



# New York State Certificate of Exemption from Withholding

<b>Print or type</b>	First name and middle initial	Last name	Social security number
	Home address ( <i>number and street or rural route</i> )		Apartment number
	City, village, or post office	State	ZIP code
<p><b>Employee's certification</b> – This is to certify that I am an enrolled member of the _____ Indian tribe/nation and that I live on and my income is earned from employment on the _____ Indian Reservation.</p> <p>I will notify my employer within 10 days of any change in my status.</p>			
Employee's signature			Date

To be used only by a Native American who is not subject to New York State income tax (see instructions on back).

IT-2104-IND (8/15) (back)

## Instructions

### Employee

If you are an enrolled member of a tribe or nation recognized by the United States or by New York State, and you are a Native American who works **and** lives on that tribe's reservation, you are not subject to state tax on income earned on the reservation. If you qualify, file this certificate with your employer and your employer will not withhold New York State tax from your wages.

A penalty of \$500 may be imposed for providing false information that decreases your withholding amount.

### Employer

Do not withhold New York State tax from the wages of employees who qualify and file this certificate with you. If the employee's status changes, you must begin to withhold New York State tax.

Keep this form with your records; do **not** send it to the New York State Tax Department.

### Privacy notification

See our Web site or Publication 54, *Privacy Notification*.