

RIVER VALLEY HOLDINGS, INC. NEW HIRE INFORMATION

The following information must be completed and returned to Human Resources to set up a new employee:

- ____ Application for Employment (signed)
- ____ Form W-4 (Employee's Withholding Allowance)
- ____ Form IT-2104 (NY State Withholding Allowance) or appropriate State
- ____ Form I-9 (Employment Eligibility Verification)
- ____ Copies of two forms of ID (e.g. driver's lic. **and** social sec. card or birth cert)
- ____ Sign-off sheet from the Employee Handbook (last page)
- ____ Direct Deposit form along with a voided check (optional)
- ____ Driving on Company Business sheet (if applicable)
- ____ MVR Authorization form (if applicable)
- ____ Health and Dental Insurance Forms within 21 days from hire (if applicable)
- ____ Health and Dental Waiver If Not Enrolling in Health/Dental (if applicable)
- ____ Workers Compensation History Form
- ____ NYS Dept of Labor Targeted Status Form (if applicable).
- ____ NYS Wage Form (if applicable)
- ____ PA Local Tax Form (if applicable)



Sales personnel must return a signed Driving on Company Business sheet and a copy of the declaration page of the employee's personal car insurance.

Sales and drivers must return a MVR authorization form.

Fax new employee information above to Human Resource Department if hard copies of paperwork are not received in the office before employee is to start work. Mail hard copies of above paperwork to be received no later than Friday, first week of employment, so employee can be processed for payroll.



New Hire salary and/or hourly wage rate, car allowance, etc. should be emailed or sent to the Human Resource/Accounting Department.



Cell phones, credit card enrollments, salesman route changes, etc. should be emailed to the Human Resource/Accounting Department.

Systems Access, PDA equipment, email, etc. - contact the IT Department.

Payroll Change Report

Date:	
Employee:	
SSN:	
Company:	
Dept:	
Effective Date:	

Change(s)	Change Detail
Rate	
Job	
Department	
Medical	
Dental	
401k	
Hired	
Termination	
Promotion	
Resignation	
Layoff	

Notes:

Authorized By:	
Approved By:	Date:

River Valley Holdings, Inc.
5881 Court Street Road
Syracuse, NY 13206

EMPLOYEE INFORMATION

Last Name	First	MI
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SSN

Birth Date

Home Phone

Cell Phone

Driver's License #

State

Emergency Contact

Relationship

Contact Information

****Please provide a copy of your Driver's License and SS Card****

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE	
NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

LAST

FIRST

MIDDLE

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
REFERRED BY					

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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

	NAME	PHONE #	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

IN CASE OF
EMERGENCY NOTIFY

Signature of Applicant _____

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

Form W-4 (2015)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2015, 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. If you meet both conditions, write "Exempt" here ▶		7			
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 (This form is not valid unless you sign it.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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 who claims no withholding allowances; 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.

**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		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/> <i>Note: If married but legally separated, mark an X in the Single or Head of household box.</i>
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"/>					
Complete the worksheet on page 3 before making any entries.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17)					1
2 Total number of allowances for New York City (from line 28)					2
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
4 New York City amount					4
5 Yonkers amount					5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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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
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Instructions**Changes effective for 2015**

Form IT-2104 has been revised for tax year 2015. The worksheet on page 3, the charts beginning on page 4, and the additional dollar amounts in the instructions on page 2, 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, charts, or additional dollar amounts, you should complete a new 2015 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 \$106,200 or more during the tax year.
- The total income of you and your spouse has increased to \$106,200 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, and the disallowed allowances were claimed on your original Form IT-2104.

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. 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 3 on page 3 of this form. 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 filing estimated tax, 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 6.

Other credits (Worksheet line 13) – 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 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$212,500	Less than \$265,600	Less than \$318,750	66
Between \$212,500 and \$1,062,650	Between \$265,600 and \$1,594,050	Between \$318,750 and \$2,125,450	68
Over \$1,062,650	Over \$1,594,050	Over \$2,125,450	88

Example: You are married and expect your New York adjusted gross income to be less than \$318,750. 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 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

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 \$106,200, 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 17 and line 28 (if applicable) between you and your working spouse.

- \$106,200 or more, use the chart(s) in Part 4 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 \$106,200, 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 \$106,200 and \$2,231,827, use the chart(s) in Part 5 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 \$106,200 or more, use the chart(s) in Part 4 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 14.

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 4 or Part 5, 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.

(continued)

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.

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 www.nynewhire.com.

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	Other credits (<i>see instructions</i>)	13	_____
14	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	14	_____
15	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number	15	_____
16	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 25. All others enter 0	16	_____
17	Add lines 6 through 16. 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>	17	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

18	Enter your estimated federal itemized deductions for the tax year	18	_____
19	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 18	19	_____
20	Subtract line 19 from line 18	20	_____
21	Enter your estimated college tuition itemized deduction	21	_____
22	Add lines 20 and 21	22	_____
23	Based on your federal filing status, enter the applicable amount from the table below	23	_____

Single (cannot be claimed as a dependent)	\$ 7,900	Qualifying widow(er)	\$15,850
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$15,850
Head of household	\$11,100	Married filing separate returns	\$ 7,900

24	Subtract line 23 from line 22 (<i>if line 23 is larger than line 22, enter 0 here and on line 16 above</i>)	24	_____
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25	_____

Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

26	Enter the amount from line 6 above	26	_____
27	Add lines 14 through 16 above and enter total here	27	_____
28	Add lines 26 and 27. Enter the result here and on line 2	28	_____

[illegible]

		Combined wages between \$1,168,950 and \$1,700,399									
Higher earner's wages		\$1,168,950	\$1,222,100	\$1,275,300	\$1,328,400	\$1,381,500	\$1,434,700	\$1,487,800	\$1,540,900	\$1,594,050	\$1,647,250
		\$1,222,099	\$1,275,299	\$1,328,399	\$1,381,499	\$1,434,699	\$1,487,799	\$1,540,899	\$1,594,049	\$1,647,249	\$1,700,399
\$584,450	\$637,599	\$14	\$17								
\$637,600	\$690,699	\$14	\$17	\$20	\$23						
\$690,700	\$743,849	\$14	\$17	\$20	\$23	\$26	\$30				
\$743,850	\$796,999	\$14	\$17	\$20	\$23	\$26	\$30	\$33	\$36		
\$797,000	\$850,149	\$14	\$17	\$20	\$23	\$26	\$30	\$33	\$36	\$39	\$42
\$850,150	\$903,299	\$22	\$17	\$20	\$23	\$26	\$30	\$33	\$36	\$39	\$42
\$903,300	\$956,449	\$20	\$25	\$20	\$23	\$26	\$30	\$33	\$36	\$39	\$42
\$956,450	\$1,009,549	\$18	\$23	\$29	\$23	\$26	\$30	\$33	\$36	\$39	\$42
\$1,009,550	\$1,062,649	\$26	\$21	\$27	\$32	\$26	\$30	\$33	\$36	\$39	\$42
\$1,062,650	\$1,115,849	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$40
\$1,115,850	\$1,168,949	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37
\$1,168,950	\$1,222,099	\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34
\$1,222,100	\$1,275,299		\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31
\$1,275,300	\$1,328,399			\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28
\$1,328,400	\$1,381,499				\$9	\$19	\$29	\$27	\$23	\$28	\$33
\$1,381,500	\$1,434,699					\$9	\$19	\$29	\$27	\$23	\$28
\$1,434,700	\$1,487,799						\$9	\$19	\$29	\$27	\$23
\$1,487,800	\$1,540,899							\$9	\$19	\$29	\$27
\$1,540,900	\$1,594,049								\$9	\$19	\$29
\$1,594,050	\$1,647,249									\$9	\$19
\$1,647,250	\$1,700,399										\$9

		Combined wages between \$1,700,400 and \$2,231,827									
Higher earner's wages		\$1,700,400	\$1,753,500	\$1,806,650	\$1,859,800	\$1,912,900	\$1,966,050	\$2,019,200	\$2,072,350	\$2,125,450	\$2,178,650
		\$1,753,499	\$1,806,649	\$1,859,799	\$1,912,899	\$1,966,049	\$2,019,199	\$2,072,349	\$2,125,449	\$2,178,649	\$2,231,827
\$850,150	\$903,299	\$45	\$48								
\$903,300	\$956,449	\$45	\$48	\$51	\$54						
\$956,450	\$1,009,549	\$45	\$48	\$51	\$54	\$57	\$60				
\$1,009,550	\$1,062,649	\$45	\$48	\$51	\$54	\$57	\$60	\$63	\$66		
\$1,062,650	\$1,115,849	\$43	\$46	\$49	\$53	\$56	\$59	\$62	\$65	\$480	\$904
\$1,115,850	\$1,168,949	\$40	\$43	\$46	\$49	\$53	\$56	\$59	\$62	\$477	\$904
\$1,168,950	\$1,222,099	\$37	\$40	\$43	\$46	\$49	\$53	\$56	\$59	\$474	\$901
\$1,222,100	\$1,275,299	\$34	\$37	\$40	\$43	\$46	\$49	\$53	\$56	\$471	\$898
\$1,275,300	\$1,328,399	\$31	\$34	\$37	\$40	\$43	\$46	\$49	\$53	\$468	\$895
\$1,328,400	\$1,381,499	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$49	\$465	\$892
\$1,381,500	\$1,434,699	\$33	\$28	\$31	\$34	\$37	\$40	\$43	\$46	\$462	\$889
\$1,434,700	\$1,487,799	\$28	\$33	\$28	\$31	\$34	\$37	\$40	\$43	\$459	\$886
\$1,487,800	\$1,540,899	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$40	\$456	\$883
\$1,540,900	\$1,594,049	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$37	\$453	\$880
\$1,594,050	\$1,647,249	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$34	\$450	\$877
\$1,647,250	\$1,700,399	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$31	\$447	\$874
\$1,700,400	\$1,753,499	\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$28	\$443	\$871
\$1,753,500	\$1,806,649		\$9	\$19	\$29	\$27	\$23	\$28	\$33	\$440	\$867
\$1,806,650	\$1,859,799			\$9	\$19	\$29	\$27	\$23	\$28	\$446	\$864
\$1,859,800	\$1,912,899				\$9	\$19	\$29	\$27	\$23	\$440	\$869
\$1,912,900	\$1,966,049					\$9	\$19	\$29	\$27	\$435	\$864
\$1,966,050	\$2,019,199						\$9	\$19	\$29	\$440	\$859
\$2,019,200	\$2,072,349							\$9	\$19	\$441	\$864
\$2,072,350	\$2,125,449								\$9	\$431	\$865
\$2,125,450	\$2,178,649									\$216	\$443
\$2,178,650	\$2,231,827										\$14

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 \$1,115,914 but less than \$2,231,827, and the other spouse's wages are also more than \$1,115,914 but less than \$2,231,827;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,231,827, but combined wages from all jobs is over \$2,231,827.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 5 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$106,200 and \$2,231,827.

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 \$106,200 and \$531,299										
Higher wage		\$106,200 \$127,499	\$127,500 \$148,699	\$148,700 \$169,949	\$169,950 \$191,199	\$191,200 \$233,699	\$233,700 \$276,249	\$276,250 \$318,749	\$318,750 \$371,899	\$371,900 \$425,049	\$425,050 \$478,199	\$478,200 \$531,299
\$53,100	\$74,299	\$13	\$18									
\$74,300	\$95,549	\$12	\$19	\$26	\$25							
\$95,550	\$116,799	\$8	\$16	\$23	\$26	\$27						
\$116,800	\$127,499	\$2	\$11	\$18	\$21	\$25	\$28					
\$127,500	\$138,099		\$4	\$15	\$18	\$22	\$28					
\$138,100	\$148,699		\$2	\$11	\$14	\$19	\$28	\$26				
\$148,700	\$159,349			\$4	\$11	\$15	\$27	\$24				
\$159,350	\$170,149			\$2	\$8	\$13	\$26	\$25	\$21			
\$170,150	\$191,199				\$3	\$11	\$25	\$27	\$22	\$24		
\$191,200	\$233,699					\$8	\$20	\$29	\$26	\$24	\$18	
\$233,700	\$276,249						\$8	\$15	\$23	\$18	\$18	\$12
\$276,250	\$318,749							\$7	\$15	\$22	\$15	\$16
\$318,750	\$371,899								\$8	\$16	\$22	\$14
\$371,900	\$425,049									\$8	\$16	\$22
\$425,050	\$478,199										\$8	\$16
\$478,200	\$531,299											\$8

Combined wages between \$531,300 and \$1,168,949													
Higher wage		\$531,300 \$584,449	\$584,450 \$637,599	\$637,600 \$690,699	\$690,700 \$743,849	\$743,850 \$796,999	\$797,000 \$850,149	\$850,150 \$903,299	\$903,300 \$956,449	\$956,450 \$1,009,549	\$1,009,550 \$1,062,649	\$1,062,650 \$1,115,849	\$1,115,850 \$1,168,949
\$233,700	\$276,249	\$9											
\$276,250	\$318,749	\$9	\$8										
\$318,750	\$371,899	\$16	\$8	\$8	\$8								
\$371,900	\$425,049	\$14	\$16	\$8	\$8	\$8	\$8						
\$425,050	\$478,199	\$22	\$14	\$16	\$8	\$8	\$8	\$8	\$8				
\$478,200	\$531,299	\$16	\$22	\$14	\$16	\$8	\$8	\$8	\$8	\$8	\$8		
\$531,300	\$584,449	\$8	\$16	\$22	\$14	\$16	\$8	\$8	\$8	\$8	\$8	\$222	\$446
\$584,450	\$637,599		\$8	\$16	\$22	\$14	\$16	\$8	\$8	\$8	\$8	\$222	\$446
\$637,600	\$690,699			\$8	\$16	\$22	\$14	\$16	\$8	\$8	\$8	\$222	\$446
\$690,700	\$743,849				\$8	\$16	\$22	\$14	\$16	\$8	\$8	\$222	\$446
\$743,850	\$796,999					\$8	\$16	\$22	\$14	\$16	\$8	\$222	\$446
\$797,000	\$850,149						\$8	\$16	\$22	\$14	\$16	\$222	\$446
\$850,150	\$903,299							\$8	\$16	\$22	\$14	\$230	\$446
\$903,300	\$956,449								\$8	\$16	\$22	\$228	\$454
\$956,450	\$1,009,549									\$8	\$16	\$235	\$452
\$1,009,550	\$1,062,649										\$8	\$229	\$460
\$1,062,650	\$1,115,849											\$114	\$240
\$1,115,850	\$1,168,949												\$14

(Part 5 continued on page 7)

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, WA Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Visit our Web site 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) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

[illegible][illegible]



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		E-mail Address		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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write In This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)	
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I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div>3-D Barcode Do Not Write in This Space</div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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 		<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 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 	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

DIRECT DEPOSIT ENROLLMENT FORM

I authorize my employer (the "Company") to deposit any amounts owed to me by initiating credit entries to my account at my selected financial institution (the "Bank"). Further, I authorize the Bank to accept and credit any entries indicated by the Company to my account. In the even that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for the amount not to exceed the original amount of the erroneous credit.

This authorization will remain in effect until the Company and Bank receive written notice from me requesting termination. A request to terminate Direct Deposit must be made in such a manner that provides the Company and the Bank reasonable time to act upon it.

Employee Name _____ Date _____

Employee Signature _____ SS# _____

Company Name _____

NOTE: It may take 2 to 3 weeks from receipt of this form for Direct Deposit to become effective

ACCOUNT INFORMATION

You can select up to 2 checking accounts and/or 2 savings accounts for your Direct Deposit. (A maximum of 3 deposits can be set up)
However, you must use a separate Direct Deposit form for each account.

Bank Name _____ City/State _____

Transit/ARA# _____

Account # _____ Checking__ Savings__

WORKERS' COMPENSATION HISTORY FORM

This form is to be filled out only **AFTER HIRE**.

In order to participate in the New York State Second Injury Fund Program, our insurance carrier has requested the following information regarding on-the-job injuries you may have previously incurred that resulted in Workers' Compensation claims. This information is **confidential** and will not affect your employment in any way. It is for insurance purposes only.

Employee Name:

Social Security Number:

Job Title:

Date of Hire:

SUMMARY OF INJURIES

Nature of Injuries	Date	Previous Employer	Insurance Carrier (if known)

OR

☐ I have not incurred any previous workers' compensation claims

I certify that the above information on this form is true and accurate and any error or omission could be grounds for termination.

Employee Signature:

Date:

I hereby acknowledge that I have received a copy of the Company's employee handbook, which includes an overview of the policies, procedures, rules, and benefits of the Company. I further acknowledge that I have read or will read the contents of the employee handbook and I agree to abide by the policies contained therein. I am aware that if I have any questions regarding the contents of the employee handbook I should contact my supervisor.

I understand that the policies in this employee handbook may supersede, modify, or eliminate benefits, policies, procedures, or rules previously issued by the Company.

I understand that the Company reserves the right to interpret, add, modify, or revoke any provision in the employee handbook with or without cause or notice. I also understand that the employee benefits, policies, procedures, rules, and regulations in this employee handbook will remain in effect until notified of changes by the Company. I agree to retain the employee handbook for future reference and to update it with any policy additions or revisions that the Company issues.

I am aware that my copy of the employee handbook and any Company property in my possession must be returned to the Company upon my separation from employment or when requested by the Company.

I understand that I may be subject to reasonable suspicion substance testing as outlined in the Substance-Free Workplace Policy (Section 1000 Personal Conduct). I am aware that my refusal to consent to such a test or to test positive for alcohol or illegal drugs is a policy violation which will result in disciplinary action, up to and including termination.

Employment at the Company is employment-at-will. Accordingly, this employee handbook is not intended to be a contract of employment, a warranty of benefits, or a limitation on the Company's ability to terminate employees.

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

DATE OF SIGNATURE

SIGNATURE OF MANAGER OR SUPERVISOR

DATE OF SIGNATURE



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:

River Valley Holdings

Doing Business As (DBA) Name(s):

River Valley Foods

CAVALLARO FOODS

FEIN (optional):

Physical Address:

5881 Court Street Rd.
SYRACUSE, NY 13206

Mailing Address:

SAME

Phone:

315-437-4636

2. Notice given:

- ☐ At hiring
☐ On or before February 1st
☐ Before a change in pay rate(s),
allowances claimed or payday

LS 54 (03/11)

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.

NYS ONLY

Hourly



1. Employer Information

Name:

River Valley Holdings

Doing Business As (DBA) Name(s):

River Valley Foods
CAVALLARO Foods

FEIN (optional):

Physical Address:

5881 Court Street Rd.
SYRACUSE, NY 13206

Mailing Address:

SAME

Phone:

315-437-4636

2. Notice given:

- ☐ At hiring
☐ On or before February 1
☐ Before a change in pay rate(s),
allowances claimed, or payday

LS 59 (03/11)

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

3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

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:

Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional): _____

8. Employee Acknowledgement:

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. 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 _____

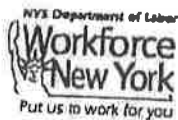
Date _____

Preparer Name and Title _____

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

NYS Only
SALARY or
COMMISSION

NYS ONLY



NEW YORK STATE DEPARTMENT OF LABOR
VERIFICATION OF TARGETED STATUS

EMPLOYEE SECTION

Name (Last, First, Middle Initial -- Please Print) _____		Social Security # _____-_____-____
Address _____	City or Town, State and Zip Code _____	

1). Public Assistance benefits

Have you or a member of your immediate family received Public Assistance/Food Stamp benefits within the past two (2) years?
____ YES ____ NO

2). WIA-Dislocated Worker

Are you eligible to receive services as a "Dislocated Worker", facing the loss of your job due to a plant closing or mass layoff OR have been provided a WARN notice? ____ YES ____ NO

3). Vocational Rehabilitation (VESID)

Have you received rehabilitation services or benefits within the past two (2) years?
____ YES ____ NO

4). *Low Income/Economically Disadvantaged

Are you a member of a low income or economically disadvantaged family? (A family is defined as two or more persons related by blood, marriage or decree of court who are living in a single residence)
____ YES ____ NO

What was your family income this past year? \$ _____
Number of members in your family: _____

* Please Visit the following web-page for more eligibility information: <http://www.workforcenewyork.org/ta/ta05-2atta.htm>

5). Ex Felon

Have you been convicted of a felony or released from prison within the past three (3) years?
____ YES ____ NO

6). High Risk Youth-Federal Zone

Do you live (principal place of abode) in one of the following communities and are at least 18 but no more than 24 years of age?
____ YES ____ NO

If yes, check the appropriate zone:

<input type="checkbox"/>	Buffalo-Lackawanna (Urban Renewal Community)
<input type="checkbox"/>	Niagara Falls (Urban Renewal Community)
<input type="checkbox"/>	Rochester (Urban Renewal Community)
<input type="checkbox"/>	Schenectady (Urban Renewal Community)
<input type="checkbox"/>	Jamestown (Rural Renewal Community)
<input type="checkbox"/>	Syracuse (Urban Round III Empowerment Zone)
<input type="checkbox"/>	Yonkers (Urban Round III Empowerment Zone)
<input type="checkbox"/>	New York (Urban Round I Empowerment Zone)

*Please Visit the following web-page for more eligibility information: http://egls.hud.gov/egls/cpd/rcexec/ezec_open.htm

7). Honorably Discharged Veteran

Are you an honorably discharged member of any branch of the armed forces of the United States? (Please attach a copy of your DD-214)
____ YES ____ NO

Declaration: I certify that the information I have supplied in completing this form is true and correct to the best of my knowledge. I agree that any information I have supplied is voluntary and may be subject to verification.

Signature _____

Date ____ / ____ / ____