

Scroll down to complete Form NYS-1

Tab between entry areas and click on the check boxes to mark and unmark them.

This form is set up for either printing on two separate sheets of paper, or two-sided printing.

Scroll down to complete the back of Form NYS-1

Cut on the dotted line before filing this form.



Department of Taxation and Finance

**NYS-1** (1/21)

**Return of Tax Withheld**

Withholding identification number

Employer's

legal name: \_\_\_\_\_

**A** Last payroll date – Enter date of last payroll covered by this return (mmddyy)

**B** If you permanently ceased paying wages, enter date of final payroll (mmddyy) .....

**C** Mark an **X** in the box for additional payment .....

1 New York State tax withheld ...	<input type="text"/>	.	<input type="text"/>
2 New York City tax withheld .....	<input type="text"/>	.	<input type="text"/>
3 Yonkers tax withheld .....	<input type="text"/>	.	<input type="text"/>
4 Total withheld (add lines 1, 2, & 3)	<input type="text"/>	.	<input type="text"/>
5 Credit claimed.....	<input type="text"/>	.	<input type="text"/>
6 Total tax due (line 4 minus line 5) \$	<input type="text"/>	.	<input type="text"/>

I certify that this information is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature	Taxpayer's name (print or type)	Date	Telephone number ( )
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Mark **X** if new employer or address change (see back)

For office use only

Postmark  Received date  SI

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**Paid preparer:** If you are using a paid preparer or payroll service, have the preparer or payroll service complete the appropriate section(s) below. **NYS-1 (1/21) (back)**

Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
Preparer's firm name <i>(or yours, if self-employed)</i>	Address		Firm's EIN	Telephone number (    )
<b>Payroll service's name</b>			Payroll service's EIN	

**New employer or address change:** Enter below the address at which you will receive withholding tax and unemployment insurance notices. For other changes, see instructions.

Taxpayer's business name	c/o <input type="checkbox"/>	attn <input type="checkbox"/>	<i>(if applicable, mark either box and enter name)</i>		If the address is for your paid preparer, mark an <b>X</b> in the c/o box, enter the preparer's name, and mark an <b>X</b> in this box ..... <input type="checkbox"/>
Number and street or PO box	City	State	ZIP code		

Make check payable to **NYS Income Tax** and mail to: NYS Tax Department, Processing Unit, PO Box 4111, Binghamton NY 13902-4111.