

Department of Medicine
CASUAL EMPLOYMENT HIRING INSTRUCTIONS / CHECKLIST

Employee Name: _____

Division: _____

FOR DEPARTMENT USE ONLY

Date Received: MM/DD/YYYY Date Submitted to HR: MM/DD/YYYY

Reviewed by: _____ Ext: 5-2830

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> PAF | <input type="checkbox"/> Casual/Temp Employment Form | <input type="checkbox"/> UNI Requested | |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Medical Surveillance | <input type="checkbox"/> ID Letters | <input type="checkbox"/> Entered on Casual List |

The following documentation is required two (2) weeks prior to the casual employment effective date to ensure timely processing of the hire:

- Casual Registration Form:** *To be completed by Divisional Administration*
- Casual Employee Personal Information Form:** *To be completed by the casual employee*
- Current Resume**
- Casual Employment Agreement:** *Requires casual employee's signature of agreement*
- Working Papers:** *Casual employee under the age of 18 must present applicable original documentation to the Department of Medicine Payroll Office (PH 8W-862), on or before their first day of work*
- I-9 Form:** *To be completed by the casual employee. Casual employee must present applicable original documentation to the Department of Medicine Payroll Office (PH 8W-862), on or before their first day of work, for validation of this form*
- W-4:** *To be completed by the casual employee*
- IT-2104** (for residents of NYC) / **IT-2104.1** (for residents outside of NYC) / **IT-2104-E** (for tax-exempt employees): *To be completed by the casual employee*
- Direct Deposit Form:** *To be completed by the casual employee*

Upon completion, you may submit the casual hire packet directly to Emily Perez in PH 8W-862. An authorization letter for the casual employee's identification badge will be issued upon departmental approval of a complete hiring packet.

All casual employees over the age of 18, are subject to a pre-employment drug screening test. Be advised that casual employment is contingent upon the passing of this screening. Our office will contact the division administration with further instruction upon receipt of a complete Casual hire packet.

BE ADVISED THAT IT MAY TAKE AT LEAST TWO PAY CYCLES FROM THE TIME A COMPLETE HIRE PACKET IS RECEIVED IN OUR OFFICE FOR THE CASUAL EMPLOYEE TO RECEIVE THEIR FIRST PAYMENT.

Also enclosed:

- Bi-Weekly Pay Schedule: *Casual employee should keep for their records*
- Casual Time Sheet: *Casual employee should maintain blank copies to complete and submit in accordance to the Bi-Weekly Pay Schedule*

If there are any questions or concerns, please contact the Department of Medicine Payroll Office at ext. 5-2830.

Department of Medicine - Casual Registration Form

NOTE: CASUAL EMPLOYMENT PERIOD *MAY NOT* EXCEED FOUR (4) MONTHS UNLESS TOTAL WEEKLY HOURS ARE LESS THAN 20.

Division / Unit:			
Employee Name:		SSN:	
Work Location:			
Telephone:		Fax:	
Supervisor Name & Title:		Telephone:	
Description of duties to be performed: <input type="checkbox"/> Officer of Admin <input type="checkbox"/> Support Staff Union <input type="checkbox"/> Support Staff Non-Union			Departmental HR Approval:
Duties may include, please check and complete all that apply:		Will the casual employee:	
<input type="checkbox"/> Work with humans in a clinical/research setting: _____ hrs/week	<input type="checkbox"/> Work with Class 3b or 4a Lasers	Participate in physician billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Potential Blood Borne Pathogen exposure (including human cell lines & HIV)	<input type="checkbox"/> Exposure to formaldehyde/xylene (monitoring results exceeds PEL and/or STEL)		
<input type="checkbox"/> Known work with Infectious Agents (e.g. varicella, polio), please specify: _____	<input type="checkbox"/> Exposure to ethylene oxide	Interact with Patients and/or research subjects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Laboratory work with exposure to formaldehyde/xylene/phenol	<input type="checkbox"/> Exposure to benzene or other OSHA regulated substances, please specify: _____		
<input type="checkbox"/> Medical Clearance to wear a respirator	<input type="checkbox"/> Asbestos Surveillance	Be required to use a respirator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other, please specify: _____			
Does employee require a CU email account: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start Date: ___/___/___ End Date: ___/___/___ Hours/Week _____ Pay Rate: \$ _____			
Accounts to be charged:	Percentage of time Charged to accounts	Account End Date (5&6 ledger accounts only)	
1. Account #:			
2. Account #:			
3. Account #:			
4. Account #:			
	100%		
Contact person in your unit/division available to answer questions regarding payments and accounts:			
Name:		Telephone:	
*Divisional Administrator's / Authorized Signature:			Date
*Departmental Approval:			Date

Department of Medicine
CASUAL EMPLOYEE PERSONAL INFORMATION FORM

TO BE COMPLETED BY EMPLOYEE

Full Name: _____ **Gender:** Female Male

Social Security Number: _____ **Date of Birth:** ___ - ___ - _____

Marital Status: Single Married Divorced Separated Widowed

Marital Status Date: ___ - ___ - _____

Ethnicity: 1-White 5-American Indian/Alaskan Native
 2-Black 6-Not Disclosed
 3-Hispanic 7-East Indian/Indian Subcontinent
 4-Asian/Pacific Islander

Citizenship Status:

USA Citizen

Permanent Resident - A#: _____

Visa Holder - Visa Type: _____

Expiration Date: ___ - ___ - _____

Country of Citizenship: _____

Home Address: _____ **Home Phone:** _____

City, State, Zip: _____ **Other Phone:** _____

Email: _____ **Fax:** _____

Emergency Contact Name: _____

Relation: _____ **Contact Phone:** _____

Highest Educational Level: _____

If Student, indicate School presently attending: _____

If a student at Columbia University, Barnard College, or Teachers College, please indicate status:

Full-Time Undergraduate Student (12 credits or more)

Full-Time Graduate Student (15 hours per week)

Full-Time Graduate Student (6 hours/dissertation)

Part-Time Graduate Student

Check here if you have received salary or have worked for Columbia University (morningside, harlem, lamont or medical center) within the last five years. If so, please write the name of the department in which you most recently worked: _____

COLUMBIA UNIVERSITY HUMAN RESOURCES
Human Resources Processing Center, 330 Fifth Avenue, MC 3202
212.851.2888

Name: _____

Dept: _____

Casual Employment Agreement Form

Important Note: *This Casual Employment Agreement does not apply to casuals who are full-time Columbia students.*

I understand that my employment with Columbia University is on a "casual" basis, with anticipated dates of employment between the following dates (*mm/dd/yyyy*):

Start Date: ____/____/____

End Date: ____/____/____

Hiring Manager: Describe the job duties to be performed (If you need more space, attach a sheet of paper)

I understand that the duration of my employment with the University will not exceed 560 hours within a 12-month period unless I am directly replacing an employee on an approved leave of absence and the individual that I am replacing is unable to return to active employment within the above stated four-month time frame.

Additionally, I understand that as a "casual" employee I am not eligible for any benefits offered by the University under any collective bargaining agreement or University policy. I understand that I may apply for and be considered for regular employment by the University for any position for which I am qualified.

I understand that I am an employee at will and agree that no contract of employment is created as a result of my obtaining this position, and that my employment may be terminated at any time.

I certify that:

No relatives are employed by Columbia University; or

The following relatives are employed by Columbia:

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

No representative of Columbia University is authorized to vary the terms of this agreement except by written approval from Human Resources.

Signature: _____ Date (*mm/dd/yyyy*): _____

The original of this form must be attached to the Personnel Action Form (PAF) being sent to the HR Processing Center. A copy must be retained by the employing unit.

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may 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.

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. 919, How Do I Adjust My Tax Withholding, 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. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } **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 \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 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.

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

Form W-4 <small>Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2007
1 Type or print 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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2007, 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 <small>(Form is not valid unless you sign it.) ►</small>		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, claim certain credits, or claim adjustments to income on your 2007 tax return.

1 Enter an estimate of your 2007 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$10,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,850 \text{ if head of household} \\ \$5,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____

6 Enter an estimate of your 2007 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 \$3,400 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/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 \$50,000 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 4–9 below to calculate 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 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. 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				Table 2			
Married Filing Jointly		All Others		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	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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	850	35,001 - 80,000	850
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 170,000	950	80,001 - 150,000	950
18,001 - 22,000	3	19,001 - 26,000	3	170,001 - 300,000	1,120	150,001 - 340,000	1,120
22,001 - 26,000	4	26,001 - 35,000	4	300,001 and over	1,190	340,001 and over	1,190
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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

IT-2104

New York State • City of New York • City of Yonkers

Print or type	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"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.

Are you a resident of New York City? Yes No
 Are you a resident of Yonkers? Yes No

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 19)	1.	
2 Total number of allowances for New York City (from line 30)	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.

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.) _____	Employer identification number _____
--	--------------------------------------

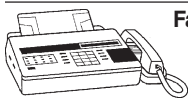
Employers only: Please mark an **X** in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire Employee claimed more than 14 exemption allowances for New York State

Need help?



Internet access: www.nystax.gov
 Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status: 1 800 443-3200

(Automated service for refund status is available 24 hours a day, 7 days a week.)

To order forms and publications: 1 800 462-8100

Personal Income Tax Information Center: 1 800 225-5829

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired: (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:00 A.M. to 5:00 P.M., eastern time).



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

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 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 Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Instructions

Changes for 2005

The charts on page 4 of this form have been revised for tax year 2005. If you filed a 2004 Form IT-2104 and used a page 4 chart to compute an additional dollar amount to claim on lines 3, 4, or 5 on Form IT-2104, you should complete a new 2005 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 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 \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 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.

Employee: detach and give the first page to your employer; keep pages 3 and 4 for your records.

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. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

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 I and Part III 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, 2, 19, or 30, 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 Income Tax Payment Voucher*, or see *Need help?* on page 1.

Other credits (Worksheet line 12) — If you will be eligible to claim any credits other than the credits listed, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than \$50,000, divide the amount of the expected credit by 60 and enter the result (round to the nearest whole number) on line 12.
- If you expect your New York adjusted gross income to be more than \$50,000, divide the amount of the expected credit by 70 and enter the result (round to the nearest whole number) on line 12.

Example: *You expect your New York adjusted gross income to exceed \$50,000. 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 70. $160/70 = 2.2857$. The additional withholding allowance(s) would be 2. Enter 2 on line 12.*

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. 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 30 (if applicable) between you and your working spouse. 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 you and your spouse's combined income is between \$100,000 and \$400,000, use Chart A on page 4 to compute the number of allowances to transfer to Part I, line 18; also use Chart B if you are a New York City resident (using Part III, line 29). If your combined income is greater than \$150,000, but your taxable income is less than \$150,000, use the *\$145,000 to \$150,000* column in Chart A to compute the number of allowances to transfer to Part I, line 18.

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, reduce the number of allowances by six for a single taxpayer or three for a head of household, 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.

Single taxpayers or heads of household —

If you are a single taxpayer or head of household and your total income is between \$100,000 and \$400,000, use Chart A on page 4 to compute the number of allowances to transfer to Part I, line 18; also use Chart B if you are a New York City resident (using Part III, line 29). Substitute the words *Highest paying job for Higher earner's wages* within the charts.

Dependents — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, 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 Part I, line 13.

Married couples with only one spouse working

— If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional allowances on Part I, 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 using the worksheets on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$2 of tax withheld per week for New York State withholding on line 3, and an additional \$1 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 5% (0.05) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer 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 charts on page 4 is accurate for a weekly payroll. Therefore, if you are paid other than weekly, 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 using the worksheet(s) on page 3.

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.



New York State, City of New York, and City of Yonkers Certificate of Nonresidence and Allocation of Withholding Tax

IT-2104.1

(7/04)

Employee: Complete this form and return it to your employer. If you become a New York State, New York City, or Yonkers resident, or you substantially change the percentage of services performed within New York State or Yonkers, you must notify your employer within 10 days. A penalty of \$500 may be imposed for furnishing false information that decreases the withholding amount.

Employee's first name and middle initial		Last name		Social security number		Employer's name			
Street address						Street address			
City		State		ZIP code		City		State	ZIP code

Mark an X in the appropriate boxes below:

(See definitions for *resident*, *nonresident*, and *part-year resident* on the back of this form.)

Part 1 — New York State

- I certify that I am not a resident of New York State and that my residence is as stated above.
- I estimate that _____ % of my services during the year will be performed within New York State and subject to New York State withholding tax.

Part 2 — New York City

- I certify that I am not a resident of New York City and that my residence is as stated above.

Part 3 — Yonkers

- I certify that I am not a resident of Yonkers and that my residence is as stated above.
- I estimate that _____ % of my services during the year will be performed within Yonkers.

I will notify my employer within 10 days of any change in the percentage of my services performed within New York State or Yonkers, or of a change in my status from nonresident to resident of New York State, New York City, or Yonkers.

Employee's signature	Date
----------------------	------

Employer: You must withhold the applicable amount of New York State, New York City, or Yonkers tax from wages (or from the percentage of wages shown above) paid to employees who file this certificate. **Keep this certificate with your records. You must keep this certificate and have it available for inspection by the Tax Department.**

Resident and nonresident defined

To determine whether or not you are a resident of New York State, New York City, or Yonkers, you must consider your domicile and permanent place of abode. In general, your *domicile* is the place you intend to have as your permanent home. A *permanent place of abode* is a residence (a building or structure where a person can live) you permanently maintain, whether you own it or not, and usually includes a residence your husband or wife owns or leases.

Resident

New York State resident — You are a New York State resident if:

1. Your domicile is not New York State but you maintain a permanent place of abode in New York State and spend 184 days or more in New York State during the taxable year. However, if you are a member of the armed forces, and your domicile is not New York State, you are not a resident under this definition; **or**
2. Your domicile is New York State. However, even if your domicile is New York State, you are not a resident if you meet **all three** of the conditions in either Group A or Group B as follows:

Group A

1. You did not maintain any permanent place of abode in New York State during the tax year, **and**
2. you maintained a permanent place of abode outside New York State during the entire tax year, **and**
3. you spent **30 days or less** in New York State during the tax year.

Group B

1. You were in a foreign country for at least 450 days during any period of 548 consecutive days, **and**
2. you spent **90 days or less** in New York State during this 548-day period, and your spouse (unless legally separated) or minor children spent **90 days or less** in New York State during this 548-day period in a permanent place of abode maintained by you; **and**
3. during the nonresident portion of the tax year in which the 548-day period begins, and during the nonresident portion of the tax year in which the 548-day period ends, you were present in New York State for no more than the number of days that bears the same ratio to 90 as the number of days in

such portion of the tax year bears to 548. This condition is illustrated by the following formula:

$$\frac{\text{number of days in the nonresident portion}}{548} \times 90 = \text{maximum days allowed in New York State}$$

To determine if you are a New York City or Yonkers resident, substitute *New York City* or *Yonkers*, whichever is applicable, for *New York State* in the above definition.

Nonresident and part-year resident

You are a *nonresident* if you do not meet the above definition of a resident. You are a *part-year resident* if you meet the definition of resident or nonresident for only part of the year.

Percent of services

The percent of services performed in New York State or Yonkers may be computed using days, miles, time, or similar criteria. For example, an individual working in New York State two out of five days for the entire year performs 40% of his or her services in New York State.

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 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.

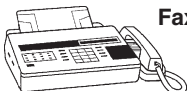
This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Need help?



Internet access: www.nystax.gov

Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



Fax-on-demand forms: Forms are

available 24 hours a day,
7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status: 1 800 443-3200
(Automated service for refund status is available 24 hours a day, 7 days a week.)

To order forms and publications: 1 800 462-8100

Personal Income Tax Information Center: 1 800 225-5829

From areas outside the U.S. and outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired: If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



Certificate of Exemption from Withholding

New York State • City of New York • City of Yonkers

IT-2104-E

This certificate will expire on April 30, 2006.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet **all** of the following conditions:

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did **not** have a New York income tax liability for 2004; **and**
- you do **not** expect to have a New York income tax liability for 2005.

If you **do not meet all** of the above conditions, **stop**; you cannot claim exemption from withholding.

Print or type	First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box
	Mailing address (<i>number and street or rural route</i>)	Apartment number	Date of birth	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person <input type="checkbox"/>
I certify that the information on this form is correct and that, for the year 2005, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.			Employee's signature	Date
Employer name and address (<i>Employer: complete this section only if you must send a copy to the NYS Tax Department; see instructions</i>)		Employer identification number	Mark an X if a newly hired employee <input type="checkbox"/>	

----- Cut here and give the certificate to your employer -----

Instructions

Employee

Who qualifies — You may claim exemption from withholding if: (1) you are under age 18, over age 65, or a full-time student under age 25, **and** (2) you had no New York income tax liability for 2004, **and** (3) expect none for the year 2005. (For this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld.)

If you meet these conditions, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

When to claim exemption from withholding — File this certificate with your employer if you meet all the conditions listed above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

Liability for estimated tax — If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, *Estimated Income Tax Payment Voucher*.

Multiple employers — If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2005 and you had no liability for 2004.

Revocation by employee — You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2005, or (2) on or before December 1, 2005, if you expect to incur a tax liability for 2006.

If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,000), you **must** file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

If you need help completing this form, call toll free 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Filing status — Check the box on Form IT-2104-E that shows your present filing status for federal purposes.

Employer

Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you **must** send a copy of that employee's Form IT-2104-E to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, Building 9, W A Harriman Campus, Albany NY 12227.**

The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.

Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Revocation by employer — You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.

New hires — If you are submitting a copy of this form because you are choosing to use this form to comply with New York State's New Hire Reporting Program, check the box and mail a copy of 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 employees online go to www.nynewhire.com.

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 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 Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

**CASUAL /SUPPORT STAFF SCHEDULE
2007-2008**

**CASUALS & SUPPORT STAFF OVERTIME: TIMESHEETS ARE DUE BY 12:00 NOON
ON THE DUE DATES.**

Timesheets received after 12:00 noon will be processed for the following pay cycle.

PAYROLL #	PERIOD COVERED	TIMESHEETS DUE	PAY DATES
1	06/25/07-07/08/07	07/06/07	07/13/07
2	07/09/07-07/22/07	07/20/07	07/27/07
3	07/23/07-08/05/07	08/03/07	08/10/07
4	08/06/07-08/19/07	08/17/07	08/24/07
5	08/20/07-09/02/07	08/31/07	08/07/07
6	09/03/07-09/16/07	09/14/07	09/21/07
7	09/17/07-09/30/07	09/28/07	10/05/07
8	10/01/07-10/14/07	10/12/07	10/19/07
9	10/15/07-10/28/07	10/26/07	11/02/07
10	10/29/07-11/11/07	11/09/07	11/16/07
*11	11/12/07-11/25/07	11/21/07	11/30/07
12	11/26/07-12/09/07	12/07/07	12/14/07
13	12/10/07-12/23/07	12/21/07	12/28/07
14	12/24/07-01/06/08	01/04/08	01/11/08
15	01/07/08-01/20/08	01/18/08	01/25/08
16	01/21/08-02/03/08	02/01/08	02/08/08
17	02/04/08-02/17/08	02/15/08	02/22/08
18	02/18/08-03/02/08	02/29/08	03/07/08
19	03/03/08-03/16/08	03/14/08	03/21/08
20	03/17/08-03/30/08	03/28/08	04/04/08
21	03/31/08-04/13/08	04/11/08	04/18/08
22	04/14/08-04/27/08	04/25/08	05/02/08
23	04/28/08-05/11/08	05/09/08	05/16/08
24	05/12/08-05/25/08	05/23/08	05/30/08
25	05/26/08-06/08/08	06/06/08	06/13/08
26	06/09/08-06/22/08	06/20/08	06/27/08

**TIMESHEETS MUST BE ORIGINALS SIGNED BY YOU AND YOUR SUPERVISOR AND
ALL LUNCH BREAKS AND TIME OFF MUST BE PROPERLY REFLECTED.**

NO EXCEPTIONS!

***EARLY CLOSING**

Record of Hours Worked: Short-Term Casual

See Instructions on reverse side. Do not use black ink, pencil or white-out.

Employee Name: _____ Department: MEDICINE

Employee SSN: _____ Division: _____

Regularly Scheduled Hours per Week: _____ per Casual Registration Form

Hours Worked

<i>To Be Completed by Employee</i>						<i>To Be Completed by Supervisor</i>	Notes	
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked			Total Time
In	Lunch		Out	Out				
	Out	In						
Monday							<ul style="list-style-type: none"> • Timesheets must be submitted to the <u>Department of Medicine Payroll Office located in PH 8W-862</u> by 12 noon on the scheduled due date. (If original form will be submitted directly by employee, supervisor must forward form in a sealed, signed envelope) • Timesheets received after scheduled due date and time will be processed for the following bi-weekly pay period. • Short-term casuals are paid for exact hours worked. • Per the NYS Department of Labor, employees who work more than six hours straight must have a break of at least half an hour. (Breaks are without pay) • Casual employees who work over eight hours a day or over 40 hours a week <i>must</i> be paid overtime. (Additional signature by Division Administrator is required for overtime processing) 	
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Weekly Total: Regular Hours								
Weekly Total: Overtime (if any)								
Week Beginning (mm/dd/yyyy): ____/____/____					Hours Worked	Total Time		
In	Lunch		Out	Out				
	Out	In						
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Weekly Total: Regular Hours								
Weekly Total: Overtime (if any)								

Short-term casual employment is limited to a maximum of 560 hours in a rolling twelve-month period. When the 560-hour limit is reached, a casual must either be hired as a regular employee or terminated.

Employee Signature: _____ Date: _____

<i>Bi-Weekly Summary - To Be Completed by Supervisor</i>				
Bi-Weekly Total: Regular Hours	Acct#			
	% on Acct			
Bi-Weekly Total: Approved Overtime	Acct#			
	% on Acct			
Comments				

Supervisor Signature/Authorization: _____ Date: _____

Division Administrator Signature: _____ Date: _____



Instructions for Completing Record of Hours Worked: Short-Term Casual

Employee

- Complete form in accordance to the enclosed bi-weekly pay schedule. (**Note:** *The work week begins on Monday and ends on Sunday*)
- *On a daily basis*, fill in your actual time of arrival (when you began your work day), the times you leave for and return from your meal break, your time of departure (end of work day), and the total hours you worked. (**Note:** *Total daily hours worked do not include meal breaks*)
- At the end of the bi-weekly pay period: Sign and date the form and turn it in to your supervisor.
- Your supervisor will complete the form and return a copy to you for your records.

Supervisor

- Review and verify times of arrival and departure.
- Verify authorized overtime, if any.
- Any discrepancies should be discussed with the employee. Do not erase or alter the employee's entries. Annotate the record with your corrections and review the changes with the employee.
- **In the "Bi-Weekly Summary - To Be Completed by Supervisor" section:**
 - **Enter the total number of hours worked, for the bi-weekly period, and enter account number(s) and percentage to be charged.**
 - **Enter the total number of approved overtime hours to be paid, for the bi-weekly period, and enter account number(s) and percentage to be charged.** (**Note:** *Additional signature by Division Administrator is required for overtime processing*)
- **Sign the form and give a copy to the employee for their records. Submit the original form to the Department of Medicine Payroll Office located in PH 8W-862.** (**Note:** *If original form will be submitted directly by employee you must forward form in a sealed, signed envelope*)