

## **Update Tax Withholdings**

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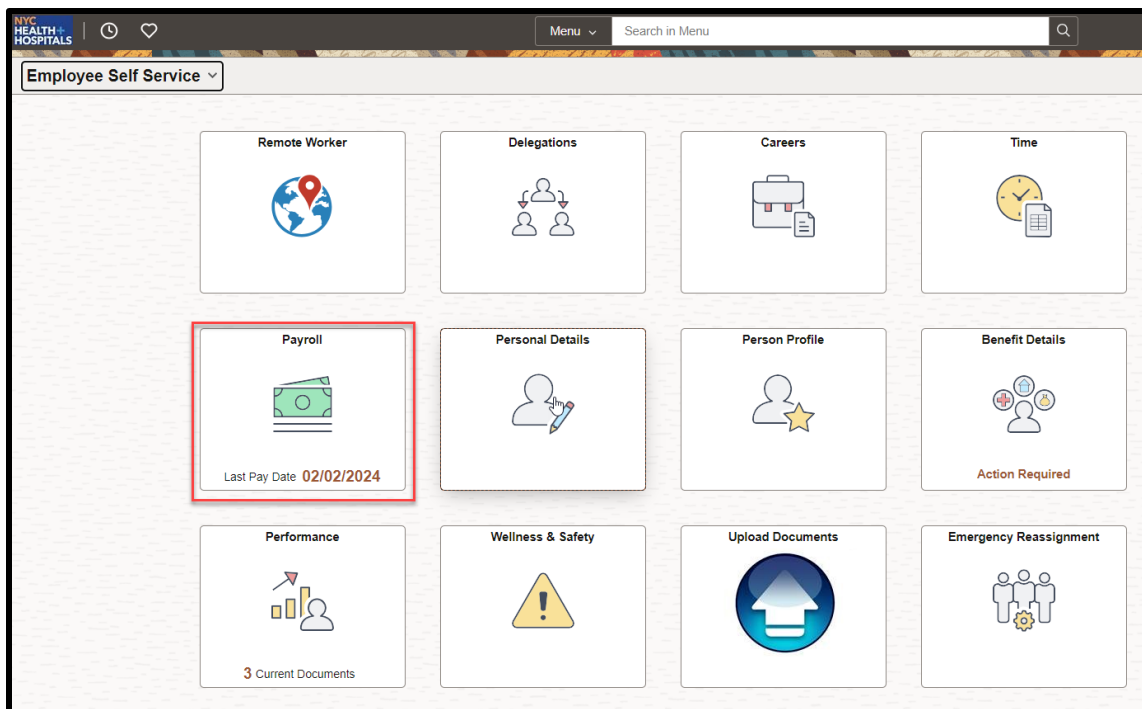
**PAGES 9-15:**    **[Update Tax Withholdings \(IT-2104\)- State & Local](#)**

*\*Please note that this functionality works best on the Internet Explorer browser*

*\*Upon submission of your tax forms, your User ID must be entered in all **CAPITAL LETTERS***

## Update Tax Withholdings (W-4) - Federal

1. After successfully logging into PeopleSoft HR, click on the **Payroll** tile.



2. Select the **Tax Withholding** option.

Payroll																							
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Form Type	Jurisdiction	Tax Status	Other Income	Extra Withholding																			
Federal	Federal																						
State	New York																						
Local	NEW YORK																						

3. The **Tax Withholding** page displays. Select Form Type **Federal**.

Payroll

Paychecks

**Tax Withholding**

Employment Verification Letter

W-4 Tax Information

Direct Deposit

IT2104

View W-2/W-2c Forms

W-2/W-2c Consent

View Leave Balances

View Unprocessed Timesheets

Company NYC Health & Hospitals

Status Active

Form Type	Jurisdiction	Withholding Details	
Federal	Federal	Tax Status Single	Dependent Amount 0.00
		Other Income 0.00	Deductions 0.00
		Extra Withholding 0.00	Other
State	New York	Tax Status Single	Withholding Allowances 0
		Additional Amount 0.00	Additional Allowances
		Additional Percentage	Other
Local	NEW YORK	Tax Status Single	Withholding Allowances
		Additional Amount	Additional Allowances
		Additional Percentage	Other

4. Select **Federal Withholding Allowance Certificate**.

Paychecks

**Tax Withholding**

Employment Verification Letter

W-4 Tax Information

Direct Deposit

IT2104

View W-2/W-2c Forms

W-2/W-2c Consent

View Leave Balances

Company NYC Health & Hospitals

Status Active

Form Type Jurisdiction

Federal Federal

State New York

Local NEW YORK

**Federal Tax Withholding Forms**

Company NYC Health & Hospitals

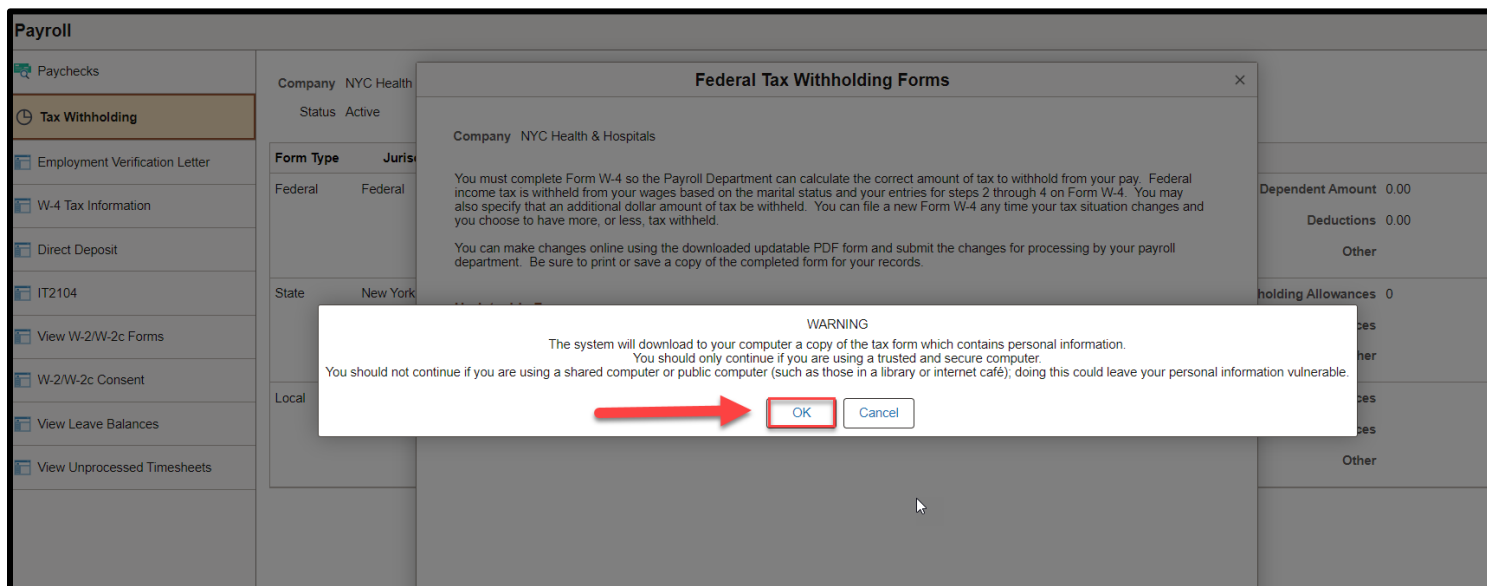
You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on the marital status and your entries for steps 2 through 4 on Form W-4. You may also specify that an additional dollar amount of tax be withheld. You can file a new Form W-4 any time your tax situation changes and you choose to have more, or less, tax withheld.

You can make changes online using the downloaded updatable PDF form and submit the changes for processing by your payroll department. Be sure to print or save a copy of the completed form for your records.

**Updateable Forms**

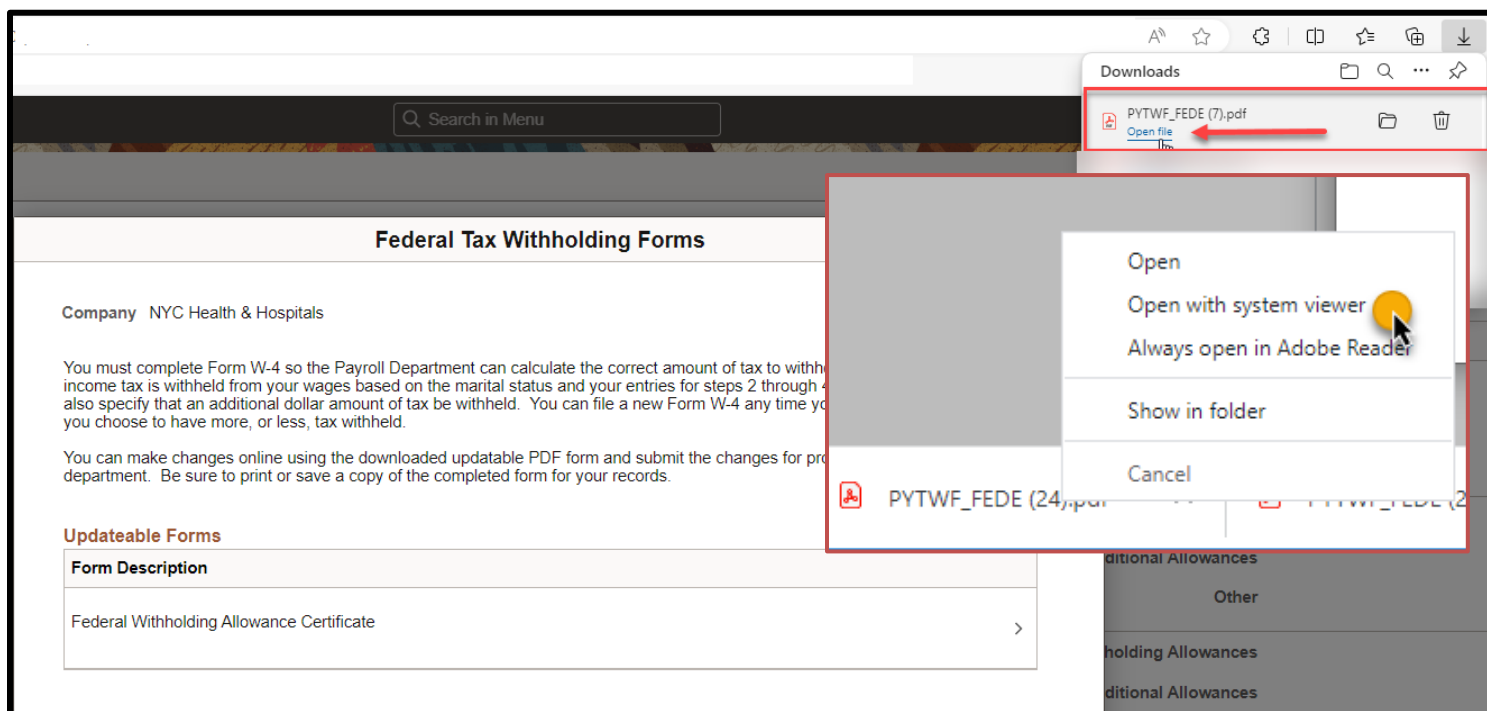
Form Description
Federal Withholding Allowance Certificate

5. A **Warning** message will appear. Click **OK** to continue.



**6. Federal Withholding Allowance Certificate** will download. At the top, right side of the page, select **Open File** to open file.

Right click on the file and select **“Open with System Viewer”**



7. **W-4 Withholding Certificate PDF** will open. Please note that Employee Information, such as name, address, and social security number, will automatically populate based on your current HR information in PeopleSoft. Instructions on how to complete the form are on **Page 2**.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Certificate</b> 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.		OMB No. 1545-0074 <b>2023</b>
<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(a) First name and middle initial _____		Last name _____	
	Address _____		(b) Social security number _____	
	City or town, state, and ZIP code _____		Does your name match the name on your social security card? 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> .	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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 <b>ONLY</b> 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, other details, and privacy.				
<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b> 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 <b>only one</b> of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>				
<b>TIP:</b> If you have self-employment income, see page 2.				
Complete Steps 3-4(b) on Form W-4 for <b>only ONE</b> 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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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> \$ _____ Exemption from withholding. By claiming exemption from withholding, you certify that you owed no Federal income tax in 2023, and that you expect to owe no Federal income tax in 2024. If you claim exemption from withholding, no income tax will be withheld from your paycheck. Not Applicable <input type="button" value="Not Applicable"/>				
<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. _____ 2024-03-03 <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 First date of employment Employer identification number (EIN) NYC Health & Hospitals CORP SERVICES, BLDG #4, 11TH FL BRONX, NY 10468 _____				
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form <b>W-4</b> (2023)				
<input type="button" value="Submit"/>				

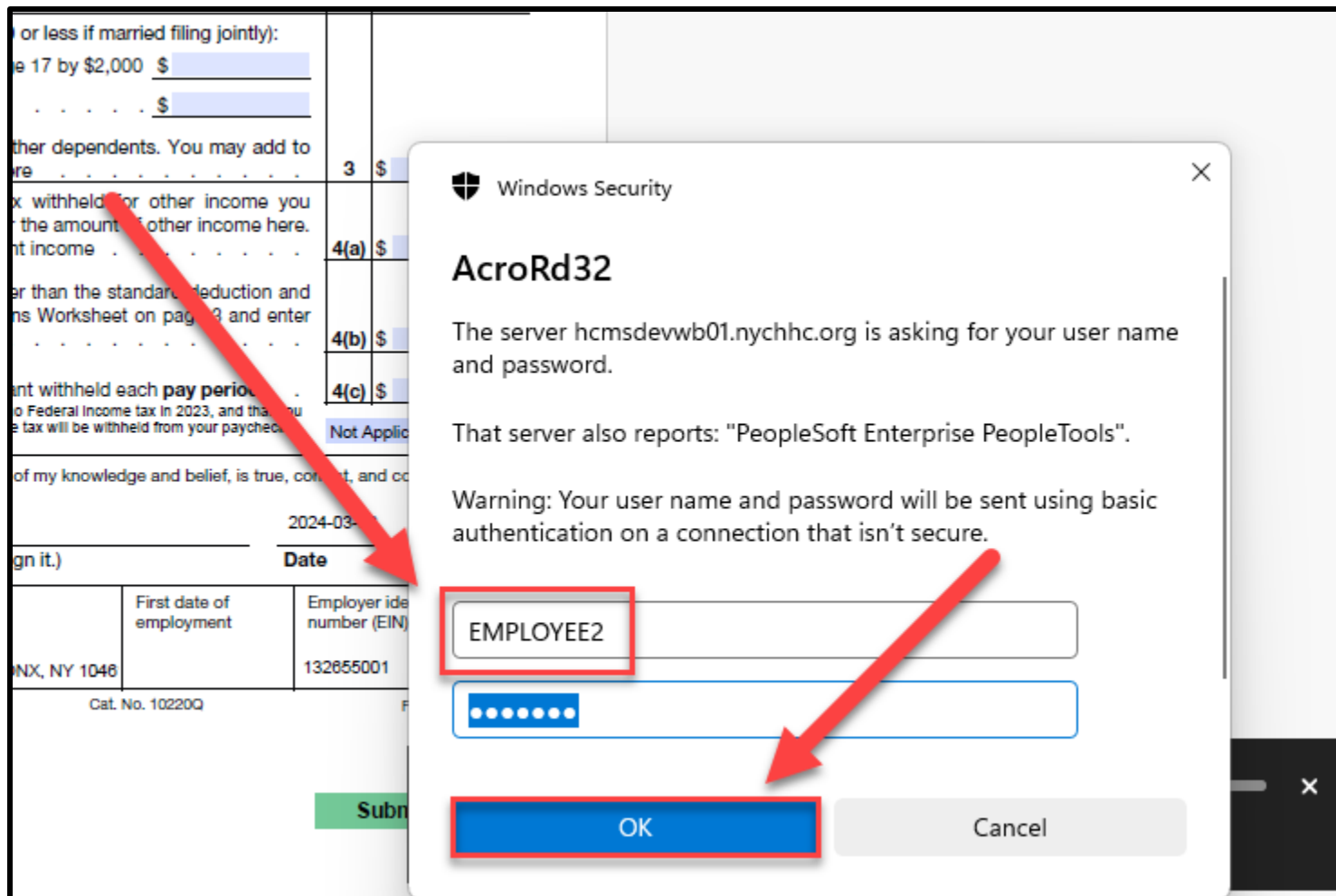
8. Complete all necessary information on the form. When you are done, click on the green **Submit** button on the **bottom** of the form.

**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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		<b>3</b> \$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) 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> \$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period		
			<b>4(c)</b> \$
Exemption from withholding. By claiming exemption from withholding, you certify that you owed no Federal income tax in 2023, and that you expect to owe no Federal income tax in 2024. If you claim exemption from withholding, no income tax will be withheld from your paycheck.			
	Not Applicable		
<b>Step 5: 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.		
	Employee's signature (This form is not valid unless you sign it.)	Date	
		2024-03-03	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	NYC Health & Hospitals CORP SERVICES, BLDG #4, 11TH FL BRONX, NY 10468		
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 102200	Form <b>W-4</b> (2023)

**Submit**

9. A **Windows Security** prompt will appear. Enter your PeopleSoft User ID and password. This will serve as your signature. **User ID must be entered in all CAPS.**



10. After a few moments, if all information is entered correctly, a **Successful** message will appear, along with a copy of the **completed Employee Withholding Certificate**. You can save the PDF to your computer or print a copy for your records.

*The changes you have made to your Employee Withholding Allowance Certificate have been successfully submitted on  
You can scroll to the next page to view your saved data or print/save a copy of this document for your records.*

*Please be advised when you close this document the original PDF document remains open for your reference. To exit the application process, you will need to close both the original and the updated PDF documents.*

*If you need to make additional changes, you must navigate back to the Tax Withholding Forms page and begin the process again.*

11. Your Federal Withholding information is now updated and will be reflected in the Tax Withholding page in PeopleSoft. **Please allow 1-2 pay periods for changes to display on your paystub.**

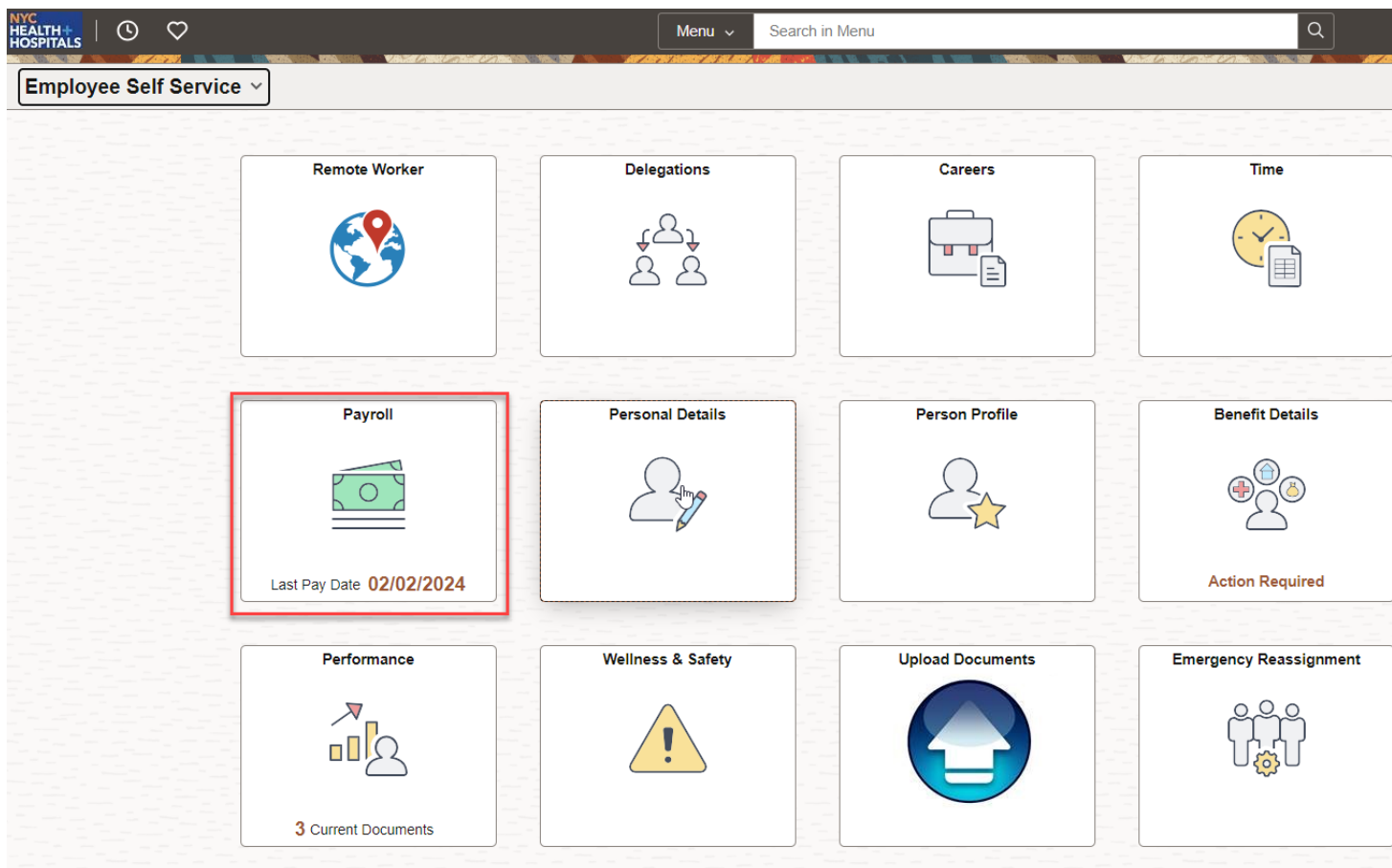
Paychecks	Company NYC Health & Hospitals			
<b>Tax Withholding</b>	Status Active			
Employment Verification Letter				
W-4 Tax Information				
Direct Deposit				

Form Type	Jurisdiction	Withholding Details	
Federal	Federal	Tax Status Single	Dependent Amount 0.00
		Other Income 0.00	Deductions 0.00
		Extra Withholding 0.00	Other



## Update Tax Withholdings (IT-2104) – State & Local

1. After successfully logging into PeopleSoft, click on the **Payroll** tile.



## 2. Select the **Tax Withholding** option.

Payroll

Paychecks

Tax Withholding

Employment Verification Letter

W-4 Tax Information

Direct Deposit

IT2104

View W-2/W-2c Forms

W-2/W-2c Consent

View Leave Balances

View Unprocessed Timesheets

The images below represent a history of the Statements of Earnings and Deductions, better known as pay stubs, issued to you with your paychecks and/or direct deposit advices. Check numbers preceded with an "A" are pay stubs from direct deposit advices issued to you. For a detailed explanation of the information on your pay stub, click here.

<http://hhcinsider.nychhc.org/corpo/erc/Pages/Your-Pay-Stub.aspx>  
(Link only active when accessed from an HHC facility)

Pay stub images will be updated payday Friday's, after midnight. Occasionally there will be a reason to cancel a check or advice and possibly issue a replacement check. It will be removed once the cancellation is complete. Replacement checks will be included once fully updated to your records. Due to space limitations, questions regarding this data, please contact your facility Payroll Department. For facility Payroll Department contact information, click here

<http://hhcinsider.nychhc.org/corpo/erc/Pages/PayrollDirectors.aspx>  
(Link only active when accessed from a Health + Hospitals facility)

Please click the Previous Years link below to view paystubs prior to July 2019.

To print the paystub image shown below or an earlier dated paystub image, scroll down to find the paystub date wanted and click on the

Check Date	Company	Pay Begin Date / Pay End Date
02/02/2024	NYC Health & Hospitals	01/14/2024 01/27/2024
01/19/2024	NYC Health & Hospitals	12/31/2023 01/13/2024
01/05/2024	NYC Health & Hospitals	12/17/2023 12/30/2023

## 3. The **Tax Withholding** page displays. Select Form Type **State**.

Payroll

Paychecks

Tax Withholding

Employment Verification Letter

W-4 Tax Information

Direct Deposit

IT2104

View W-2/W-2c Forms

W-2/W-2c Consent

View Leave Balances

View Unprocessed Timesheets

Company: NYC Health & Hospitals  
Status: Active

Form Type	Jurisdiction	Withholding Details	
Federal	Federal	Tax Status: Single	Dependent Amount: 0.00
		Other Income: 0.00	Deductions: 0.00
		Extra Withholding: 0.00	Other
State	New York	Tax Status: Single	Withholding Allowances: 0
		Additional Amount: 0.00	Additional Allowances
		Additional Percentage	Other
Local	NEW YORK	Tax Status: Single	Withholding Allowances
		Additional Amount	Additional Allowances
		Additional Percentage	Other

#### 4. Select **New York Withholding Allowance Certificate**.

The screenshot shows the 'Payroll' interface on the left with 'Tax Withholding' selected. The main window is titled 'State Tax Withholding Forms'. It contains the following text:

Company NYC Health & Hospitals

You may complete New York Form IT-2104 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. New York income tax is withheld from your wages based on what you claim on the Employee's Withholding Allowance Certificate (form IT-2104). You can file a new NY IT-2104 form anytime your tax situation changes.

Whether you are entitled to claim a certain number of allowances is subject to review by the State. Your employer may be required to send a copy of this form to the Agency.

If you are claiming exemption from withholding for the year, please visit IRS.GOV to ensure you are eligible.

You can make changes to your withholding allowances online using the downloaded updateable PDF form and submit the changes for processing by your payroll department. Be sure to print or save a copy of the completed form for your records.

**Updateable Forms**

Form Description
New York Withholding Allowance Certificate >

A red box highlights the 'New York Withholding Allowance Certificate' entry, and a red arrow points to it from the right.

#### 5. A **Warning** message will appear. Click **OK** to continue.

The screenshot shows the same 'State Tax Withholding Forms' window as before, but with a 'WARNING' dialog box overlaid in the center. The dialog box contains the following text:

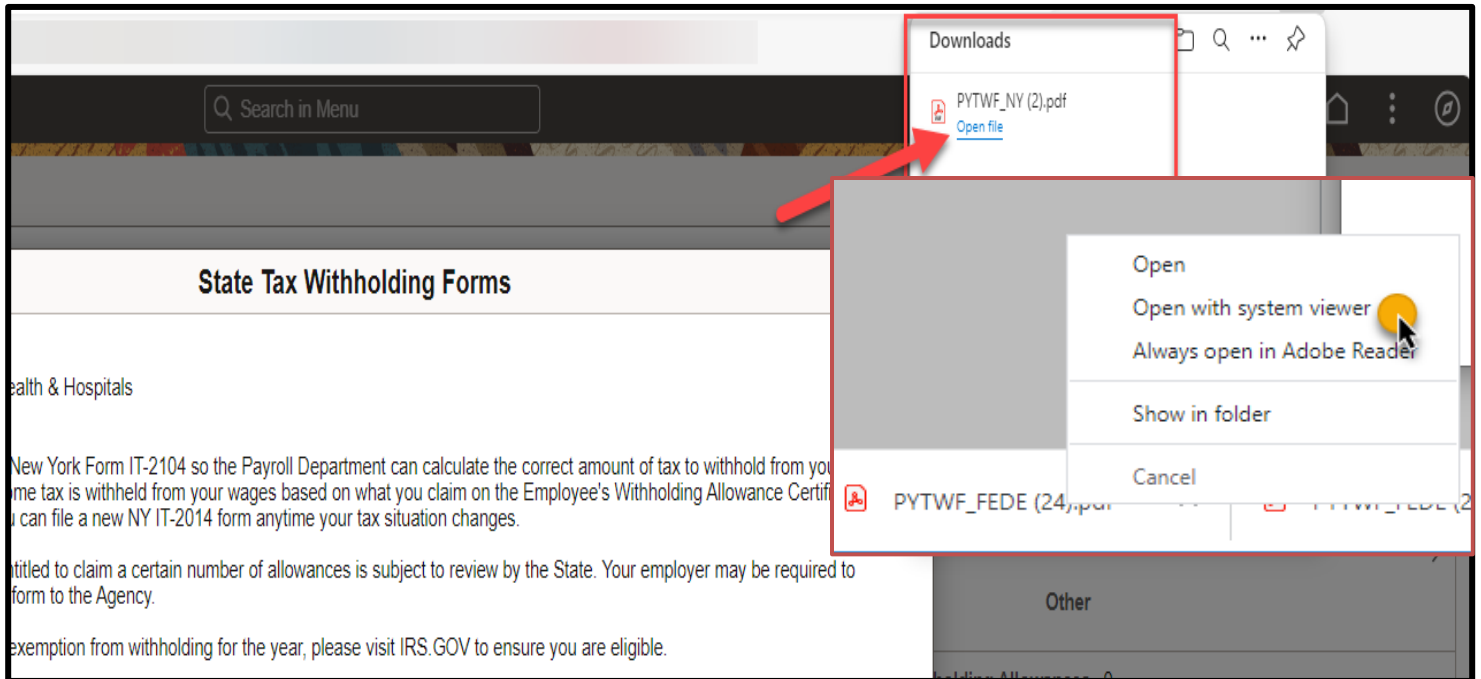
**WARNING**

The system will download to your computer a copy of the tax form which contains personal information.  
You should only continue if you are using a trusted and secure computer.  
You should not continue if you are using a shared computer or public computer (such as those in a library or internet café); doing this could leave your personal information vulnerable.



At the bottom of the dialog box are two buttons: 'OK' and 'Cancel'. A red arrow points to the 'OK' button.

6. **New York Withholding Allowance Certificate** will download. At the top right of the page, select **Open File** to open file.

Right click on the file and select “**Open with System Viewer**”



7. **IT-2104 Withholding Certificate PDF** will open. Please note that Employee Information, such as name, address, and social security number, will automatically populate based on your current HR information in PeopleSoft. Instructions on how to complete the form are on **the bottom of the page**.

 Department of Taxation and Finance <b>Employee's Withholding Allowance Certificate</b> New York State • New York City • Yonkers		<b>IT-2104</b>
First name and middle initial _____ Last name _____		Your Social Security number _____
Permanent home address (number and street or rural route) _____ Apartment number _____		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>
City, village, or post office _____ State _____ ZIP code _____		Note: If married but legally separated, mark an X in the Single or Head of household box.
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)		1
2 Total number of allowances for New York City (from line 31, if using worksheet)		2
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount		3
4 New York City amount		4
5 Yonkers amount		5
I certify that I am entitled to the number of withholding allowances claimed on this certificate.		
<input type="button" value="Submit"/>		
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's signature _____		Date _____
Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.		
Note: Single taxpayers with one job and zero dependents, enter 1 on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit <a href="http://www.tax.ny.gov">www.tax.ny.gov</a> (search: IT-2104-I) or scan the QR code below.		
<b>Employer: Keep this certificate with your records.</b>		
If any of the following apply, mark an X in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See <b>Employer</b> in the instructions. Visit <a href="http://www.tax.nys.gov">www.tax.nys.gov</a> (search: IT-2104-I) or scan the QR code below.		
A Employee claimed more than 14 exemption allowances for New York State ..... A <input type="checkbox"/>		
B Employee is a new hire or a rehire ... B <input type="checkbox"/> First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): _____		
You may report new hire information online instead of mailing the form to New York State. Visit <a href="http://www.nynewhire.com">www.nynewhire.com</a> .		
Note: Employers must report individuals under an independent contractor arrangement with contracts in excess of \$2,500 using the online reporting website above, not Form IT-2104.		
Are dependent health insurance benefits available for this employee? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 New York State Tax Department.) NYC Health & Hospitals CORP SERVICES, BLDG #4, 11TH FL BRONX, NY 10461		Employer identification number _____
Scan here  <a href="https://www.tax.ny.gov/it2104-2023">https://www.tax.ny.gov/it2104-2023</a>		

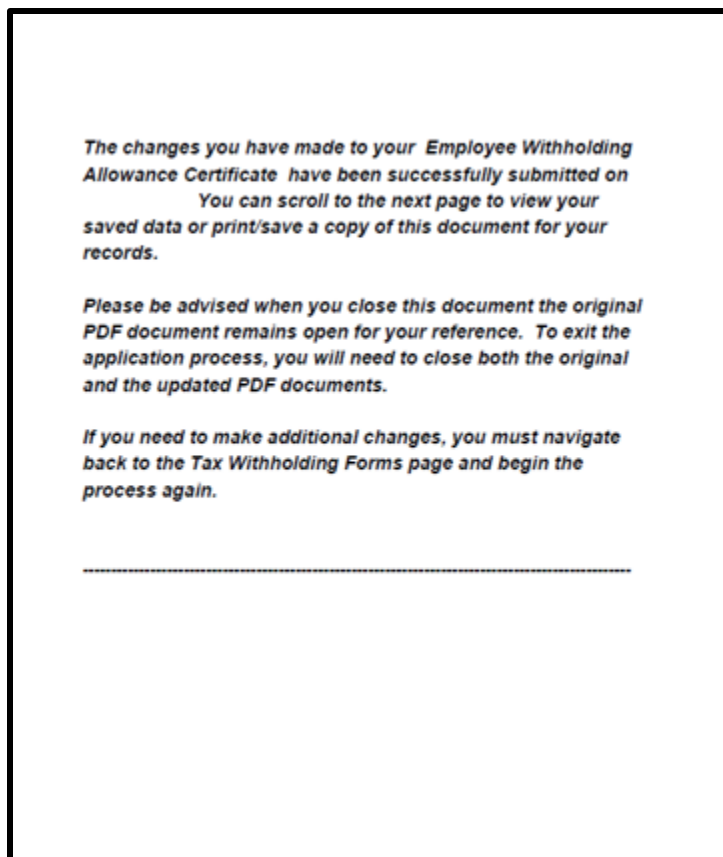
- Complete all necessary information on the form. When you are done, click on the green **Submit** button in the middle of the form.

Are you a resident of New York City? ..... Yes ☐ No ☐  
 Are you a resident of Yonkers? ..... Yes ☐ No ☐  
 Before making any entries, see the *Note* below, and if applicable, complete the worksheet in the instructions.  
 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) 1   
 2 Total number of allowances for New York City (from line 31, if using worksheet) ..... 2   
 Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.  
 3 New York State amount ..... 3   
 4 New York City amount ..... 4   
 5 Yonkers amount ..... 5   
 certify that I am entitled to the number of withholding allowances claimed on this certificate.  
 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's signature \_\_\_\_\_ Date \_\_\_\_\_  
**Submit**

- A **Windows Security** prompt will appear. Enter your PeopleSoft User ID and password. This will serve as your signature. **User ID must be entered in all CAPS.**

or less if married filing jointly):  
 e 17 by \$2,000 \$   
 . . . . . \$   
 ther dependents. You may add to  
 re . . . . . 3 \$   
 x withheld for other income you  
 the amount of other income here.  
 nt income . . . . . 4(a) \$   
 er than the standard deduction and  
 ns Worksheet on page 3 and enter  
 . . . . . 4(b) \$   
 nt withheld each pay period . . . . . 4(c) \$   
 o Federal income tax in 2023, and that nu  
 e tax will be withheld from your payche  
 Not Applic  
 of my knowledge and belief, is true, correct, and co  
 2024-03-  
 gn it.) **Date**  
 First date of  
 employment  
 Employer ide  
 number (EIN)  
 NX, NY 1046 132655001  
 Cat. No. 10220Q  
**Submit**  
 Windows Security  
 AcroRd32  
 The server hcmsdevwb01.nychhc.org is asking for your user name and password.  
 That server also reports: "PeopleSoft Enterprise PeopleTools".  
 Warning: Your user name and password will be sent using basic authentication on a connection that isn't secure.  
 EMPLOYEE2  
 .....  
 OK Cancel

10. After a few moments, if all information is entered correctly, a **Successful** message will appear, along with a copy of the **completed Employee Withholding Allowance Certificate**. You can save the PDF to your computer or print a copy for your records.



11. Your New York Withholding information is now updated and will be reflected in the Tax Withholding page in PeopleSoft. **Please allow 1-2 pay periods for changes to display on your paystub.**

Payroll			
Paychecks	Company NYC Health & Hospitals		
<b>Tax Withholding</b>	Status Active		
Employment Verification Letter			
W-4 Tax Information			
Direct Deposit			
IT2104			
View W-2/W-2c Forms			
W-2/W-2c Consent			
View Leave Balances			
View Unprocessed Timesheets			

Form Type	Jurisdiction	Withholding Details			
Federal	Federal	Tax Status	Single	Dependent Amount	0.00
		Other Income	0.00	Deductions	0.00
		Extra Withholding	0.00	Other	
State	New York	Tax Status	Single	Withholding Allowances	0
		Additional Amount	0.00	Additional Allowances	
		Additional Percentage		Other	
Local	NEW YORK	Tax Status	Single	Withholding Allowances	
		Additional Amount		Additional Allowances	
		Additional Percentage		Other	