



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

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner

Dear Albany's LIGHT summer employment applicant:

Thank you for applying for a summer position in the *City of Albany's LIGHT Program for Learning, Initiative and Gaining Headway Together*. Albany's LIGHT Program will run from Monday, July 3rd through Friday, August 4th, 2017, five days a week.

If you are between the ages of 14 and 18 on or before April 1, 2017 and attending a middle or high school in the City of Albany and residing in the City of Albany, you are eligible to work in Albany's LIGHT program.

Drop off and mail in applications will not be accepted – you must attend a registration session (dates and locations listed below). Work assignments will not be made at this time. Assignment letters will be mailed to enrolled youth employees on June 26, 2017. Applications will not be accepted after the Saturday, April 1st registration.

Applications **will not be accepted** without all required documentation:

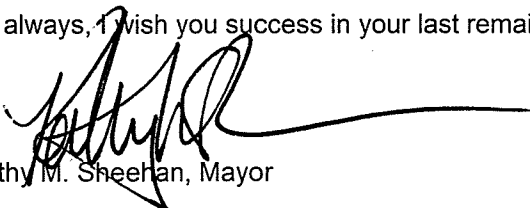
Application packet – completed and signed at x's	<u>Albany City School District Original Working Paper card and a copy – if under 18 years old</u>
Payroll data sheet – marked at x's	Copy of Social Security Card
Report of Personnel Change – marked at x's	Copy of Birth Certificate
Employment Eligibility Verification form – marked at x's	18 years old– Copy of Picture ID, Copy of Social Security Card, Copy of Birth Certificate
Federal/State Tax Forms – completed – marked at x's	Copy of alien resident card if you are not a US Citizen Must have registration number and date of entry to US
Tax Exempt Form (if applicable) and The Light Authorization signed by parent/guardian	
NYS Retirement System Form – marked at x's	
Acknowledgment of Wage Rate – marked at x's	

Applications will be available in your school's guidance office by Friday, March 3rd. They can also be picked up at the City of Albany's Department of Youth and Workforce Services at either 175 Central Avenue 2nd floor or Youth Opportunity Office at 382 Clinton Avenue; the City of Albany's Department of Recreation at 7 Hoffman Avenue or downloaded from the City's website at www.albanyny.gov. Should you have any questions, you may contact the Program Coordinator at Bleecker Stadium at 438-1082.

Registration days are as follows:

- Saturday, March 18th – 9am-12pm
 - Wednesday, March 22nd – 4pm-7pm
 - Wednesday, March 29th – 4pm-7pm
 - Saturday, April 1st – 9am-12pm
- TOAST School** - Lincoln Park Albany, NY 12202
New Scotland ES (PS #19) - 369 New Scotland Ave., Albany, NY 12208
Hackett MS - 45 Delaware Ave., Albany, NY 12202
Bleecker Stadium - 721 Clinton Avenue Albany, NY 12206

As always, I wish you success in your last remaining months of school and look forward to a productive summer for us all.



Kathy M. Sheehan, Mayor

CITY OF ALBANY, NEW YORK

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner

Albany's LIGHT Summer Employment Program - 2017

Personal Information (Please print)

1. Name: _____
Last First MI
2. Home Address: _____
Mailing Address (if different than home address): _____
City: _____ State: _____ Zip Code: _____
3. Home phone: _____ Cell/mobile: _____
4. Email: _____
5. Social Security #: _____ 6. Date of Birth: _____ 7. Age: _____
8. Check One: U.S. Citizen: _____ Alien Resident: _____ Registration # _____ Date of entry _____
9. Does your family receive assistance from Social Services? Yes _____ No _____
10. Do you require any special accommodations to work? Yes _____ No _____
If yes, please specify (i.e. use a wheelchair) _____

Education

1. Name of School: _____ 2. Grade: _____
2. Do you expect to attend **Summer School**? Yes _____ No _____

Parent/Guardian to Contact in Case of an Emergency (Please Print):

Name: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: Home: _____ Work: _____

Gender/Race/Ethnicity (this information is voluntary)

1. Gender (check one): Male: _____ Female: _____
2. Check all categories that best identify your race/ethnicity. For example, if you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or More Races.

Hispanic or Latino _____

Not Hispanic or Latino

American Indian/Alaska Native _____ Asian _____ Black/African American _____ Native Hawaiian/Pacific Islander _____
Two or more races (NOT Hispanic or Latino) _____ White _____ I do not wish to identify _____

Work History

1. Have you ever worked for the City of Albany's Summer Employment Program? Yes___ No___

If yes, Where: _____

When: _____

Do you want to return to that location: Yes___ No___

If yes, why? _____

2. Please indicate **what type of position you would be interested in**. You may indicate 3 choices. Use a number to indicate your order of preference: 1=1st choice, 2=2nd choice, 3=3rd choice. Every attempt will be made to assign you to one of your choices. However, we cannot guarantee that you will be assigned to either a particular location or a particular type of position.

___ Camp Counselor

___ Elder Care

___ Office/Medical

___ Maintenance

___ Police/Fire Cadets

___ Arts _____ (please specify)

___ Gardening/Ecology

___ Science/Technology

___ Day Care

___ Business/Entrepreneurship

X Signature of Applicant: _____

Date: _____

- I grant permission for my child/ward to be photographed under the auspices of the Summer Youth Employment Program. Yes___ No___
- I grant permission for my child/ward to be transported, if needed, under the auspices of the Summer Youth Employment Program. Yes___ No___
- I acknowledge that **ORIENTATION is MANDATORY for ALL participants** in the Summer Youth Employment Program. **Parents/guardians are strongly encouraged to attend as well. "No Call/No Show" for orientation will jeopardize youth job assignment.** Orientation will be held on Saturday, June 17, 2017 at Thomas O'Brien Academy of Science and Technology (T.O.A.S.T.) located in Lincoln Park Albany, NY 12202. You will be notified of your scheduled time. **Student Initials** _____

X Signature of Parent/Guardian Applicant: _____

Date: _____

CITY OF ALBANY
PAYROLL DATA SHEET

Effective Date of Change _____
Effective Payroll Date 07-03-17

New Employee Military Leave Address/Name Change
 Re-Employed Term/Resignation Status Change A/I Reason _____
 Transfer Retirement Promotion
 Grade Change Data Change Reason _____

SECTION A

EMPLOYEE # _____ SOCIAL SECURITY# _____ DATE OF BIRTH _____ DATE OF EMPLOYMENT 07-03-17

EMPLOYEE NAME X _____
Mailing Address X _____ ALBANY, N.Y. ZIP CODE _____
Physical Address X _____ ALBANY, N.Y. ZIP CODE _____

SECTION B

DEPT _____ SUB-DEPT _____ Transfer to _____
to Dept _____ Sub-Dept _____

PAY CHANGE: from \$ _____ to \$ _____

POSITION _____ HOURS/WEEK _____

SALARY \$ _____ WEEKLY \$ _____ HOURLY \$ _____ OT \$ _____

SECTION C

LABOR UNION DUES AMOUNT POLICE EXPENSE AMOUNT
B BLUE \$ _____ START \$ _____
C CWA STOP
F FIRE LONGEVITY YEARS _____
P POLICE LONGEVITY AMOUNT \$ _____
I IUOE
T TEAMSTERS
(circle one)

Charge to BUDGET ITEM: A 7140.03007160

X _____ X _____
Employee Signature Date

Department Head Date

Audit & Control Approval Date

Albany Municipal Civil Service Commission
Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Housing Authority <input type="checkbox"/> Library <input type="checkbox"/> School District <input type="checkbox"/>				
Department: YOUTH & WORKFORCE SERVICES				
Name And Title of Last Employee In Position :				
Name of Employee:		Social Security Number:		
Address:				
Title of Position:			Salary:	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary (6 months maximum)		From 07/03/17 To 08/04/17	State Length of Employment
	<input type="checkbox"/> Substitute (ASD)		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Attach Nomination
<input type="checkbox"/> Labor Class			Attach Nomination	
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> FMLA (12 weeks maximum)		From To	Attach official documentation from Dr.
	<input type="checkbox"/> Military Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form MSD 222
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer:				
Title:				
Date:				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
Secretary to the Commission:			Date:	



Employment Eligibility Verification

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

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

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<input checked="" type="checkbox"/> Last Name (Family Name)	<input checked="" type="checkbox"/> First Name (Given Name)	<input checked="" type="checkbox"/> Middle Initial	<input checked="" type="checkbox"/> Other Names Used (if any)	
Address (Street Number and Name)		<input checked="" type="checkbox"/> Apt. Number	<input checked="" type="checkbox"/> City or Town	<input checked="" type="checkbox"/> State
				<input checked="" type="checkbox"/> Zip Code
<input checked="" type="checkbox"/> Date of Birth (mm/dd/yyyy)	<input checked="" type="checkbox"/> U.S. Social Security Number	<input type="checkbox"/> E-mail Address		<input checked="" type="checkbox"/> Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

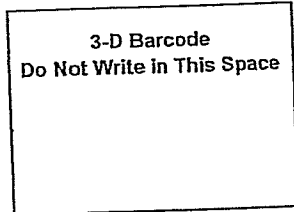
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

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

<input checked="" type="checkbox"/> Signature of Employee:	<input checked="" type="checkbox"/> Date (mm/dd/yyyy):
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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.

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



Employer Completes Next Page



Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	_____

For accuracy, complete all worksheets that apply.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2017</h1>
1 Your first name and middle initial X	Last name X	2 Your social security number X
Home address (number and street or rural route) X		
City or town, state, and ZIP code X		
3 <input checked="" 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.		
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 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) X		Date X
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)		



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

X	First name and middle initial	X	Last name	Your social security number
				X
X	Permanent home address (number and street or rural route)		Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
X	City, village, or post office	X	State	Married, but withhold at higher single rate <input type="checkbox"/>
		X	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 <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> Complete the worksheet on page 3 before making any entries.				
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17)				1
2 Total number of allowances for New York City (from line 28)				2
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.				
3 New York State amount				3
4 New York City amount				4
5 Yonkers amount				5

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

Employee's signature	Date
X	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 a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

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

Instructions

Changes effective for 2017.

Form IT-2104 has been revised for tax year 2017. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2017 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.



Department of Taxation and Finance

Certificate of Exemption from Withholding

New York State • New York City • Yonkers

IT-2104-E

This certificate will expire on April 30, 2018.

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 2016; and
- you do not expect to have a New York income tax liability for 2017 (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*.

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

X	First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box A Single <input type="checkbox"/> B Married <input type="checkbox"/> C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>
	Mailing address (number and street or PO box)		Date of birth (mmddyyyy)	
X	City, village, or post office		ZIP code	Are you a full-time student?..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a military spouse exempt under the SCRA? Yes <input type="checkbox"/> No <input type="checkbox"/>
X	State			

I certify that the information on this form is correct and that, for the year 2017, 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.

Employee's signature (give the completed certificate to your employer)	Date
X	X

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address	Employer identification number

Mark an X in the box if a newly hired employee or a rehired employee

First date employee performed services for pay (mmddyyyy) (see instructions):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mmddyyyy):

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 2016; and
- you do not expect to have a New York income tax liability for 2017 (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*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer

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 \$3,100.

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.

Note: If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, 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



CITY OF ALBANY
Albany's LIGHT Summer Youth Employment Program
Bleecker Stadium
721 Clinton Avenue
Albany, NY 12206

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner

Albany's LIGHT Program – 2017

TAX EXEMPT AUTHORIZATION

I authorize my child/ward X _____
to be exempt from federal and state income withholding taxes. I understand
that other mandatory taxes will be withheld.

X _____
Parent/Guardian Signature

X _____
Date



CITY OF ALBANY
DEPARTMENT OF HUMAN RESOURCES
24 EAGLE ST. RM.301
ALBANY, NEW YORK 12203
TELEPHONE (518) 434-5049

KATHY M. SHEEHAN
MAYOR

MIRIAM DIXON
DIRECTOR OF HUMAN RESOURCES

TO: Summer, Seasonal and Part-Time Employees

SUBJECT: New York State Employees Retirement System

As an employee of the City of Albany, you are eligible to join the New York State Employees Retirement System. If you decide to do so, you will be required to contribute 3% of your salary. You must check one of the boxes below to acknowledge that you are aware of your right to become a member of the New York State Retirement System.

I am currently (or have been in the past) a member of the New York State Employees Retirement System.

I understand by checking yes to this box, I must immediately contact Administrative Services at (518) 434-5049 to discuss my status in the New York State Retirement System. I further understand that I must complete a new Membership Registration Application in City Hall, Room 301, even if I joined through a different employer.

Yes, I want to join the New York State Employees Retirement System.

I understand by checking yes to this box, I wish to become a member of the New York State Retirement System. I understand that it is my responsibility to complete the NYS Employees' Retirement Membership Registration Application in City Hall, Room 301. I further understand that if I fail to complete the necessary enrollment form, I will not be a member of the retirement system.

No, I do not want to join the New York State Employees' Retirement System.

X _____
Signature of employee Date

X _____
Print name

X XXX-XX-
Social Security Number (last four digits only)

LOCATION: Seasonal and Summer

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11/28/12
02/06/13
01/01/14



CITY OF ALBANY
 DEPARTMENT OF HUMAN RESOURCES
 CITY HALL, ROOM 301
 ALBANY, NEW YORK 12207
 TELEPHONE (518) 434-5049

KATHY M. SHEEHAN
 MAYOR

MIRIAM DIXON
 DIRECTOR

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

<p>City of Albany City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284 FEIN: 14-6002058</p> <p>Prepared By: _____</p> <p>_____</p> <p><u>Human Resources Representative</u> Title</p>	<p><input checked="" type="checkbox"/> Employee's Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input checked="" type="checkbox"/> Employee's Phone Number</p> <p>_____</p>
<p>Hourly Rate of Pay: \$ _____ per hour.</p> <p>Overtime Rate of Pay: \$ <u>XXX</u> per hour.</p> <p>Designated pay day: Employees are paid weekly on Friday.</p>	

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).

Signature: _____

Date: _____