Department of Taxation and Finance

Return of Tax Withheld

• NYS-1
(1/26)

Withholding identification number

Employer's legal name:

Employer address:

Mailing address *(number and street or PO Box)*	City, village, or post office	State	ZIP code

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

B If **amending return,** enter payroll date previously reported *(mmddyy)* .....

1	New York State tax withheld	
2	New York City tax withheld	
3	Yonkers tax withheld	
4	Total withheld *(add lines 1, 2, & 3)*	
5	Credit claimed.....	
6	Amount previously paid *(amended returns only, see instructions)*	
7	Total amount due *(add lines 5 & 6, and subtract the sum from line 4)*	$

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
			( )

Paid preparer: If you are using a paid preparer or payroll service, have the preparer or payroll service complete the appropriate sections below.

Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code

Preparer's firm name *(or yours, if self-employed)*	Address	Firm's EIN	Telephone number
			( )

Payroll service's name	Payroll service's EIN

Make check payable in U.S. funds to ***NYS Income Tax*** and mail to:

NYS TAX DEPARTMENT
PROCESSING UNIT
PO BOX 4111
BINGHAMTON NY 13902-4111

For office use only

Postmark | Received date | SI

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