650 | \$646,499 | | \$8 | \$20 | \$31 | \$27 | \$33 | \$8 | \$8 | \$8 | \$8 | \$604 | \$636 |
| \$646,500 | \$700,399 | | | \$8 | \$20 | \$31 | \$27 | \$33 | \$8 | \$8 | \$8 | \$604 | \$636 |
| \$700,400 | \$754,299 | | | | \$8 | \$20 | \$31 | \$27 | \$33 | \$8 | \$8 | \$604 | \$636 |
| \$754,300 | \$808,199 | | | | | \$8 | \$20 | \$31 | \$27 | \$33 | \$8 | \$604 | \$636 |
| \$808,200 | \$862,049 | | | | | | \$8 | \$20 | \$31 | \$27 | \$33 | \$604 | \$636 |
| \$862,050 | \$915,949 | | | | | | | \$8 | \$20 | \$31 | \$27 | \$629 | \$636 |
| \$915,950 | \$969,899 | | | | | | | | \$8 | \$20 | \$31 | \$623 | \$661 |
| \$969,900 | \$1,023,749 | | | | | | | | | \$8 | \$20 | \$627 | \$655 |
| \$1,023,750 | \$1,077,549 | | | | | | | | | | \$8 | \$616 | \$659 |
| \$1,077,550 | \$1,131,499 | | | | | | | | | | | \$16 | \$52 |
| \$1,131,500 | \$1,185,399 | | | | | | | | | | | | \$16 |

(Part 6 continued on page 8)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD
equipment users Dial 7-1-1 for the
New York Relay Service

Employee's Withholding Certificate

2022

▶ **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.**

| | | | |
|---|---|-----------|--|
| 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 2022 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) |
| | | | |

General Instructions

Section references are to the Internal Revenue Code.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 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 2022 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, 2023.

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. 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 (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 2022 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 | \$110 | \$850 | \$860 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,770 | \$1,870 |
| \$10,000 - 19,999 | 110 | 1,110 | 1,860 | 2,060 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,970 | 3,970 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,860 | 2,800 | 3,000 | 3,160 | 3,160 | 3,160 | 3,160 | 3,910 | 4,910 | 5,910 | 6,010 |
| \$30,000 - 39,999 | 860 | 2,060 | 3,000 | 3,200 | 3,360 | 3,360 | 3,360 | 4,110 | 5,110 | 6,110 | 7,110 | 7,210 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,160 | 3,360 | 3,520 | 3,520 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 8,370 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,160 | 3,360 | 3,520 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 9,370 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,160 | 3,360 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 10,270 | 10,370 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,160 | 4,110 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 10,270 | 11,270 | 11,370 |
| \$80,000 - 99,999 | 1,020 | 2,820 | 4,760 | 5,960 | 7,120 | 8,120 | 9,120 | 10,120 | 11,120 | 12,120 | 13,150 | 13,450 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,010 | 7,210 | 8,370 | 9,370 | 10,510 | 11,710 | 12,910 | 14,110 | 15,310 | 15,600 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 15,340 | 16,540 | 16,830 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 15,340 | 16,540 | 17,590 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 16,100 | 18,100 | 19,190 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 13,700 | 15,700 | 17,700 | 19,700 | 20,790 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 11,300 | 13,300 | 15,300 | 17,300 | 19,300 | 21,300 | 22,390 |
| \$320,000 - 364,999 | 2,100 | 5,300 | 8,240 | 10,440 | 12,600 | 14,600 | 16,600 | 18,600 | 20,600 | 22,600 | 24,870 | 26,260 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,710 | 12,210 | 14,670 | 16,970 | 19,270 | 21,570 | 23,870 | 26,170 | 28,470 | 29,870 |
| \$525,000 and over | 3,140 | 6,840 | 10,280 | 12,980 | 15,640 | 18,140 | 20,640 | 23,140 | 25,640 | 28,140 | 30,640 | 32,240 |

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 | \$400 | \$930 | \$1,020 | \$1,020 | \$1,250 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,970 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 930 | 1,570 | 1,660 | 1,890 | 2,890 | 3,510 | 3,510 | 3,510 | 3,610 | 3,810 | 3,880 | 3,880 |
| \$20,000 - 29,999 | 1,020 | 1,660 | 1,990 | 2,990 | 3,990 | 4,610 | 4,610 | 4,710 | 4,910 | 5,110 | 5,180 | 5,180 |
| \$30,000 - 39,999 | 1,020 | 1,890 | 2,990 | 3,990 | 4,990 | 5,610 | 5,710 | 5,910 | 6,110 | 6,310 | 6,380 | 6,380 |
| \$40,000 - 59,999 | 1,870 | 3,510 | 4,610 | 5,610 | 6,680 | 7,500 | 7,700 | 7,900 | 8,100 | 8,300 | 8,370 | 8,370 |
| \$60,000 - 79,999 | 1,870 | 3,510 | 4,680 | 5,880 | 7,080 | 7,900 | 8,100 | 8,300 | 8,500 | 8,700 | 8,970 | 9,770 |
| \$80,000 - 99,999 | 1,940 | 3,780 | 5,080 | 6,280 | 7,480 | 8,300 | 8,500 | 8,700 | 9,100 | 10,100 | 10,970 | 11,770 |
| \$100,000 - 124,999 | 2,040 | 3,880 | 5,180 | 6,380 | 7,580 | 8,400 | 9,140 | 10,140 | 11,140 | 12,140 | 13,040 | 14,140 |
| \$125,000 - 149,999 | 2,040 | 3,880 | 5,180 | 6,520 | 8,520 | 10,140 | 11,140 | 12,140 | 13,320 | 14,620 | 15,790 | 16,890 |
| \$150,000 - 174,999 | 2,040 | 4,420 | 6,520 | 8,520 | 10,520 | 12,170 | 13,470 | 14,770 | 16,070 | 17,370 | 18,540 | 19,640 |
| \$175,000 - 199,999 | 2,720 | 5,360 | 7,460 | 9,630 | 11,930 | 13,860 | 15,160 | 16,460 | 17,760 | 19,060 | 20,230 | 21,330 |
| \$200,000 - 249,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,310 |
| \$250,000 - 399,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,310 |
| \$400,000 - 449,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,470 |
| \$450,000 and over | 3,140 | 6,290 | 8,880 | 11,380 | 13,880 | 16,010 | 17,510 | 19,010 | 20,510 | 22,010 | 23,380 | 24,680 |

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 | \$760 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,190 | \$1,870 | \$1,870 | \$1,870 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 760 | 1,820 | 2,110 | 2,220 | 2,220 | 2,390 | 3,390 | 4,070 | 4,070 | 4,240 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 910 | 2,110 | 2,400 | 2,510 | 2,680 | 3,680 | 4,680 | 5,360 | 5,530 | 5,730 | 5,930 | 5,930 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,510 | 2,790 | 3,790 | 4,790 | 5,790 | 6,640 | 6,840 | 7,040 | 7,240 | 7,240 |
| \$40,000 - 59,999 | 1,020 | 2,240 | 3,530 | 4,640 | 5,640 | 6,780 | 7,980 | 8,860 | 9,060 | 9,260 | 9,460 | 9,460 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,360 | 6,610 | 7,810 | 9,010 | 10,210 | 11,090 | 11,290 | 11,490 | 11,690 | 12,170 |
| \$80,000 - 99,999 | 1,870 | 4,210 | 5,700 | 7,010 | 8,210 | 9,410 | 10,610 | 11,490 | 11,690 | 12,380 | 13,370 | 14,170 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,930 | 7,240 | 8,440 | 9,640 | 10,860 | 12,540 | 13,540 | 14,540 | 15,540 | 16,480 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,930 | 7,240 | 8,860 | 10,860 | 12,860 | 14,540 | 15,540 | 16,830 | 18,130 | 19,230 |
| \$150,000 - 174,999 | 2,040 | 4,460 | 6,750 | 8,860 | 10,860 | 12,860 | 15,000 | 16,980 | 18,280 | 19,580 | 20,880 | 21,980 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,210 | 10,320 | 12,600 | 14,900 | 17,200 | 19,180 | 20,480 | 21,780 | 23,080 | 24,180 |
| \$200,000 - 449,999 | 2,970 | 6,470 | 9,060 | 11,480 | 13,780 | 16,080 | 18,380 | 20,360 | 21,660 | 22,960 | 24,250 | 25,360 |
| \$450,000 and over | 3,140 | 6,840 | 9,630 | 12,250 | 14,750 | 17,250 | 19,750 | 21,930 | 23,430 | 24,930 | 26,420 | 27,730 |



FIRST AID PROCEDURES CITY MD

We have established an account with **CITY MD** with numerous locations throughout the NY Metropolitan area. If you are hurt on the premises with a non-life-threatening injury, we ask you to utilize the following procedure and **ONLY VISIT a CITY MD** for your **FIRST AID CARE**.

First Aid is there to protect you! First aid injury means no time lost beyond one full day of work after the accident date. All accidents, no matter how small, are to be reported and documented. In addition, first Aid allows for minor accidents to be recorded if they need further medical treatment in the future.

First Aid Procedures:

- **If you are injured on the premises and need medical treatment**, you should report it either by yourself or your Field Supervisor *immediately*. After reporting the accident to your supervisor, please call Kelly McAuliffe at 516-705-6731, who will document the accident. If Kelly is not available, call Mary Ann at 516-294-6850. Be specific on how the accident occurred. Do not leave a voice mail.
- If you need medical treatment, proceed to the nearest City MD location. Please explain you are an employee of **ABCO Peerless Sprinkler Corp.**, and we have an account with City MD.

Return to Work Procedure:

- All injured personnel must present a written doctor's statement to their immediate supervisor *before* returning to work. The information should outline any limitations. No employee will be scheduled for work without this statement.

IN CASE OF LIFE-THREATENING INJURY, ALWAYS DIAL 911

HOLIDAY SCHEDULE 2022

| HOLIDAY | OBSERVED | DAY OF WEEK | OFFICE STAFF & NON UNION EMPLOYEES | A-MEN | FIRE PROTECTION FITTERS | B-MEN SHOP HANDS | FIRE SUPPRESSION | TEAMSTER |
|--|-------------------|-----------------|--|------------------------|--|--|--|--|
| NEW YEARS DAY *** | JANUARY 1, 2022 | SATURDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| | DECEMBER 31, 2021 | FRIDAY OBSERVED | FRIDAY OBSERVED | | FRIDAY OBSERVED | FRIDAY OBSERVED | FRIDAY OBSERVED | FRIDAY OBSERVED |
| ML KING DAY | JANUARY 17, 2022 | MONDAY | | | HOLIDAY-NOT OFF-TRADING FOR FRIDAY, 11/25/2022 | HOLIDAY-NOT OFF-TRADING FOR FRIDAY, 11/25/2022 | HOLIDAY-NOT OFF-TRADING FOR FRIDAY, 12/23/2022 | HOLIDAY-NOT OFF-TRADING FOR FRIDAY, 12/23/2022 |
| LINCOLN'S BIRTHDAY | FEBRUARY 12, 2022 | SATURDAY | HOLIDAY - NOT OFF-TRADING FOR FRIDAY, 12/23/2022 | | | HOLIDAY-NOT OFF-TRADING FOR FRIDAY, 12/23/2022 | | |
| PRESIDENT'S DAY (AKA WASHINGTON'S BIRTHDAY) | FEBRUARY 21, 2022 | MONDAY | HOLIDAY | HOLIDAY | | HOLIDAY | HOLIDAY | HOLIDAY |
| GOOD FRIDAY | APRIL 15, 2022 | FRIDAY | 1/2 HOLIDAY | | | | | |
| MEMORIAL DAY | MAY 30, 2022 | MONDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| INDEPENDENCE DAY | JULY 4, 2022 | MONDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| LABOR DAY | SEPTEMBER 5, 2022 | MONDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| COLUMBUS DAY | OCTOBER 10, 2022 | MONDAY | HOLIDAY | HOLIDAY | | HOLIDAY | HOLIDAY | FLOATER #1 |
| ELECTION DAY | NOVEMBER 8, 2022 | TUESDAY | | | | HOLIDAY | | |
| VETERAN'S DAY | NOVEMBER 11, 2022 | FRIDAY | | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | FLOATER #2 |
| THANKSGIVING DAY | NOVEMBER 24, 2022 | THURSDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| DAY AFTER THANKSGIVING | NOVEMBER 25, 2022 | FRIDAY | HOLIDAY | HOLIDAY | DAY OFF-TRADED FOR 1/17/2022 MARTIN LUTHER KING'S BIRTHDAY | DAY OFF-TRADED FOR 1/17/2022 MARTIN LUTHER KING'S BIRTHDAY | HOLIDAY | HOLIDAY |
| CHRISTMAS EVE | DECEMBER 24, 2022 | SATURDAY | DAY OFF-TRADED FOR LINCOLN'S BIRTHDAY 2/12/2022 | | | DAY OFF-TRADED FOR LINCOLN'S BIRTHDAY 2/12/2022 | DAY OFF-TRADED FOR 1/17/2022 MARTIN LUTHER KING'S BIRTHDAY | DAY OFF-TRADED FOR 1/17/2022 MARTIN LUTHER KING'S BIRTHDAY |
| | DECEMBER 23, 2022 | FRIDAY OBSERVED | FRIDAY OBSERVED | | | FRIDAY OBSERVED | FRIDAY OBSERVED | FRIDAY OBSERVED |
| CHRISTMAS DAY | DECEMBER 25, 2022 | SUNDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY | HOLIDAY |
| | DECEMBER 26, 2022 | MONDAY OBSERVED | MONDAY OBSERVED | MONDAY OBSERVED | MONDAY OBSERVED | MONDAY OBSERVED | MONDAY OBSERVED | MONDAY OBSERVED |
| ***NEW YEARS DAY WILL BE OBSERVED ON FRIDAY DECEMBER 31, 2021 BY NEW YORK STATE | | | NEW YEARS DAY | NEW YEARS DAY | NEW YEARS DAY | NEW YEARS DAY | NEW YEARS DAY | NEW YEARS DAY |
| | | | LINCOLN'S BIRTHDAY | PRESIDENTS DAY | M L KING JR BD | M L KING JR BD | M L KING JR BD | M L KING JR BD |
| | | | PRESIDENTS DAY | MEMORIAL DAY | MEMORIAL DAY | LINCOLN'S BIRTHDAY | PRESIDENTS DAY | PRESIDENTS DAY |
| | | | GOOD FRIDAY (1/2 DAY) | FOURTH OF JULY | FOURTH OF JULY | WASHINGTON/PRESIDENTS DAY | MEMORIAL DAY | MEMORIAL DAY |
| | | | MEMORIAL DAY | LABOR DAY | LABOR DAY | LABOR DAY | FOURTH OF JULY | FOURTH OF JULY |
| | | | FOURTH OF JULY | COLUMBUS DAY | VETERANS DAY | FOURTH OF JULY | LABOR DAY | LABOR DAY |
| | | | LABOR DAY | VETERANS DAY | THANKSGIVING DAY | LABOR DAY | COLUMBUS DAY | THANKSGIVING DAY |
| | | | COLUMBUS DAY | THANKSGIVING DAY | CHRISTMAS DAY | COLUMBUS DAY | VETERANS DAY | DAY AFTER THANKSGIVING |
| | | | THANKSGIVING DAY | DAY AFTER THANKSGIVING | CHRISTMAS DAY | ELECTION DAY | THANKSGIVING DAY | CHRISTMAS DAY |
| | | | DAY AFTER THANKSGIVING | CHRISTMAS DAY | | VETERANS DAY | DAY AFTER THANKSGIVING | CHRISTMAS DAY |
| | | | CHRISTMAS DAY | | | THANKSGIVING DAY | CHRISTMAS DAY | FLOATER #1-COLUMBUS DAY |
| | | | | | | CHRISTMAS DAY | | FLOATER #2-VETERAN'S DAY |
| | | | | | | | | FLOATER #3-EXTRA DAY OFF |
| | | | 10.5 | 10 | 8 | 12 | 11 | 9 PLUS 3 FLOATERS |



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact YOUR SUPERVISOR/HUMAN RESOURCES REPRESENTATIVE

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|---|----------------------|---|--|
| 3. Employer name WILLIAMS SPRINKLER CORPORATION | | 4. Employer Identification Number (EIN) 11-2153414 | |
| 5. Employer address 50 MIDLAND AVENUE | | 6. Employer phone number | |
| 7. City HICKSVILLE | 8. State NEW YORK | 9. ZIP code 11801 | |
| 10. Who can we contact about employee health coverage at this job? SUPERVISOR/HUMAN RESOURCES REPRESENTATIVE | | | |
| 11. Phone number (if different from above) | | 12. Email address | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:
FULL TIME EMPLOYEES-UPON 90 DAYS OF EMPLOYMENT

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:
LEGALLY ELIGIBLE DEPENDENTS

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)