January 18, 2012

Dear Applicant:

Thank you for your interest in applying for the 2012 Mayor’s Summer Youth Internship Program. Enclosed is an application that must be completed and returned to the Department of Community Services, 65 Niagara Square Room 1701, Buffalo, New York 14202. Incomplete applications will not be accepted.

Applications can be returned Monday through Friday between the hours of 8:30am and 4:00pm. The deadline for submitting an application is Friday, May 25, 2012. Those who fail to meet the application deadline will be put on a waiting list and your chances of obtaining employment will be diminished.

To be eligible for this program you must be a City of Buffalo resident between the ages of 14 and 21 and you must turn age 14 by May 31, 2012.

In order to determine your eligibility for the Mayor’s Summer Youth Internship Program, the following items must be documented and returned with your completed application:

1. Working Papers for all youth under age 18
   - Ages 14-15 (Blue Card)
   - Ages 16-17 (Green Card).
2. Birth Certificate
3. Proof of Buffalo Residency (Utility Bills, Lease Agreement)
4. Family Income
5. Social Security Card
6. Attending School (Most recent School Report Card or Transcript)

If you have any questions regarding the application, please contact us at (716) 851-4170. Remember, incomplete applications will not be accepted. Once again, thank you for your interest in the Mayor’s Summer Youth Internship Program.

Sincerely,

Byron W. Brown
Mayor
MAYOR BYRON W. BROWN’S
2012 SUMMER INTERNSHIP PROGRAM APPLICATION
Return Application to: 65 Niagara Square, Room 1701, Buffalo, NY 14202

**ALL APPLICANTS MUST RESIDE IN THE CITY OF BUFFALO**

Please fill out the entire application.

The following documents are required and must accompany this application upon submission:
- Proof of citizenship and age (i.e. birth certificate)
- Social Security Card
- Working Papers (If under age 18)
- Pay Stubs/Wage Statement
- 2 proofs of address (current within 30 days)
- Report Card (Most Recent)

PLEASE PRINT

Name: _____________________________________________ Social Security #: ________________________
Address: __________________________________________ (Street) (City) (State) (Zip Code)
Date of Birth: ____/____/______ Age: __________ Gender: □ Male □ Female
Email Address: __________________________ Cellular #: __________________ Home #: ______________
Working Papers Registration Number: __________

Have you worked for the program before: □ yes □ no

How did you find out about the Mayor’s Summer Internship Program? (please include name)
Newspaper _______________ Church/Religious Institution _______________ Library _______________
Community Center _______________ Radio _______________ Other _______________

Race/Ethnicity: □ Caucasian □ Black or African American □ Hispanic or Latino
□ Alaskan/American Indian □ Asian □ Hawaiian/Pacific □ Other ___________
Selective Services: □ Yes, registered…………………… □ No, not registered……………… □ Does not apply
Are you a U.S. Citizen □ YES □ NO If no, do you have? □ Immigration Card (I-94/174) or Passport

List full names of all people living in your household and their relationship (if any) to you.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Check the following if they PERSONALLY pertain to you:
□ Disability ( _Physical _Learning _Other) □ Foster Child □ Homeless or Runaway □ Limited English
□ Offender (History of arrests or convictions) □ Pregnant and /or Parenting Teen

Please complete other side
- 1 -
Education Status:
Are you attending school now? □ YES □ NO  If yes, Name of school ______________________
In September 2012, what grade will you enter? ___  Highest Grade Completed ___  □ High School Graduate
□ College/University (please list name):

Please List Three References. (Two Non-Related) **MANDATORY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Full Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(home)</td>
<td>(cellular)</td>
</tr>
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<td>2.</td>
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</tr>
<tr>
<td>3.</td>
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</tr>
</tbody>
</table>

INCOME INFORMATION:
Check each of the following types of income that apply to anyone in your household  give the gross (before taxes) income received from each for the past 30 days:

<table>
<thead>
<tr>
<th>SOURCE OF INCOME</th>
<th>PERSON RECEIVING INCOME</th>
<th>MONTHLY GROSS INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed/Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
<td></td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Social Security Disability (SSD)</td>
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<tr>
<td>Social Security Income (SSI)</td>
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<tr>
<td>Public Assistance/Welfare/Food Stamps</td>
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<tr>
<td>Retirement/Pension Benefits</td>
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<tr>
<td>Other Income</td>
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<td></td>
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<td>Total =</td>
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</tbody>
</table>

Please complete the entire application. Incomplete applications will be returned. By completing this application or attending an orientation does not guarantee placement into the program.

CERTIFICATION STATEMENT: I certify that the information contained in this document is true and correct.

____________________________________________     Date: _________________
Parent/Guardian signature

____________________________________________     Date: _________________
Applicant signature

Return Application to: 65 Niagara Square, Room 1701, Buffalo, NY 14202
Form W-4 (2012)

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 witholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 16, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $3,000 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 4 further adjusts 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 dependents 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 4040-EZ, 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 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married). Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.IRS.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent

• You are single and have only one job; or

B Enter "1" if:

• 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.

C Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Enterings "0-0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least $1,400 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 $10,000 ($9,000 if married), enter "2" for each eligible child; then "1" if you have three to seven eligible children or "2" if you have eight or more eligible children.

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.)

For accuracy, complete all worksheets that apply.

W-4

Employee's Withholding Allowance Certificate

Form W-4 (2012)
Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2012 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...

2. Subtract line 2 from line 1. If zero or less, enter "-0-"...

3. Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)...

4. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2012 Form W-4 worksheet in Pub. 505.)...

5. Enter an estimate of your 2012 nonwage income (such as dividends or interest)...

6. Subtract line 6 from line 5. If zero or less, enter "-0-"...

7. Divide the amount on line 7 by $3,800 and enter the result here. Drop any fraction...

8. Enter the number from the Personal Allowances Worksheet, line H, page 1...

9. 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...

---

**Two-Earners/Multiple Jobs Worksheet** (See Two earners or multiple jobs on page 1.)

**Note.** Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)...

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "$50,000...

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...

**Note.** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet...

5. Enter the number from line 1 of this worksheet...

6. Subtract line 5 from line 4...

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here...

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed...

9. Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck...

---

### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
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<tbody>
<tr>
<td>Enter on line 2 above</td>
<td>Enter on line 2 above</td>
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<tr>
<td>$0 - $50,000</td>
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<td>14</td>
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</table>

### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
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<tbody>
<tr>
<td>Enter on line 7 above</td>
<td>Enter on line 7 above</td>
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<tr>
<td>$0 - $70,000</td>
<td>$0 - $70,000</td>
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<td>15</td>
<td>14</td>
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Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3401(d) and 6109 and their regulations require you to provide this information, your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. Commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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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.
### 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.)

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Name and Number)</td>
<td>Apt. #</td>
<td>Date of Birth (month/day/year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Social Security #</td>
<td></td>
</tr>
</tbody>
</table>

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 #)
- [ ] An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee’s Signature

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.

<table>
<thead>
<tr>
<th>Preparer/Translator’s Signature</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Name and Number, City, State, Zip Code)</td>
<td>Print Name</td>
</tr>
</tbody>
</table>

### 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).)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document title:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
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<tr>
<td>Document #:</td>
<td></td>
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<tr>
<td>Expiration Date (if any):</td>
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</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)</td>
<td>Date (month/day/year)</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document #:</th>
<th>Expiration Date (if any):</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
</table>
# Lists of Acceptable Documents

All documents must be unexpired

## List A
**Documents that Establish Both Identity and Employment Authorization**

| 1. | U.S. Passport or U.S. Passport Card |
| 2. | Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |
| 3. | Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa |
| 4. | Employment Authorization Document that contains a photograph (Form I-766) |
| 5. | In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form |
| 6. | Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI |

## List B
**Documents that Establish Identity**

| 1. | Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |
| 2. | ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |
| 3. | School ID card with a photograph |
| 4. | Voter's registration card |
| 5. | U.S. Military card or draft record |
| 6. | Military dependent's ID card |
| 7. | U.S. Coast Guard Merchant Mariner Card |
| 8. | Native American tribal document |
| 9. | Driver's license issued by a Canadian government authority |
| 10. | School record or report card |
| 11. | Clinic, doctor, or hospital record |
| 12. | Day-care or nursery school record |

## List C
**Documents that Establish Employment Authorization**

| 1. | Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. | Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. | Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. | Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. | Native American tribal document |
| 6. | U.S. Citizen ID Card (Form I-197) |
| 7. | Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 8. | Employment authorization document issued by the Department of Homeland Security |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
Instructions
Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?
The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?
All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9
Section 1, Employee
This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification
The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

Section 2, Employer
For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:
1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.
For more detailed information, you may refer to the USCIS Handbook for Employers (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverify Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers CANNOT specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3376. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.
An agency may not conduct or sponsor an information
collection and a person is not required to respond to a
collection of information unless it displays a currently valid
OMB control number. The public reporting burden for this
collection of information is estimated at 12 minutes per
response, including the time for reviewing instructions and
completing and submitting the form. Send comments
regarding this burden estimate or any other aspect of this
collection of information, including suggestions for reducing
this burden, to: U.S. Citizenship and Immigration Services,
Regulatory Management Division, 111 Massachusetts
Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC
20529-2210. OMB No. 1615-0047. Do not mail your
completed Form I-9 to this address.
### Employee’s Withholding Allowance Certificate

**New York State • New York City • Yonkers**

<table>
<thead>
<tr>
<th>Print or type</th>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent home address (number and street or route)</td>
<td>Apartment number</td>
<td>Single or Head of household</td>
<td>Married</td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>State</td>
<td>ZIP code</td>
<td>Married, but withhold at higher single rate</td>
</tr>
</tbody>
</table>

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.


5. Yonkers amount .................................................................. 5.

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

<table>
<thead>
<tr>
<th>Employee’s signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**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:** 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 Instr.):

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):

<table>
<thead>
<tr>
<th>Employer’s name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)</th>
<th>Employer Identification number</th>
</tr>
</thead>
</table>

**Changes effective for 2011**

Beginning with tax year 2011, the Yonkers resident personal income tax surcharge rate has increased. Employers have been notified of new withholding tables to ensure that the proper amount of tax is withheld for 2011 without any further action on your part. However, if you completed Form IT-2104 and requested an additional dollar amount of Yonkers withholding on line 5, you should complete this revised 2011 Form IT-2104 and give it to your employer.

If you completed a 2010 Form IT-2104 and computed an additional New York City withholding amount, you should complete a new 2011 Form IT-2104 and give it to your employer.

When reporting new hires or rehires, employers are now required to report the first date an employee performed services for pay. They must also report if dependent health insurance benefits are available and the date the employee becomes eligible for the benefit.

**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 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, Claim for Exemption from Witholding, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the other requirements for the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than $3,000.

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 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 20, or 31, 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 for Individuals, or see Need help? on page 3.

Other credits (Worksheet line 13) — If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than $300,000, divide the amount of the expected credit by 70 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be between $300,000 and $500,000, divide the amount of the expected credit by 90 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be over $500,000, divide the amount of the expected credit by 90 and enter the result (rounded to the nearest whole number) on line 13.

Example: If you expect your New York adjusted gross income to be less than $300,000. 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 13.

Married couples with both spouses working — If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each mark an X in the box Married, but both at the highest single rate on the certificate front, and divide the total number of allowances that you compute on line 20 and line 31 (if applicable) between you and your working spouse. Your withholding will be better matched 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 wages are between $100,000 and $1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19.

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 be better matched 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 on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see Withholding allowances above.

If your combined wages are between $100,000 and $1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19. 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 $2,000. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job — If you will use the head-of-household filing status on your state income tax return, mark the Single or Head of Household box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

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 line 15.

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 worksheet on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional $1.90 of tax withheld per week for New York State withholding on line 3, and an additional $0.80 of tax withheld per week for New York City withholding on line 4. Yorkers residents should use 17.6% (176%) of the New York State amount for additional withholding for Yorkers on line 5.

Note: If you are requesting that 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 chart in Part 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 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.

Employers

Box A — If you are required to submit a copy of an employee’s Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an X in box A and send a copy of Form IT-2104 to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Due date</th>
<th>Quarter</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – March</td>
<td>April 30</td>
<td>July – September</td>
<td>October 31</td>
</tr>
<tr>
<td>April – June</td>
<td>July 31</td>
<td>October – December</td>
<td>January 31</td>
</tr>
</tbody>
</table>

Box B — If you are submitting a copy of this form to comply with New York State’s New Hire Reporting Program, mark an X in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. Services based solely on commissions, this is the first day employee working for commissions is eligible to earn commissions. Also, mark an X in the Yes or No box indicating if dependent health insurance benefits are available to this employee. If Yes, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: NYS Tax Department, New Hire Notification, PO Box 15118, Albany NY 12212-5118. To report newly-hired or retired employees online instead of submitting this form, go to www.nynewhire.com.
Worksheet

Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6. Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse) … 6.

For lines 7, 8, and 9, enter 7 for each credit you expect to claim on your state return.

7. College tuition credit ………………………………………………………………………………………………………………………………………… 7.

8. New York State household credit ………………………………………………………………………………………………………………………… 8.

9. Real property tax credit ……………………………………………………………………………………………………………………………………… 9.

For lines 10, 11, and 12, enter 8 for each credit you expect to claim on your state return.


11. Earned income credit ………………………………………………………………………………………………………………………………………… 11.

12. Empire State child credit …………………………………………………………………………………………………………………………………… 12.

13. Other credits (see instructions) ………………………………………………………………………………………………………………………… 13.

For lines 14 and 15, enter 2 if either situation applies.

14. Head of household status and only one job ……………………………………………………………………………………………………………… 14.

15. Married couples with only one spouse working and only one job …………………………………………………………………………… 15.

16. Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate $ ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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Enter the number of allowances (top number) on line 19; or the additional withholding (bottom dollar amount) on line 3.
RESIDENCY VERIFICATION

APPLICANT

I understand that the Ordinances of the City of Buffalo require that during the period of my employment by the City that I be a resident of the City and maintain my permanent residence within the corporate limits of the City.

I understand that my failure to comply with this requirement may result in the termination of my employment.

I have read and agree with the provisions set forth above and have received a copy of same.

Name
Signature
Address
Date

PARENT OR GUARDIAN (IF REQUIRED)

I understand that the Ordinances of the City of Buffalo require that during the period of employment by the City that employees must be a resident of the City and maintain permanent residence within the corporate limits of the City.

I understand that failure to comply with this requirement may result in the termination of employment.

I have read and agree with the provisions set forth above and have received a copy of same.

I verify that __________________________ resides with me at _________________________, Buffalo, NY __________. Attached are two current proofs of my residence from the list on the reverse side of this form.

Name
Signature
Address
Date
TO: Applicants for Employment with the City of Buffalo

The Department of Human Resources/Civil Service requires that prospective employees supply this office with TWO (2) documents listed below and reserves the right to request additional documentation when deemed necessary.

NOTE: Pursuant to Rule 10 of the Rules for the Classified Civil Service of the City of Buffalo, all applicants must submit or re-submit requested documentation as follows:

RESIDENCE

1. **VALID** NYS Driver’s License showing CURRENT address on the front of said license (temporary licenses will not be accepted)
2. Valid Non-Drivers or School ID (with photo)
3. Lease or Mortgage AGREEMENT
4. Vehicle insurance card
5. CERTIFICATE OF TITLE to motor vehicle
6. NYS vehicle REGISTRATION CARD
7. UTILITY BILLS (gas, electric, telephone, or cable) within two (2) months
8. BANK STATEMENT within two (2) months (Buffalo Metropolitan Credit Union statements will not be accepted)
9. VOTER REGISTRATION CARD (dated at least three (3) months prior to filing application.
10. If any of the above is in your parent/guardian along with proof in their name.

*** ALL DOCUMENTS MUST HAVE YOUR CURRENT ADDRESS AND BE IN YOUR NAME (UNLESS OTHERWISE INDICATED ON REVERSE SIDE).

Failure to submit the documentation will delay the processing of your application for employment and may be cause for disqualification.

If you have any questions in this regard, please feel free to contact the Civil Service Office at 851-5900.
HELPFUL GUIDELINES FOR ENSURING YOUR APPLICATION IS COMPLETE:

1. **Working papers** (Blue Card for ages 14-15, Green Card for ages 16-17) can be obtained from your current school. You must fill out an application at school and present a current physical performed by your health care provider in order to receive your working papers. The Department of Community Services does not issue working papers.

2. If you do not have your **birth certificate** and you were born in the City of Buffalo, a copy can be obtained from the City Clerk’s Office on the 13th floor of City Hall for a small fee. Legalized Immigration papers can be used as a form of citizenship identification for all those not born in the United States.

3. The **proof of residency** must be separate from the remainder of the proofs and the address must match the address on the application to be accepted. Example: Most report cards have the students address on them, but will not be used as a proof of address, you must present 2 additional proofs (Utility Bill, Drivers License, School Bus pass w/address on it, etc.).

4. The Mayor’s Summer Internship program is not an income based program. We will accept all applications for interns who: fill out a completed application, present the required proofs, and have the application in by the due date. You must present some **proof of income** when the application is turned in. If you are employed, a copy of your 2 most recent paystub will satisfy the requirement. If you are unemployed: an official unemployment statement, SSI statement, SSD statement, Child Support Statement, Public Assistance Statement (including welfare and food stamps), Retirement Statement or some other legal income document must be presented with the completed application.

5. If you do not have your **social security card** yet, or need a replacement card please go to: Social Security Office, Suite 100, 186 Exchange Street, Buffalo NY 14204.

6. A Grade School or High School **report card** or a College Transcript must be presented with the application. If you do not have your report card, please contact your school administrator directly and get an official copy of it.

7. Please fill out your application clearly so that it can be read by the person who will be inputting the application. Use Blue or Black ink to fill out the application and fill in each section to the best of your knowledge. If you need help with a section please call the Department of Community Services at 716-851-4001 and we will be glad to assist you.

8. **COMPLETING THIS APPLICATION DOES NOT GUARANTEE PLACEMENT INTO THE PROGRAM.**