February 1, 2019

Dear Applicant:

Thank you for your interest in applying for my 2019 Summer Youth Internship Program. This is truly a wonderful opportunity for you, as well as hundreds of other city youth, to get the experience you need to become a successful working adult, earn money and learn critical skills that will benefit you now and in the future.

Enclosed is an application that must be completed and returned to the Department of Community Services by FRIDAY, MARCH 29, 2019. Incomplete applications and late applications will not be accepted!

Bring or mail your completed application to the Department of Community Services, located at Buffalo City Hall, 65 Niagara Square -Room 1701, Buffalo, New York, 14202. The office is open Monday through Friday, 8:30am to 4:30pm.

YOU CAN ALSO COMPLETE AND SUBMIT THE APPLICATION ONLINE BY VISITING WWW.BUFFALONY.GOV/MSYAPP

My 2019 Summer Youth Internship Program runs twenty (20) hours per week for six (6) weeks. The first day of employment is July 8th and runs through August 15th. To be eligible for this program you must be a City of Buffalo resident, between the ages of 14 and 21, and you must turn age 14 by March 29, 2019.

In order to determine your eligibility for the Mayor’s Summer Youth Internship Program, copies of the below items must be returned with your completed application:

1. Working Papers (obtained from your school’s counselor) for all youth under age 18
   • Ages 14-15 (Blue Card)
   • Ages 16-17 (Green Card)
2. Birth Certificate
3. Proof of Buffalo Residency (Utility Bills, Lease Agreement)
4. Family Income
5. Social Security Card
6. Attending School (Most recent School Report Card or Transcript)

If you have any questions regarding the application, please contact us at (716) 851-5887.

Once again, thank you for your interest in my Summer Youth Internship Program.

Sincerely,

Byron W. Brown, Mayor
HELPFUL GUIDELINES FOR ENSURING YOUR APPLICATION IS COMPLETE:

1. Working papers (Blue Card for ages 14-15, Green Card for ages 16-17) can be obtained from your current school. You must fill out an application at school and present a current physical performed by your health care provider in order to receive your working papers. The Department of Community Services does not issue working papers.

2. If you do not have your birth certificate and you were born in the City of Buffalo, a copy can be obtained from the City Clerk’s Office on the 13th floor of City Hall for a small fee. Legalized Immigration papers can be used as a form of citizenship identification for all those not born in the United States.

3. The proof of residency must be separate from the remainder of the proofs and the address must match the address on the application to be accepted. Example: Most report cards have the students address on them, but will not be used as a proof of address, you must present 2 additional proofs (Utility Bill, Driver’s License, School Bus pass w/address on it, etc.).

4. The Mayor’s Summer Internship program is not an income based program. We will accept all applications for interns who: fill out a completed application, present the required proofs, and have the application in by the due date. You must present some proof of income when the application is turned in. If you are employed, a copy of your 2 most recent paystub will satisfy the requirement. If you are unemployed: an official unemployment statement, SSI statement, SSD statement, Child Support Statement, Public Assistance Statement (including welfare and food stamps), Retirement Statement or some other legal income document must be presented with the completed application.

5. If you do not have your social security card yet, or need a replacement card please go to: Social Security Office, Suite 100, 186 Exchange Street, Buffalo NY 14204.

6. A Grade School or High School report card or a College Transcript must be presented with the application. If you do not have your report card, please contact your school administrator directly and get an official copy of it.

7. Please fill out your application clearly so that it can be read by the person who will be inputting the application. Use Blue or Black ink to fill out the application and fill in each section to the best of your knowledge. If you need help with a section please call the Department of Community Services at 716-851-5887 and we will be glad to assist you.

8. COMPLETING THIS APPLICATION DOES NOT GUARANTEE PLACEMENT INTO THE PROGRAM.
RESIDENCY VERIFICATION

APPLICANT

I understand that the Ordinances of the City of Buffalo require that during the period of my employment by the City that I be a resident of the City and Maintain my permanent residence within the corporate limits of the City.

I understand that my failure to comply with this requirement may result in the termination of my employment.

I have read and agree with the provisions set forth above and have received a copy of same.

________________________________________________________________________________________
Name                                                                                       Signature
________________________________________________________________________________________
Address                                                                                 Date

PARENT OR GUARDIAN (IF REQUIRED)

I understand that the Ordinances of the City of Buffalo require that during the period of employment by the City that employees must be a resident of the City and maintain permanent residence within the corporate limits of the City.

I understand that failure to comply with this requirement may result in the termination of employment.

I have read and agree with the provisions set forth above and have received a copy of same.

I verify that _____________________________ resides with me at _____________________________, Buffalo, NY __________. Attached are two current proofs of my residence from the list on the reverse side of this form.

________________________________________________________________________________________
Name                                                                                       Signature
________________________________________________________________________________________
1. SOCIAL SECURITY NUMBER: ____ ____ ____ / ____ ____ / ____ ____ ____ ____

2. ___________________________________________   ___________________________________________
First Name                         M. Initial                            Last Name

3. ADDRESS: ___________________________________________  ___________
Number             Street                                                                                                  Apt
BUFFALO, NY ____________________________  Zip Code

4. Date of birth: ____/____/______    AGE: ________  □ MALE   □ FEMALE  (Please Check One)
Place of birth: __________________________   Country of Origin ____________________________

5. Phone numbers to contact you: (LIMIT 3):
1. (______) ________-________       2. (______) ________-________      3. (______) ________-_______
Primary        Secondary        Emergency

6. E-MAIL Address: ____________________________________________

7. If you are age 14-17  please list your working papers number: ____________________________
                           Middle-left side of your card

8. CHECK ALL THAT APPLY TO YOUR ETHNICITY:
□ Black or African-American   □ Caucasian   □ Native-American   □ Hispanic/Latino
□ Multi-Racial                 □ Asian       □ Other ____________________________
                           Please state your Ethnicity/Ethnic Group here

9. How many people (Including yourself) live in your home? ____________________________

10. What is the TOTAL INCOME for your household for one month? ____________________________
    (Include Public Assistance, Rental Assistance or any other funding)

11. PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD INCOME:
□ Pension Benefits   □ Veteran's Disability   □ Employed (Full or Part-time)
□ Social Security    □ Public assistance    □ Alimony Payments
□ Food Stamps        □ Worker's Compensation □ Unemployment Benefits
□ Child Support
12. PLEASE CHECK ANY THAT APPLY TO YOU:

☐ Learning / Physically Disabled  ☐ Homeless/Runaway  ☐ Refugee/Immigrant Community
☐ Foster Care  ☐ Pregnant / Parenting Teen  ☐ Limited English

Please state your primary language

13. Are you currently attending school?  ☐ Yes  ☐ No

14. What is the name of your school? (If applicable): ____________________________________________

15. What grade are you currently in? __________________________________________________________

16. Please check any that apply to you as of today (leave blank if none):

☐ High School Graduate  ☐ Drop Out  ☐ GED/HSE program
☐ College Student  ☐ ESL Student (Please list your ESL Program) _______________________________

17. Provide three (3) personal references: (1 RELATIVE and 2 NON-RELATED) ***THIS IS MANDATORY***

1. __________________________________________________   _______________________________________
   Full Name              Phone Number

2. __________________________________________________   _______________________________________
   Full Name              Phone Number

3. __________________________________________________   _______________________________________
   Full Name              Phone Number

Applicants Signature  Parent/Guardian Signature (if under 18)

**By signing this application you hereby agree that all of the information given on this application is correct to the best of your knowledge.**

PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS WHEN SUBMITTING YOUR MAYOR’S SUMMER YOUTH INTERNSHIP APPLICATION:

1. BIRTH CERTIFICATE OR PASSPORT  4. SOCIAL SECURITY CARD
2. WORKING PAPERS (FROM SCHOOL)  5. PROOFS OF ADDRESS IN BUFFALO
3. PROOF OF INCOME FOR HOUSEHOLD  6. REPORT CARD

IF YOU HAVE QUESTIONS REGARDING THE APPLICATION PLEASE CALL (716) 851-5887

Return completed applications to:  Buffalo City Hall
                                      65 Niagara Square, Room 1701
                                      Buffalo, NY 14202
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
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</table>

Date of Birth (mm/dd/yyyy)  U.S. Social Security Number  Employee's E-mail Address  Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number):
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
   Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________________________
   OR

2. Form I-94 Admission Number: ______________________________________________________
   OR

3. Foreign Passport Number: _________________________________________________________
   Country of Issuance: ________________________________________________________________

Signature of Employee  Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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  Today's Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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</tbody>
</table>
Employee’s Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial  Last name  Your social security number

Permanent home address (number and street or rural route)  Apartment number

City, village, or post office  State  ZIP code

Single or Head of household  Married
Married, but withhold at higher single rate

Are you a resident of New York City? ........... Yes No
Are you a resident of Yonkers? ................. Yes No

Complete the worksheet on page 3 before making any entries.
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)  
2 Total number of allowances for New York City (from line 35)

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 .....................................................................................................................
4 New York City amount ......................................................................................................................
5 Yonkers amount ............................................................................................................................... 

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

Employee’s signature  Date

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: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ............ A

B Employee is a new hire or a rehire... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ............. Yes No

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 NYS Tax Department.)

Employer identification number

Instructions

Changes effective for 2019
Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

Who should file this form
This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee’s pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn $107,650 or more during the tax year.
- The total income of you and your spouse has increased to $107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as a qualifying child who doesn’t meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th></th>
<th></th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address (number and street or rural route)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
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</tr>
<tr>
<td>4</td>
<td>If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Total number of allowances you’re claiming (from the applicable worksheet on the following pages)</td>
<td></td>
<td></td>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)</td>
<td></td>
<td></td>
<td>9</td>
<td>First date of employment</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 4.