APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL

Personal Inform	IATION						O	PPORTUN	ITY EMPL	OYER	LAST
NAME (LAST NAME FIRST)						SOCIAL SECURITY NO.				4	
PRESENT ADDRESS		APT. NO.	O. CITY			STATE		ZIP			
PERMANENT ADDRESS APT.		APT. NO.	NO. CITY				STATE		ZIP		
ARE YOU 18 YEARS OR OLDER? YES NO											
DESIRED EMPLOYM	MENT	to the control of the control						MANAGEVALUES STREET			
POSITION			DATE YOU CAN START			SALARY DESIRED				FIRST	
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPI	LOYER?	YE	s [NO	er per er e		renerate PALL volument in All Control of the Spill of the			
EVER APPLIED TO THIS COMPAN	Y BEFORE?	WI-	WHERE?				WHEN?				
EVER WORKED FOR THIS COMPANY BEFORE? YES NO REASON FOR LEAVING WHERE? WHERE?											
NAME OF LAST SUPERVISOR AT	THIS COMPANY										MIDDLE
WHO REFERRED YOU TO THIS COMPANY? BEMPLOYMENT AGENCY NEWSPAPER ADVERTISING FRIEND								ĥ			
STATE EMPLOYMENT OFFICE COLLEGE			E PLACEMENT SERVICE WALK								
EDUCATION SCHOOL LEVEL	NAME AND LO	OCATIO	V OF SCI	HOOL		NO. OF YE	ARS	DID YOU GRADUATE?	SUBJE	CTS STUD	lED .
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TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	,			e Primario Palita de Pala de Primario Sana America Ame							
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SPECIAL TRAINING							***************************************	evident observations are state particularly and an extra successive.	d norm mand egypt (if the whole is upon their they would not a production in the second new contract of the second new contract o		TROOTS OF CHILDREN PROPERTY.
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FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT NAME OF PRESENT OR LAST EMPLOYER ADDRESS CITY STATE ZIP STARTING DATE JOB TITLE LEAVING DATE WEEKLY STARTING SALARY WEEKLY FINAL SALARY MAY WE CONTACT YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR TITLE PHONE DESCRIPTION OF WORK REASON FOR LEAVING NAME OF PREVIOUS EMPLOYER ADDRESS CITY STATE ZIP STARTING DATE LEAVING DATE JOB TITLE MAY WE CONTACT YOUR SUPERVISOR? WEEKLY STARTING SALARY WEEKLY FINAL SALARY YES NO NAME OF SUPERVISOR TITLE PHONE DESCRIPTION OF WORK REASON FOR LEAVING NAME OF PREVIOUS EMPLOYER ADDRESS CITY STATE ZIP STARTING DATE LEAVING DATE JOB TITLE MAY WE CONTACT YOUR SUPERVISOR? WEEKLY STARTING SALARY WEEKLY FINAL SALARY YES NO NAME OF SUPERVISOR TITLE PHONE DESCRIPTION OF WORK REASON FOR LEAVING

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

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Department of Taxation and Finance

IT-2104

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial	Last name			Your social security number		
Permanent home address (number and street or rural route)		Apartment number	Single or Head of ho	usehold Married Married III		
City, village, or post office	State	ZIP code	1	gally separated, mark an X in		
Are you a resident of New York City? Yes Are you a resident of Yonkers?						
Complete the worksheet on page 3 before ma 1 Total number of allowances you are claiming f 2 Total number of allowances for New York City	or New York State and Y					
Use lines 3, 4, and 5 below to have additional	withholding per pay pe	riod under special	agreement with yo	ur employer.		
3 New York State amount				3		
4 New York City amount		4				
5 Yonkers amount		***************************************		5		
I certify that I am entitled to the number of withho	olding allowances claimed	f on this certificate.				
Employee's signature		1/3 1/10/1 ST 8/1/8/N	Date	7141704		
Penalty – A penalty of \$500 may be imposed for from your wages. You may also be subject to crim		make that decreases	the amount of mon	ey you have withheld		
Employee: detach this page and give it to you	r employer; keep a cop	y for your records.				
Employer: Keep this certificate with your reco		this form to New Yo	rk State (see instructi	ions):		
A Employee claimed more than 14 exemption all	owances for NYS	а 🗆				
B Employee is a new hire or a rehire B F	irst date employee perform	ed services for pay (mi	n-dd-yyyy) (see instr.):			
Are dependent health insurance benefits ava	ailable for this employee?	Yes	No 🔲			
If Yes, enter the date the employee qualifies	s (mm-dd-yyyy):					
Employer's name and address (Employer: complete this section only	vif you are sending a copy of this form	n to the NYS Tax Department.)	Employer identification i	number		

Instructions

Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, 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 2018 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 you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, 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 iob.
- · You no longer qualify for exemption from withholding.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

(This form is not valid unless you sign it.) ▶

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

------- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account. follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Employee's Withholding Allowance Certificate OMB No. 1545-0074 ► Whether you're entitled to claim a certain number of allowances or exemption from withholding is Department of the Treasury subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Internal Revenue Service Your first name and middle initial Last name Your social security number Home address (number and street or rural route) Married Married, but withhold at higher Single rate, Note: If married filing separately, check "Married, but withhold at higher Single rate." City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card. check here. You must call 800-772-1213 for a replacement card. 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) 5 6 Additional amount, if any, you want withheld from each paycheck 6 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. · Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature

10 Employer identification number (EIN)

Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

9 First date of employment Date ▶

Contact Information

Please fill out form upon hire and	d annually to	update pers	onal information.
Date:			
Name:		•	
Cell phone #	·	¥	
Home phone#			
Current Address:			
Email address:		#***	
Emergency contact:			
Phone #			
Once completed please retur	n to Dawn	in payroll.	
Thank you 😉			