**NEW HIRE SEASONAL STAFF REQUIRED EMPLOYMENT FORMS CHECKLIST**

ORIGINAL EMPLOYMENT PACKAGE MUST BE COMPLETED IN ITS ENTIRETY AND DROPPED OFF AT THE PARKS & RECREATION OFFICES LOCATED IN THE STEPHEN E. JOHNSTON BEACH PAVILION BUILDING AT HARBOR ISLAND PARK.

Applicants must be 16 years of age to apply; 17 years old and under must submit an up-to-date copy of their working papers.

***Proof of immunizations or a doctor's note verifying up-to-date vaccinations is required for camp staff.**

***Lifeguards must provide two copies of certification training with waterfront skills, C.P.R. for the professional rescuer, standard First Aid Safety, and AED).**

- COVER SHEET
- SEASONAL APPLICATION
- REFERENCES (2)
- 1-9 FORM (PLEASE PROVIDE PROOF OF IDENTITY WITH THE FORM)
- W-4
- IT-2104
- PART-TIME DECLINATION RETIREMENT FORM
- NEW YORK STATE EMPLOYEE RETIREMENT SYSTEM FORM RS 5420
- EMERGENCY CONTACT FORM
- SELF IDENTIFICATION FORM
- SSCI BACKGROUND CHECK FORM
- DIRECT DEPOSIT FORM
- WORKING PAPERS (GREEN 16-17)

TO: NEW PART-TIME EMPLOYEES

Congratulations! Welcome to the Village of Mamaroneck! As you start your new role with the Village, attached please find the following documents for your review, your reference, and completion:

Policies: Policy of Non-Discrimination, Village Code of Ethics, Policy on Sexual Harassment, Policy of Smoking, Rules & Regulations, Village of Mamaroneck Alcohol and Drug Testing Policy, Village of Mamaroneck Internet Usage Policy, and Workplace Violence Policy

Mandatory:

- W4*
- IT - 2014*
- Employment Verification Form (Form I-9)*
- **Please present two forms of original identification. The list of acceptable documents is attached.**
- New York State Employees' Retirement System Form* **application must be completed**

Optional: **Direct Deposit**** - Payroll needs your bank account number and bank routing number. You **MUST** include a voided check or a blank deposit slip. **Credit Union Kit**** - If you are interested in enrolling, please stop by the Manager's Office for more information.

Additional Information: Employee Assistance Program (EAP)

*Form must be completed and returned to the Manager's office.

**Optional if you want to enroll



Village of Mamaroneck
Parks & Recreation

**Seasonal Employment
Application**

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Position(s) applying for: ☐ Camp Counselor ☐ Beach Lifeguard ☐ Beach Cashier
☐ Beach Attendant ☐ Parking Booth Cashier

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Have you ever worked for the Village of Mamaroneck? ☐ YES ☐ NO If so, when? _____

Have you ever been convicted of a felony? ☐ YES ☐ NO If yes, explain _____

Have you ever been convicted of a misdemeanor? ☐ YES ☐ NO If yes, explain _____

EDUCATION

High School: _____ From: _____ To: _____
Did you graduate? ☐ YES ☐ NO Degree: _____

College: _____ From: _____ To: _____
Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ From: _____ To: _____
Did you graduate? ☐ YES ☐ NO Degree: _____

CERTIFICATIONS (if applicable) (i.e. lifeguard, CPR, teacher, etc.)

***Lifeguards must renew CPR & AED annually. Please include copy of certification with application**

Type of certification: _____

Certifying organization: _____ Certification expiration date: _____

Type of certification: _____

Certifying organization: _____ Certification expiration date: _____

MILITARY SERVICE (If applicable)

Branch: _____

Rank at Discharge: _____

If other than honorable, explain:

From:

To:

Type of Discharge: _____

PREVIOUS EMPLOYMENT

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Hourly \$: _____

Responsibilities:

From: To:

Reason for leaving: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Hourly \$: _____

Responsibilities:

From: To:

Reason for leaving: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Hourly \$: _____

Responsibilities:

From: To:

Reason for leaving: _____

May we contact your previous employers for a reference? [] YES [] NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview will result in termination. An email confirmation is required prior to getting on any work schedule. The email will conform your effective hire date status.

Signature: _____ Date: _____



Village of Mamaroneck Parks & Recreation

Recreation Tel: (914) 777-7784

Parks Tel: (914) 630-7158

Email: recreation@vomny.org

P.O. Box 369

Mamaroneck, NY 10543

Jason Pinto
Superintendent of Recreation

Jeff Ahne
General Foreman of Parks

Offices located in the
Stephen E. Johnston Beach Pavilion
Harbor Island Park

This form is to be completed by an applicant's reference. This form must be submitted in a sealed envelope with reference's signature over the seal. References will only be accepted from former or current employers, teachers, or guidance counselors. References from relatives will not be accepted.

Applicant name: _____

Reference's name: _____ Title: _____

Daytime phone: (____) _____ - _____ Email: _____

Signature: _____ Date: ____/____/____

Applicants will be working closely with children. It is important that we have a clear picture of the applicant's abilities, personality and background. Please circle the number on the scale which best represents the qualities that you have observed in the applicant. All information given is confidential.

	Unobserved	Poor	Average	Excellent
Accepts criticism	0	1	2	3
Cooperation with others	0	1	2	3
Customer service	0	1	2	3
Dependability	0	1	2	3
Enthusiasm	0	1	2	3
General appearance	0	1	2	3
Honestly & Integrity	0	1	2	3
Initiative & Follow-up	0	1	2	3
Leadership Ability	0	1	2	3
Maturity	0	1	2	3
Punctuality	0	1	2	3
Responsibility	0	1	2	3
Self confidence	0	1	2	3

Can you think of any reason why the applicant would not be appropriate for a position working with children?

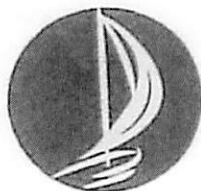
How long and in what capacity have you known the applicant? _____

If you previously employed this individual, would you re-hire them? _____

Additional comments: Strengths or weaknesses? _____

For office use only

Phone reference confirmed by _____ Date ____/____/____



Village of Mamaroneck Parks & Recreation

Recreation Tel: (914) 777-7784

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Applicant name: _____

Reference's name: _____ Title: _____

Daytime phone: (____) _____ - _____ Email: _____

Signature: _____ Date: ____/____/____

Applicants will be working closely with children. It is important that we have a clear picture of the applicant's abilities, personality and background. Please circle the number on the scale which best represents the qualities that you have observed in the applicant. All information given is confidential.

	Unobserved	Poor	Average	Excellent
Accepts criticism	0	1	2	3
Cooperation with others	0	1	2	3
Customer service	0	1	2	3
Dependability	0	1	2	3
Enthusiasm	0	1	2	3
General appearance	0	1	2	3
Honestly & Integrity	0	1	2	3
Initiative & Follow-up	0	1	2	3
Leadership Ability	0	1	2	3
Maturity	0	1	2	3
Punctuality	0	1	2	3
Responsibility	0	1	2	3
Self confidence	0	1	2	3

Can you think of any reason why the applicant would not be appropriate for a position working with children?

How long and in what capacity have you known the applicant? _____

If you previously employed this individual, would you re-hire them? _____

Additional comments: Strengths or weaknesses? _____

For office use only

Phone reference confirmed by _____ Date ____/____/____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that 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 		<ol style="list-style-type: none"> 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 For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle Initial (if any) from Section 1.
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
---	---	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Employee's Withholding Certificate

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

2026**Step 1:****Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		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 www.ssa.gov .
City or town, state, and ZIP code		
(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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or
- (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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

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.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200

3(a) \$

(b) Multiply the number of other dependents by \$500

3(b) \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here

3 \$

Step 4:**Other
Adjustments**

(a) Other income (not from jobs). 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

4(a) \$

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here

4(b) \$

(c) Extra withholding. Enter any additional tax you want withheld each pay period

4(c) \$

**Exempt from
withholding**

I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

Step 5:**Sign
Here**

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

**Employers
Only**

Employer's name and address
Village of Mamaroneck
123 Mamaroneck Avenue
Mamaroneck, NY 10543

First date of
employment

Employer identification
number (EIN)

13-3007303

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

- 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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) 4 \$ _____

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

See the instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: <ul style="list-style-type: none"> • \$768,700 if you're married filing jointly or a qualifying surviving spouse • \$640,600 if you're single or head of household • \$384,350 if you're married filing separately 	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	<ul style="list-style-type: none"> • \$32,200 if you're married filing jointly or a qualifying surviving spouse • \$24,150 if you're head of household • \$16,100 if you're single or married filing separately 	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary									
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 109,999
\$0 - 9,999	\$0	\$0	\$480	\$650	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	3,990
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,190	4,190
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,360	4,360	4,360
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	4,760	4,760	4,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	5,760	5,760	5,760
\$80,000 - 89,999	1,020	2,220	3,420	3,990	4,190	5,440	6,610	6,610	6,610	6,610
\$90,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	7,610	7,610	7,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	8,040	10,210	11,210	12,210	13,210	14,210
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180
\$320,000 - 384,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860
\$385,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary									
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 109,999
\$0 - 9,999	\$0	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,970	\$1,970	\$1,970	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,030
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300
\$100,000 - 124,999	2,030	4,180	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630
\$450,000 and over	3,140	6,800	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary									
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 109,999
\$0 - 9,999	\$0	\$280	\$650	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830
\$30,000 - 39,999	850	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,360
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,690
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,850	10,150	11,350	11,660
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,920
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,590	12,590	14,590	16,590	17,890
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,560	12,560	14,560	16,560	18,710	20,320
\$200,000 - 249,999	2,720	5,920	8,660	10,900	13,270	15,670	17,870	20,170	22,470	24,080
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,520
\$450,000 and over	3,140	6,840	10,110	12,610	15,350	17,850	20,350	22,850	25,350	27,190



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		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
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 (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes ☐ No ☐Are you a resident of Yonkers? Yes ☐ No ☐

Before making any entries, see Note, 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 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

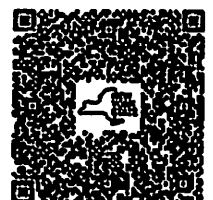
I certify that I am entitled to the number of withholding allowances claimed on this certificate.

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 0 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 our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.**Employer:** Keep this certificate with your records.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 **Employer** in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mmddyyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.**Note:** Employers must report individuals under an independent contractor arrangement with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, not Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐If Yes, enter the date the employee qualifies (mmddyyyy):

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.)	Employer identification number
Village of Mamaroneck 123 Mamaroneck Avenue Mamaroneck, NY 10543	136007303

www.tax.ny.gov/it2104-2026

Village of



Mamaroneck

TO NEW PART TIME AND SEASONAL VILLAGE EMPLOYEES

Pursuant to Section 450 of the Retirement and Social Security Law, all employees have a right to membership in the New York State Employees' Retirement System. If you join, a Three Percent (3%) deduction will be made from your gross pay.

Please check one of the options below, date, sign, and return this form to your Supervisor. **All employees must complete the application even if they wish to not join.**

I acknowledge having been given notice of my option to join the New York State Employees' Retirement System, and my decision is:

_____ Yes — I wish to join.

_____ No — I do not wish to join.

_____ I am already enrolled in NYSLRS with the Village of Mamaroneck.

Name: _____

Please Print

Date: _____

Signature: _____

Department: _____

Once you are enrolled in the NYSLRS, it takes five (5) years of service credits for you to be vested. For additional information on Optional Membership, please visit the website:
<https://www.osc.state.ny.us/retirement/employers/membership-enrollment/optinal-membership>



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Received Date

Social Security Number *

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Employees' Retirement System Membership Registration

RS 5420

(Rev. 12/23)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Registration Number					

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:		Middle Initial:	
Employee's Address:		Apt	City	State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Sex	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:				Employer's Telephone:			
Employer's Address:				Employer's Fax Number:			
Job Code [1]				Employee Classification			
				<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem			
						<input type="checkbox"/> Regular [2] <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]		Location Code		Standard Workday [4]	
Month	Day	Year	Month	Day	Year		
						For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes	

Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

Employee's Telephone Number:

Employee's Email Address:

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code– As the employer, you will need to reference our job code list at https://web.osc.state.ny.us/retire/retirement_online/job-codes.php to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at <https://www.osc.ny.gov/retirement/employers/membership-enrollment/contractors-or-consultants>

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Standard Days Annual Rate Workday Worked Wage	Daily Employees 12 month Employee: \$ _____ X 260 = \$ _____ Daily Days Annual Rate Worked Wage 10 month Employee: \$ _____ X 180 = \$ _____ Daily Days Annual Rate Worked Wage
Unit of Work Employees \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting \$ 50 X 12 Meetings = \$ 600 Unit Rate # of Events*** Annual Wage ***An estimate of the number of events is acceptable

Note: Any questions regarding annualized wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

Please type or print clearly
in blue or black ink

Received Date

Designation of Beneficiary with Contingent Beneficiaries

RS 5127
(Rev. 11/22)

NYSLRS ID

Social Security Number (last 4 digits)

XXX-XX-

Retirement System (check one)

Employees' Retirement System (ERS) ☐

Police and Fire' Retirement System (PFRS) ☐

**THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE
RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.**

Member / Pensioner Information

Name: _____ Former Name: (if applicable) _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Employed by: _____ Employer Address: _____

IMPORTANT INFORMATION REGARDING THIS FORM

• If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.

• Attachments to your beneficiary form are unacceptable.

• New beneficiary forms filed will supersede any previous designation. Therefore, if you want to add or delete a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

• The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if all primary beneficiary(ies) die before you do.

• If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.

• This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

Make sure that you:

- Complete all required information.
- Sign and date the form.
- Have the form notarized, making sure the notary has entered their expiration date.
- Mail your completed form to:

New York State and Local Retirement System
110 State Street
Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-888-805-0990 or 518-474-7738.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form and have the form notarized.

To the Comptroller of the State of New York:

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

Name _____

Address _____

Relationship _____ Birth Date _____

Phone Number _____

This form must be signed, dated and notarized in order to be valid.

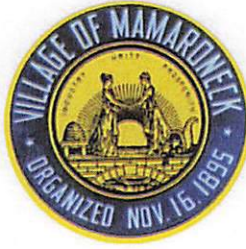
I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Member / Pensioner Signature _____ Date _____

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____ On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Village of



Mamaroneck

Emergency Contact Information Form

**This information is extremely important in the event of an accident or medical emergency.
Please be sure to sign and date this form**

Name: _____
Home Phone: _____ Cellphone: _____
Home Email Address: _____
Address: _____

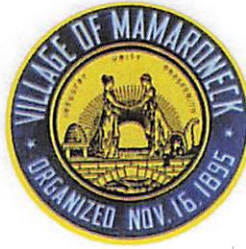
Emergency Contact Information

Primary Emergency Contact's Name: _____
First Name Last Name
Relationship: _____
Home Phone: _____
Cellphone: _____
Work
Phone: _____

Secondary Emergency Contact's Name: _____
First Name Last Name
Relationship: _____
Home Phone: _____
Cellphone: _____
Work Phone: _____

Please notify the Village Manager's Office immediately if you would like to change any of your personal information (Address, Emergency Contacts, Tax Exemptions, Beneficiaries, etc.).

Signature: _____ Date: _____



Employee Voluntary EEO Self-Identification of Ethnicity/Race Form

CONFIDENTIAL

The Village of Mamaroneck is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Responses will remain confidential with the Human Resources Department. Periodic reports are made to the government on the following information for required reporting purposes. Completion of this form is optional and voluntary.

Employee's Name: _____

Race/Ethnic Identification (Please Select One)

- ☐ **Hispanic or Latino** — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (not Hispanic or Latino)** — A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black or African American (Not Hispanic or Latino)** — A person having origins in any of the Black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** — A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** — A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.
- ☐ **Two or More Races (Not Hispanic or Latino)** — All persons who identify with more than one of the above five races.
- ☐ **I Do Not Wish to Disclose** — If you choose not to self-identify, the federal government requires The Village of Mamaroneck to determine this information by survey and/or other available information.

Thank You for Your Participation!

Employee's Signature

Date

4557



**Village of Mamaroneck
National Background Screening Consent Form**

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____

SSCI – America's #1 Choice in Background Screening for Parks and Recreation
Phone: 1-866-996-7412 Website: www.sscizoo.com



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the Village of Mamaroneck, through ADP (its payroll service provider), to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institutions indicated on this form.

<u>BANK NAME</u>	<u>ACCOUNT#</u> (indicate either checking or savings)	<u>ROUTING #</u>	<u>AMOUNT</u> (for full amount write "FULL")
------------------	--	------------------	---

1. _____

2. _____

3. _____

For each bank account indicated above, you must attach a voided check, or a letter from your bank containing account and routing numbers.

This authorization is to remain in effect until the Village and Bank(s) have received written notice from me of its termination in such time and in such manner as to afford the Village and Bank(s) reasonable opportunity to act on it.

NAME _____ DATE _____

(Please print)

SIGNATURE _____

_____ I WISH TO CANCEL DIRECT DEPOSIT FOR ACCOUNT # _____

_____ I DO NOT WISH TO ENROLL IN DIRECT DEPOSIT

Employee Assistance Program

**The Employee Assistance Program
is a valuable service for you - our
employee, and your family members.**

**EAP professional counselors can
help with:**

- **family problems**
- **emotional issues**
- **alcohol and substance abuse**
- **legal, credit, housing and any
other concerns of daily living.**

**The EAP helps you assess your problems
and will refer you to a community resource
which works with your health plan.**

**Any employee or a member of an
employee's family can call the EAP
directly for a convenient, confidential
appointment.**

**The EAP offers you an opportunity to
actively seek assistance. The first step
is up to you.**

CALL FOR APPOINTMENT:

■ 112 East Post Road, 2nd Floor
White Plains, N.Y. 10601
(914) 995-6070

(Tear off and keep in wallet)

The EAP is a confidential and free service that we are providing for our employees and their family members. You may contact the EAP on your own or through the recommendation of a loved one, a coworker, supervisor or union delegate. No one's job security or promotional opportunities will be affected by participation in the EAP.

It is our mutual goal to provide an opportunity for you to enjoy a happy, healthy and productive life. We believe that our EAP can provide that opportunity.

Employee Assistance Program is provided under contract with Westchester County.

Westchester
gov.com

Employee Assistance Program

White Plains ■ (914) 995-6070

MEMORANDUM

Village of Mamaroneck



**To: All employees and volunteers of the
Village of Mamaroneck**

From: Kathleen Gill, Village Manager

Re: Policy of Non-Discrimination

Date: December 13, 2024

P 914-777-7703

F 914-777-7760

www.villageofmamaroneck.org

The Village of Mamaroneck is bound by applicable laws and committed to the principle of equal opportunity as provided under and protected by the United States Constitution.

The Village of Mamaroneck does not discriminate against individuals on the basis of race, color, religion, sex, sexual orientation, gender identity, disability, age or national or ethnic origin, or any other such classification protected by law.

All employees and volunteers of the Village are advised that such behavior and comments are inappropriate, intolerable, and they reflect poorly on the Village of Mamaroneck as well as on the Mamaroneck community. This memorandum and order reminds everyone who is an employee or volunteer of the Village that you are prohibited against any such behavior and comments while you are acting in an official capacity representing the Village, either during or after your regular hours.

Failure to comply with such laws will result in immediate applicable and appropriate action by the Village.