COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Employee Certification for Working Outside of New York State

Employee Information:

Name: _____   UNI: _____   DEPT: _____

Instructions:

Please complete the following questions and then sign and date the form. This form should be given to any current employee working outside of New York State (NYS). This form must also be included as part of the hiring paperwork if a new employee will be working outside of New York State (NYS). For new employees, completed New York State Forms IT2104 and IT2104.1 must accompany this certification.

This form assists Columbia in determining an employee's state tax withholding. The decision to allow or to require an employee to work outside of NYS requires relevant EVP / Dean approval and Central HR approval for administrative employees and Provost approval for academic personnel. NYS requires withholding of NYS taxes on wages paid to employees outside of NYS unless the employee works outside of NYS as a necessary (required) condition of the nature of their job. In the event the work location outside of NYS is not required by the job, the University must withhold NYS taxes. Many states will provide a credit to residents for taxes paid to another state. Employees should consult their tax advisor as the University is not able to advise employees on personal tax matters.

Does Columbia require that the employee's work be performed outside of NYS? ☐ Yes ☐ No

If you answered "Yes" to the above question, please describe the nature of that requirement and where the employee will perform work outside of NYS (a Columbia office, a home). Attach additional sheets if needed.

_____
_____
_____

Local HR/SBO's Signature:_____ Date *(mm/dd/yyyy)*:_____

Employee Acknowledgement:

I acknowledge that I may be subject to New York tax as a University employee and that the University is required by New York State to withhold NYS taxes unless the University requires, due to the nature of the job, that I will be treated as having a non-New York work location as recognized by New York State. I am solely responsible for such taxes.

Employee's Signature:_____ Date *(mm/dd/yyyy)*:_____