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\*\*Mobile Users: 1) Download Adobe Acrobat Reader app. 2) Import to Acrobat. 3) Fill & Sign

# Construction Trades Staffing Inc.

PO Box 1108, 3959 N. Buffalo Rd. • Orchard Park NY 14127 • 716.204.7555 fax 716.204.7556

## Employee Application

~

rev. 4/17

Date\_\_\_\_\_SS#\_\_\_\_\_Wage (if known)\_\_\_\_\_

Last Name\_\_\_\_\_First\_\_\_\_\_MI\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_Cell\_\_\_\_\_

Emergency Contact\_\_\_\_\_Phone\_\_\_\_\_

-----Do Not Write Below This Line-----

Company\_\_\_\_\_Pay Rate\_\_\_\_\_

## Work Experience

Please fill out areas in which you are skilled. NOTE: Write in the number that corresponds to your experience in each operation. If no experience, leave blank.

**4-Excellent 3-Very Good 2-Good 1- Some**

### **Finish Carpenter - Exp. Rating**

Cabinet maker \_\_\_\_\_  
Trim/finish \_\_\_\_\_  
Siding \_\_\_\_\_  
Wood/shingle \_\_\_\_\_  
House framing \_\_\_\_\_  
Stairs \_\_\_\_\_  
Layouts \_\_\_\_\_  
Laminate \_\_\_\_\_

### **Plumber - Exp. Rating**

Commercial \_\_\_\_\_  
Residential \_\_\_\_\_  
Sprinkler \_\_\_\_\_  
Steam Fitter \_\_\_\_\_  
Millwright \_\_\_\_\_  
Rigging \_\_\_\_\_  
Pipe fitter \_\_\_\_\_  
Welding \_\_\_\_\_  
Cut & burn \_\_\_\_\_

### **Electrician - Exp. Rating**

Commercial \_\_\_\_\_  
Residential \_\_\_\_\_  
Industrial \_\_\_\_\_

### **Commercial Carpenter - Exp. Rating**

Metal studs \_\_\_\_\_  
Soffit framing \_\_\_\_\_  
Heavy gauge frame \_\_\_\_\_  
Drywall hanging \_\_\_\_\_  
Drywall finishing \_\_\_\_\_

### **Concrete/Masonry - Exp. Rating**

Formwork \_\_\_\_\_  
Commercial \_\_\_\_\_  
Residential \_\_\_\_\_  
Flat work \_\_\_\_\_  
Brick/block \_\_\_\_\_

### **Painter (list type- exp.)**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

### **Plasterer - Exp. Rating**

Conventional \_\_\_\_\_  
Mold making \_\_\_\_\_  
Cornice work \_\_\_\_\_  
Synthetic \_\_\_\_\_  
(Drivit) \_\_\_\_\_

### **Laborer (list type- exp.)**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

### **Other (list-exp.)**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

### **Circle Work Experience:**

Carpentry- years exp. \_\_\_\_\_ Framer Trim Commercial Residential Helper  
Drywall- years exp. \_\_\_\_\_ Hanger Finisher Plasterer Helper  
Concrete- years exp. \_\_\_\_\_ Form Setter Finisher Helper  
Plumber- years exp. \_\_\_\_\_ Service Installation Helper  
Electrical - years exp. \_\_\_\_\_ Commercial Residential Helper  
Asphalt- years exp. \_\_\_\_\_ Commercial Residential Helper  
Painting- years exp. \_\_\_\_\_ Interior Exterior Commercial Residential Helper  
HVAC- years exp. \_\_\_\_\_ Install Service Commercial Residential Helper  
Landscaping- years exp. \_\_\_\_\_ Riding Mower Trimmer Helper  
Heavy Equip. Operator- years exp. \_\_\_\_\_ Dozer Grader Misc. Equip.  
General Construction Labor- year's exp. \_\_\_\_\_ Maintenance Janitorial Building  
CDL (circle) \_\_\_\_ A \_\_\_\_ B \_\_\_\_ Exp.- \_\_\_\_\_

Position applying for \_\_\_\_\_ Min. wage req. \_\_\_\_\_/hr.

Check shifts you are available \_\_\_1<sup>st</sup> \_\_\_2<sup>nd</sup> \_\_\_3<sup>rd</sup> Date available \_\_\_\_\_

Will you accept a temp to hire job? \_\_\_yes \_\_\_no Do you have transportation? \_\_\_yes \_\_\_no

Check if you have- \_\_\_work boots \_\_\_steel toe \_\_\_hard hat \_\_\_tools

Have a High School Diploma/GED? \_\_\_yes \_\_\_no

Additional education \_\_\_\_\_ Field exp. \_\_\_\_\_

### **Past Employers**

<u>Company/Dates employed/Phone</u>	<u>Position/Duties</u>	<u>Salary/Reason for Leaving</u>
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

### **Employee Agreements and Acknowledgements**

#### **Drug Screening:**

I authorize and give full permission to have Construction Trades Staffing Inc., and/or a company designated physician send a specimen of my urine and/or blood to a lab for screening tests for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties harmless, meaning I will not sue nor hold responsible for any alleged harm to me, or for interfering with my obtaining a job or continuing employment and not submitting to the test or as a result of the report of the test. This includes, but is not limited to, possible clerical or lab error. This policy and authorization is written in a language that I understand and I agree to adhere to the Construction Trades Staffing Inc. "Substance Abuse Policy". I understand and agree that a post accident drug screen will be required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Driver's License Record Release/Criminal Record Release:**

I give Construction Trades Staffing Inc. permission to verify any/all records re: my NYS Drivers License. I give Construction Trades Staffing Inc. permission to obtain any/all criminal records and/or conviction files anywhere in the United States.

I give Construction Trades Staffing Inc. express consent to release this information to their customers as it pertains directly to me being placed for work with that customer. In doing so I understand that I am waiving my right to confidentiality concerning my criminal, driving and past employment record

Signed\_\_\_\_\_Date\_\_\_\_\_

**Medical Authorization:**

In the event of an on-the-job injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury or illness to Construction Trades Staffing Inc. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth here.

Signed\_\_\_\_\_Date\_\_\_\_\_

**Job Safety:**

I agree to report any unsafe working conditions to my job foreman and/or supervisor and Construction Trades Staffing Inc. I agree to wear any and all protective safety equipment given to me by my job foreman and/or supervisor and/or as required for and by my job duties.

Signed\_\_\_\_\_Date\_\_\_\_\_

**Handbook:**

Furthermore, by signing below, the above named individual verifies they have received a copy of Construction Trades Staffing Inc. *Employee Handbook* & the *Safety Checklist*, and has read, fully understands and agrees to adhere to those policies and procedures incorporated therein and made part of this application.

Signed\_\_\_\_\_Date\_\_\_\_\_

# Construction Trades Staffing Inc.

## RELIABILITY POLICY

As a Construction Trades Staffing employee are you are the face of our company. While working for our clients you must be the sole representative of our company.

While we strive to place each individual on a job, it is not always possible. When you "NO CALL, NO SHOW", you are not only poorly representing out company, you are putting our clients in a tough position, and taking away a potential job from another associate who would have shown up to work.

As long as you remain dependable and professional we will give you as many opportunities as we can find. We will not utilize our resources on associates who have let us down, hurt our clients, and take jobs away from other employees who want to work.

Associates who "NO CALL, NO SHOW" will be terminated from our company and will not be eligible for another position through Construction Trades Staffing Inc.

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*Associates Name*

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*Associates Signature*

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*Date*





New York State Department of Labor

Division of Labor Standards

Notice and Acknowledgement of Pay and Payday for Hourly Rate Employees

**Employer Information**

Name:

Construction Trades Staffing Inc.

Doing Business As (DBA) name(s):

Construction Trades Staffing Inc.

FEIN: Upon Request

Physical Address:

3959 N. Buffalo Rd  
Orchard Park N

Mailing Address:

PO Box 1108  
Orchard Park, NY 14127

Phone: 716-204-7555

**Employee's rate (s) of pay:**

\$ \_\_\_\_\_ per \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_

**Allowances taken:**

☐ None

☐ Tips \_\_\_\_\_ per hour

☐ Meals \_\_\_\_\_ per meal

☐ Lodging \_\_\_\_\_

☐ Other \_\_\_\_\_

**Regular payday:** \_\_\_\_\_

**Pay is:**

☐ Weekly

☐ Bi-weekly

☐ Other

**Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1 ½ times the workers' regular rate with few exceptions.)

**Notice given:**

☐ At hiring

☐ Before a change in pay rate(s),  
allowances claimed or payday.

**Employee Acknowledgement:**

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances and designated payday. I told my employer what my true primary language is.

**Check one:**

☐ I accepted this pay notice in English, because it is my primary language.

☐ My primary language is \_\_\_\_\_. I accepted this pay notice in English because the Department of Labor does not yet offer a pay notice form in this language on its web site.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Name and Title

**The employee must receive a copy of this signed form. The employer must keep the original for 6 years.**

# Construction Trades Staffing Inc.

## Direct Deposit Form

Employee Name:

Effective Date (including 1-week processing):

### Bank Account Information

Primary Account	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank:	
% Amount:	
\$ Amount:	
Routing Number:	
Account Number:	

Secondary Account	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank:	
% Amount:	
\$ Amount:	
Routing Number:	
Account Number	

I, \_\_\_\_\_ hereby authorize **Construction Trades Staffing Inc.** to initiate credit entries and if necessary, debit entries and any adjustments to credit entries into the accounts indicated above. This authority is to remain in full force and effect until otherwise noted in a written manner and at a reasonable amount of time to make the necessary changes. I also acknowledge that direct deposit is not guaranteed and will take no less than 10 days from my next check date to begin.

By: X \_\_\_\_\_

**\*To ensure complete accuracy, please provide a voided copy of a blank check**

## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2:**  
**Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ <b>Date</b>
<b>Employers Only</b>	Employer's name and address CONSTRUCTION TRADES STAFFING INC 3959 N. BUFFALO RD ORCHARD PARK, NY 14127	First date of employment	Employer identification number (EIN)  27-0492627



**Step 2(b) — Multiple Jobs Worksheet** *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) — Deductions Worksheet** *(Keep for your records.)*

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 3402(f)(2) 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 with no other entries on the form; 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 nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's 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*







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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative VP HUMAN RESOURCES	
Last Name of Employer or Authorized Representative HAYES	First Name of Employer or Authorized Representative SCOTT	Employer's Business or Organization Name CTS	
Employer's Business or Organization Address (Street Number and Name) 3959 N BUFFALO RD	City or Town ORCHARD PARK	State NY	ZIP Code 14127

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

**IT-2104**

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		
City, village, or post office		State		ZIP code	
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"/>				Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an X in the Single or Head of household box.	
<b>Complete the worksheet on page 4 before making any entries.</b> 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) ..... <b>1</b> 2 Total number of allowances for New York City (from line 31) ..... <b>2</b>					
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b> 3 New York State amount ..... <b>3</b> 4 New York City amount ..... <b>4</b> 5 Yonkers amount ..... <b>5</b>					

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

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; 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
Construction Trades Staffing Inc 3959 N Buffalo RD Orchard Park NY 14127	27-049262

**Instructions****Important information**

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

**Changes effective for 2022**

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, 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 2022 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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



## Worksheet

See the instructions before completing this 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 ( <i>do not include yourself or, if married, your spouse</i> ) .....	6	_____
<b>For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.</b>			
7	College tuition credit .....	7	_____
8	New York State household credit .....	8	_____
9	Real property tax credit .....	9	_____
<b>For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.</b>			
10	Child and dependent care credit .....	10	_____
11	Earned income credit .....	11	_____
12	Empire State child credit .....	12	_____
13	New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2 .....	13	_____
14	Other credits ( <i>see instructions</i> ) .....	14	_____
15	Head of household status and only one job ( <i>enter 2 if the situation applies</i> ) .....	15	_____
16	Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number .....	16	_____
17	If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2022, complete Part 3 below and enter the number from line 28 .....	17	_____
18	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0 .....	18	_____
19	Add lines 6 through 18. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i> . .....	19	_____

**Part 2 – Complete this part only if you expect to itemize deductions on your state return.**

20	Enter your estimated NY itemized deductions for the tax year ( <i>see Form IT-196 and its instructions; enter the amount from line 49</i> ) .....	20	_____						
21	Based on your federal filing status, enter the applicable amount from the table below .....	21	_____						
<b>Standard deduction table</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Single (cannot be claimed as a dependent) .... \$ 8,000</td> <td style="width: 50%;">Qualifying widow(er) ..... \$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent) ..... \$ 3,100</td> <td>Married filing jointly ..... \$16,050</td> </tr> <tr> <td>Head of household ..... \$11,200</td> <td>Married filing separate returns ..... \$ 8,000</td> </tr> </table>				Single (cannot be claimed as a dependent) .... \$ 8,000	Qualifying widow(er) ..... \$16,050	Single (can be claimed as a dependent) ..... \$ 3,100	Married filing jointly ..... \$16,050	Head of household ..... \$11,200	Married filing separate returns ..... \$ 8,000
Single (cannot be claimed as a dependent) .... \$ 8,000	Qualifying widow(er) ..... \$16,050								
Single (can be claimed as a dependent) ..... \$ 3,100	Married filing jointly ..... \$16,050								
Head of household ..... \$11,200	Married filing separate returns ..... \$ 8,000								
22	Subtract line 21 from line 20 ( <i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i> ) .....	22	_____						
23	Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above .....	23	_____						

**Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).**

24	Expected annual wages and compensation from electing employer in 2022 .....	24	_____
25	Line 24 minus \$40,000 (if zero or less, <b>stop</b> ) .....	25	_____
26	Line 25 multiplied by .05 .....	26	_____
27	Line 26 multiplied by .935 .....	27	_____
28	Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above .....	28	_____

**Part 4 – Complete this part to compute your withholding allowances for New York City (line 2).**

29	Enter the amount from line 6 above .....	29	_____
30	Add lines 15 through 18 above and enter total here .....	30	_____
31	Add lines 29 and 30. Enter the result here and on line 2 .....	31	_____