NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

WITHHOLDING CERTIFICATE AFFIRMATION

State of New York)
ss.:
County of _____)

I, _____ being duly sworn, depose and say:

1. My Social Security number is:

   _____.

2. The withholding tax certificate(s), Form(s) W-4, IT-2104, or IT-2104E presented by me to the New York City Health and Hospitals Corporation for processing are to the best of my knowledge truthful and the allowances or exemptions claimed are valid.

3. The certificates are not being filed for the purpose of evading the lawful imposition of income tax upon me by either the Federal, State, or City governments.

4. I understand that:

   (a) filing a false or fraudulent certificate may result in civil and criminal prosecution and disciplinary action including, but not limited to, termination of employment;

   (b) I may voluntarily provide substantiation for the withholding allowances claimed or the basis from my claim of total exemption from tax;

   (c) Form W-4 withholding certificates in which more than ten (10) allowances are claimed or total exemption is claimed may be forwarded to the Internal Revenue Service;

   (d) IT-2104 certificates in which more than 14 allowances are claimed and certificates IT-2104E certificates in which total exemption is claimed may be forwarded to the New York State Department of Taxation and Finance.

_____

Date **Employee's Signature**

Sworn to me before this _____ day of _____, _____

_____ **(Notary Public)**