

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . .

4(c) \$**Step 5:**
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



Department of Taxation and Finance

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

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes ☐ No ☐
Are you a resident of Yonkers? Yes ☐ No ☐

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) **1**
2 Total number of allowances for New York City (from line 31, if using worksheet) **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.

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's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: IT-2104-I) or scan the QR code below.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: IT-2104-I) or scan the QR code below.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.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 New York State Tax Department.)	Employer identification number
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Scan here

<https://www.tax.ny.gov/rt2104i-2024>



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
Signature of Employee		If you check Item Number 4., enter one of these:					
		USCIS A-Number		OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div> <div>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</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div>

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

Refer to the instructions for more information about acceptable receipts.

Canisius College

Student Worker Confidentiality Policy

It is very likely that, as a student employee, you will work with information, academic records, memorandums, etc that are confidential in nature. Canisius College is very much aware of the necessity of maintaining confidentiality when dealing with students and other records. The college is bound by law to protect the confidentiality of many of its records. In other cases, the college wishes to keep information confidential for legitimate business purposes.

The Federal Educational Rights & Privacy Act (FERPA) is designed to protect students' educational records. When a student age 18 or older attends a university that receives funding from the federal government, their educational records are held private from parents or other parties (with limited exceptions not to be determined by student workers). The Gramm Leach Bliley Act (GLB) protects the confidentiality of *all* records with personally identifiable information such as social security number or credit card numbers.

Canisius College maintains strict rules of confidentiality. Any breach of confidentiality could have dire consequences for the college. Treating information confidentially means not releasing it to anyone. If a student employee breaches this confidentiality, his/her employment status could be terminated. If you are in doubt about the confidentiality of any information, you should consult your supervisor.

I understand the importance of maintaining confidentiality regarding student and client records and any other information thereof while at Canisius College. I understand that any breach of confidentiality may be grounds for termination from my student employment at Canisius.

Name _____ ID Number _____

Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisors are encouraged to discuss the privacy policy in the context of the job assignment.

The College Catalog and the Student Handbook contain the full statement of policies and procedures concerning compliance with FERPA at Canisius College. Further, students are notified annually, as required by law, about the College's compliance with FERPA through e-mail message and through the statements on this law in the Catalog and Student Handbook. Protected information under Gramm Leach Bliley is summarized in http://www3.canisius.edu/policies/info_sec_plan.pdf



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: Canisius College
Doing Business As (DBA) Name(s):
FEIN (optional): 16-0743942
Physical Address: 2001 Main Street
Buffalo, NY 14208
Mailing Address:
Phone: 716-888-2240

- 2. Notice given:**
☒ At hiring
☐ Before a change in pay rate(s).
allowances claimed or payday

- 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 _____
HR Generalist

The employee must receive a signed
copy of this form. The employer must
keep the original for 6 years.
Please note: It is unlawful for an
employee to be paid less than an employee
of the opposite sex for equal
work. Employers also may not prohibit
employees from discussing wages with their
co-workers.

**CANISIUS UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize Canisius University to deposit, and to reverse such deposits made in error, to my account(s) at the bank(s) named below:

I understand that my bank(s) must be a member of the Automated Clearing House Network and that it may take approximately 2 payrolls before the first direct deposit is in place.

1. Checking

Bank Name

Transit Routing/ABA Number

Amount to be deposited

Savings

Bank Address

Account No.

City/State/Zip

New

Change

Delete Account

2. Checking

Bank Name

Transit Routing/ABA Number

Amount to be deposited

Savings

Bank Address

Account No.

City/State/Zip

New

Change

Delete Account

3. Checking

Bank Name

Transit Routing/ABA Number

Amount to be deposited

Savings

Bank Address

Account No.

City/State/Zip

New

Change

Delete Account

This authority is to remain in full force and effect until Canisius University receives a written notification from me of its termination in such time and manner as to afford Canisius University and the bank a reasonable opportunity to act upon it; (e.g., 10-20 working days). All direct deposit changes must be made in person with a valid form of ID. **Please return this form to the Payroll Office, OM 004.**

Name _____
(please print)

School ID# _____

Faculty / Staff _____ Student _____

Department _____

Extension _____

Signature _____

Date _____