



Withholding identification number:

Employer legal name:

Mark an **X** in the applicable box(es):

A. Original or Amended return
 Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Year Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a	b	c	d	e
Social Security number	Last name, first name, middle initial	Total UI remuneration paid this quarter	Gross federal wages or distribution (see instr.)	Total NYS, NYC, and Yonkers tax withheld

Page No. ____ of ____ Total this page only

If first page, enter grand totals of all pages

Contact information (see instructions)	Name	Daytime telephone number ()
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For office use only
 Postmark Received date

Mail to: **NYS EMPLOYMENT CONTRIBUTIONS AND TAXES**
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