



CITY OF ALBANY, NEW YORK
DEPARTMENT OF YOUTH AND WORKFORCE SERVICES

Gerald D. Jennings
Mayor

Faye C. Andrews
Commissioner

Dear Summer Youth Employment Applicant:

Thank you for applying for a summer position in the Mayor's 2010 Summer Youth Employment Program. Please note the following:

If you are between the ages of 14 and 18 you are eligible to work in the SYEP. If you are over the age of 18, but still in high school you can still apply for summer employment (please provide documentation that you are still attending high school, i.e.: report card, letter from guidance, etc.)

Bleecker Stadium will be accepting applications on the following schedule:

Saturday, March 20th and Saturday, March 27th - 9:00 a.m.-1:00 p.m.

For your convenience this year, there will be a special entrance set up (Fast Lane) at Bleecker for those who bring their own copies of their Birth Certificate, Social Security Card and a copy of your Working Papers (you still need to bring the original card that we keep on file until the end of the program.)

If you would like to avoid waiting in line, you may apply by mail. Please see attached instructions and read carefully for this option. The application needs to be post marked no later than April 2nd, 2010.

Given the large number of youth served in this program, applications will not be accepted after these dates.

Your application **will not be processed** until the following items are submitted **with** your 2010 Summer Youth Employment Application.

Application packet – including:

- Application – completed and signed at x's
- Payroll data sheet – marked at x's
- Report of Personnel Change – marked at x's
- Employment Eligibility Verification form – marked at x's
- Federal/State Tax Forms – completed – marked at x's
- Tax Exempt Form (if applicable) and SYEP Authorization signed by parent.
- NYS Retirement System Form – marked at x's
- Address Verification Form – marked at x's
- Acknowledgement of Wage Rate – marked at x's
- Working Papers from the City School District of Albany ONLY or Picture ID (18+ years)
- Birth Certificate
- Social Security Card

The 2010 SYEP will run from Wednesday, July 7th through Friday, August 13th, 2010. Work assignments will not be made at this time. Assignment letters will be mailed to enrolled youth employees by July 1st, 2010.

**MAIL IN OPTION
AVOID THE LONG LINES!!!**

Please follow these directions – **if your application is incomplete, it will be returned to you. If you have questions, please call the Summer Employment Office at 518-438-1082.**

Your completed application must include:

1. **Application** – all forms must be filled out and signed by you and your parent must sign them if you are under the age of 18.

2. **The following forms must be filled out wherever you see an X:**

Payroll Data Sheet
Report of Personnel Change
Employment Eligibility Verification Form
NYS Retirement System Form
Address Verification Form
Tax Exempt Form
Hourly overtime rate form

3. **All Federal and State tax forms must be filled out and signed, even if you are going to be tax exempt.**

4. **Copies of your birth certificate and social security card – do not send originals –**

5. **Ages 14-17: Your Original working papers card and a copy (this will be returned to you at the end of the program) - **All Working Papers must be from the City School District of Albany – No Exceptions****

6. **Age 18** – A copy of your picture ID

APPLICATIONS SHOULD BE POSTMARKED **NO LATER THAN**
April 2nd, 2010 AND SHOULD BE SENT TO:

City of Albany
Department of Youth and Workforce Services
175 Central Ave.
Albany, NY 12206
Att: Darcy Ferris

NO DROP-OFF APPLICATIONS WILL BE ACCEPTED

WHEN YOUR APPLICATION IS RECEIVED, YOU WILL RECEIVE A CONFIRMATION
RECEIPT IN THE MAIL.

Work History

1. Have you ever held another job? Yes ___ No ___

If yes, Where: _____

Job Title: _____

2. Please indicate what type of position you would be interested in: _____

X Signature of Applicant: _____

X Signature of Parent or Guardian of Applicant: _____

X Date: _____

2010 Summer Youth Employment Program Application – Page three

Applicant's name _____ SS # _____
Last First

Income Information – needed only if you would like to be considered for a possible stimulus funded program

Please ask your parent or guardian to assist you. **We must have the information to consider your application.**

- | | | |
|--|------------------------------|-----------------------------|
| Are you a foster child for whom State or Local payment are made? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently disabled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you or a family member receive: | | |
| a. TANF (Temporary Assistance for Needy Families)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Safety Net (formerly Home Relief)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. SSI (Supplemental Security Income)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Refugee Assistance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Food Stamps? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Unemployment Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free School Lunch? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Family Income Worksheet: Please read the following carefully and complete.

You will be asked to provide documentation of the type of income you list in the table below. The following are examples of income and acceptable documentation.

Income	Documentation
Wages, Salary, Military Support	Most Recent pay stubs, discharge papers
Alimony or Child Support	Check stubs or Court Order
Rent	Rent Receipts
Public Assistance	Social Services Case Make-up/Budget sheet
Social Security	Social Security Award Letter
Unemployment Insurance	Dept. of Labor Documentation
Scholarships, Grants, Fellowships, Loans	Award Letters
Self Employment	Business Records, W-2's

Questions about income? Call Monday through Friday, 9am – 4pm – 462-7600 ext. 166

Name of Each Family Member including you	Relationship of Each Family Member to You	Source(s) of Family Income	List of Each Family Member's Income for the last 6 months	Multiply 6 Month Total x 2 for annual income
				X 2 =
				X 2 =
				X 2 =
				X 2 =
				X 2 =
				X 2 =

X Signature of Applicant: _____ Date: _____

X Signature of Parent/Guardian of Applicant: _____ Date: _____

City of Albany
PAYROLL DATA SHEET

- New Employee
- Re-Employed
- Transfer

- Data Change
- Re-Employed & Transferred
- Termination

**NOTE: FEDERAL W-4 AND/OR STATE IT-2104
MUST BE ATTACHED**

Employee Number	Social Security Number	Date of Birth	Date of Employment
	X	X	7-7-10
Employee Name			
(First)	(MI)	(Last)	(Sex)
Street			Check Here for Change of Name or Address <input type="checkbox"/>
City		State	Zip Code
Budget Line #	Current Dept. #	Current Division #	Transfer to Dept. #
	7310 859	0	
Position	Hours/week	Annual	Weekly
Summer			

PLEASE ATTACH WITHHOLDING FORMS

- | | | |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Status |
| 0-Salaried | 1-Hourly | 1- Fully Taxable |
| | | 2- No FICA |
| | | 3- No STATE |
| | | 4- No FEDERAL |
| | | 5- No STATE OR FEDERAL |
| | | 6- No TAXES |

	M/S	Dependents	Fixed Amount
Federal			
State			

B-Blue C-PSO F-Fire P-Police W-White	Labor Union	Type	Dues/Amount	Hospitalization		
	Credit Union			Date of Coverage		
	SEFCU			Code		
				Amount		
Life Insurance	Life Insurance Deduction	Dental Plan		Police Expense	Longevity	
<input type="checkbox"/> 1-Police 2-Fire 3-Metro		1-Single 2-Family		1-Start 2-Stop		
Retirement Number	Rate	Normal	Loans	Arrears		

Charge To BUDGET ITEM A. 7110.03 7160

Have you ever been employed by the City of Albany or C.E.T.A.? _____

If a transfer, previous department's authorization: _____

X _____ X
EMPLOYEE SIGNATURE DATE

DEPARTMENT HEAD DATE

AUDIT & CONTROL APPROVAL DATE

Report all personnel changes on this form at the time of change. Use separate form for each person reported. Form ACC-20 (rev. 02/99)

REPORT OF PERSONNEL CHANGE

To: Civil Service Commission, City Hall, Room 301, Albany, NY 12207

From: Department: Youth & Workforce Services Division: Albany Plan

Title of Position: _____ Budget Code: A 7110 03 7160

X Name of Employee: _____ Rate of Pay: _____

X Home Address: _____ Grade: _____ Step: _____

X City: _____ State: X Zip: X

X Social Security No.: _____ Ret. Reg. No.: _____

X Date of Birth: _____ X Effective date of change or appointment: 7/7/10

Name of Last Employee in Position: _____

Exempt Vol. Fireman: Yes _____ No _____ Veteran: Yes _____ No _____

APPOINTMENTS

PERMANENT APPOINTMENT

- ___ Competitive Class (Return Certification of Eligibles and Canvass Letters)
- ___ Non-Competitive Class (Send Form ACC 14)
- ___ Exempt Class
- ___ Labor Class

PROVISIONAL APPOINTMENT TO COMPETITIVE CLASS (Pending establishment of Eligible List)

- ___ Open Competitive Examination
- ___ Promotional Examination
- ___ Non-Competitive Promotional Examination (Send application Form ACC-14 for each appointment)

SEASONAL APPOINTMENT

Expected to terminate: 8/13/10

- ___ Competitive Class ___ From List ___ No List
- ___ Non-Competitive Class (Send Form ACC-14)
- ___ Exempt
- ___ Labor Class

TEMPORARY APPOINTMENT

Expected to terminate: _____

- ___ Competitive Class ___ From List ___ No List
- ___ Non-Competitive class (Send Form ACC-14)
- ___ Exempt Class
- ___ Labor Class

OTHER PERSONNEL CHANGES

- | | |
|--|--|
| ___ Military Leave | ___ Retirement |
| ___ Pay Change From \$ _____ to \$ _____ | ___ Deceased |
| ___ Leave Without Pay* From _____ To _____ | ___ Termination of Seasonal or Temporary Appointment |
| ___ Disciplinary Suspension* From _____ To _____ | ___ Lay-off (Lack of work or funds) |
| ___ Removal* | ___ Promotion from _____ |
| ___ Resignation (Attach letter of resignation) | ___ Transfer from _____ |
| ___ Reassignment From _____ | ___ Reinstatement |
| ___ Change of Address | |

*Attach additional comments/explanation on separate page.

APPOINTING OFFICER _____ TITLE _____ DATE _____

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

X Print Name: Last	First	Middle Initial	Maiden Name
X Address (Street Name and Number)	Apt. #		Date of Birth (month/day/year) X
X City	State	Zip Code	Social Security # X
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): <input type="checkbox"/> A citizen of the United States <input checked="" type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)	
X Employee's Signature		X Date (month/day/year)	

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) 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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Linda DiPietro	Title Payroll Clerk
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) City of Albany Youth+Workforce Services 175 Central		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
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 (month/day/year)



New York State Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

Print or type X X X	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

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? 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 20)	1.	
2 Total number of allowances for New York City (from line 31)	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 X	Date X
---------------------------	-----------

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 pages 3 and 4 for your records.

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

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
--	--------------------------------

Instructions

Changes for 2010

The additional withholding per week dollar amounts and the number of allowances in the charts on page 4 of the instructions for this form have been revised for tax year 2010. If you filed a 2009 Form IT-2104 (dated 4/09) based on the tax rate increase effective for tax year 2009, and you used the charts on page 4 of the 2009 Form IT-2104 to compute an additional dollar amount to claim on lines 3, 4, or 5 of Form IT-2104, you should complete a new 2010 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.

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.

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 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. 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. 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 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. 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 \$1,500 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 \$1,800 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six 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 \$18,000 (\$32,000 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.
 } **H** _____

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► 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.		2010
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. 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 Additional amount, if any, you want withheld from each paycheck			6	\$
7 I claim exemption from withholding for 2010, 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 (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)	



Certificate of Exemption from Withholding

IT-2104-E

New York State • New York City • Yonkers

This certificate will expire on April 30, 2011.

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 the conditions in either Group A or Group B:

Group A

- 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 2009; **and**
- you do not expect to have a New York income tax liability for 2010 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses* below.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding.

Print or type <input checked="" type="checkbox"/>	First name and middle initial	Last name	Social security number <input checked="" type="checkbox"/>	Filing status: Mark an X in only one box
	Mailing address (number and street or rural route)	Apartment number	Date of birth (mm-dd-yyyy) <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>
Are you a full-time student? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Are you a military spouse exempt under the SCRA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I certify that the information on this form is correct and that, for the year 2010, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions. <input checked="" type="checkbox"/>			Employee's signature	
Employer name and address (Employer: complete this section only if you must send a copy to the NYS Tax Department; see Instructions)			Employer identification number	Date <input checked="" type="checkbox"/>
			Mark an X if a newly hired employee <input type="checkbox"/>	

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

Instructions

Employee

Who qualifies — 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 the conditions in either Group A or Group B:

Group A

- 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 2009; **and**
- you do not expect to have a New York income tax liability for 2010 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses* below.

If you meet the conditions in Group A or Group B, 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 the conditions listed in Group A or Group B above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

Military spouses — Under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act, you may be exempt from New York income tax (and New York City and Yonkers personal income tax, if applicable) on your wages if: 1) your spouse is a member of the armed forces present in New York in compliance with military orders; 2) you are present in New York solely to be with your spouse; and 3) you are domiciled in another state.

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 for Individuals*.

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 2010 and you had no liability for 2009.

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 2010, (2) on or before December 1, 2010, if you expect to incur a tax liability for 2011, or (3) when you no longer qualify for exemption under the SCRA.

City of Albany
State of New York
SUMMER YOUTH EMPLOYMENT PROGRAM
Bleecker Stadium
721 Clinton Avenue
Albany, NY 12206
518.438.1082

Gerald D. Jennings
Mayor

Faye C. Andrews
Commissioner

Nancy Rocco
Coordinator

2010 Summer Youth Employment Program

TAX EXEMPT AUTHORIZATION

I authorize my child X _____

to be exempt from federal and state income withholding taxes.

X _____
Parent/Guardian Signature

X _____
Date

City of Albany
State of New York
SUMMER YOUTH EMPLOYMENT PROGRAM
Bleecker Stadium
721 Clinton Avenue
Albany, NY 12206
518.438.1082
Fax: 518.459-7649

Gerald D. Jennings
Mayor

Faye C. Andrews
Commissioner

Nancy Rocco
Coordinator

ADDRESS VERIFICATION FORM

TO: Summer Youth Applicants

FROM: Youth Employment Office

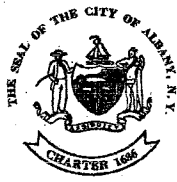
Welcome to the 2010 Summer Youth Employment Program.

Please read and complete all attached forms in your application package. **All forms need to be returned with your application.** Your application will not be accepted until all forms are returned and your application package is complete.

As all checks are mailed and should be received by Friday, it is very important that your address is correct. If there is a change in your address, please contact Bleecker Stadium as soon as possible.

If you do not receive your check by Wednesday of the following week, notify Bleecker Stadium at 438-1082.

X Name: _____ Date _____ X
X Address: _____ Zip Code _____ X
X S.S. # _____ Phone _____ X
X Parent/guardian
Signature _____



GERALD D. JENNINGS
MAYOR

CITY OF ALBANY
DEPARTMENT OF ADMINISTRATIVE SERVICES
CITY HALL, ROOM 301
ALBANY, NEW YORK 12207
(518) 434-5284

PERSONNEL * EQUAL OPPORTUNITY EMPLOYMENT * FAIR HOUSING * PURCHASING

New York State Labor Law Section 195(1) Notice and Acknowledgement of Wage Rate and Designated Payday Hourly Rate Plus Overtime

City of Albany City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284	Employee Name: X _____
FEIN: 14-6002058	Employee Address: X _____
Prepared By: _____	X City: _____, NY
	X Zip: _____
Title: _____	X Phone : _____
14 and 15 year olds: _____ (please check)	16-18 year olds: _____ (please check)
Hourly Rate of Pay: \$5.00.	Hourly Rate of Pay: \$7.25
Overtime Rate of Pay: \$7.50 per hour.	Overtime Rate of Pay: \$10.88 per hour.
Designated pay day: Employees are paid weekly on Friday.	
Unionized employees are paid according to contractual agreement: Checks are available for distribution at 4:00 pm on the day prior to the regular pay day (Friday).	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

X Signature: _____

X Date: _____