

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



41919415

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Y Y

Are dependent health insurance benefits available to any employee? Yes No

If seasonal employer, mark an X in the box

Number of employees Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

Grid for number of employees by month: a. First month, b. Second month, c. Third month

For office use only Postmark Received date UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter 00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 00
3. Wages subject to contribution (subtract line 2 from line 1) 00
4. UI contributions due Enter your UI rate %
5. Re-employment service fund (multiply line 3 x .00075)
6. UI previously underpaid with interest
7. Total of lines 4, 5, and 6
8. Enter UI previously overpaid
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)
11. Apply to outstanding liabilities and/or refund

12. New York State tax withheld
13. New York City tax withheld
14. Yonkers tax withheld
15. Total tax withheld (add lines 12, 13, and 14)
16. WT credit from previous quarter's return (see instr.)
17. Form NYS-1 payments made for quarter
18. Total payments (add lines 16 and 17)
19. Total WT amount due (if line 15 is greater than line 18, enter difference)
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)
20a. Apply to outstanding liabilities and/or refund
or
20b. Credit to next quarter withholding tax
21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)

\* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting and withholding information

(If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)

Table with 5 columns: a Social Security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution (see instructions), e Total NYS, NYC, and Yonkers tax withheld

Totals (column c must equal remuneration on line 1; see instructions for exceptions)

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Signature (see instructions) Signer's name (please print) Title

Date Telephone number

Withholding identification number

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41919422

**Part D - Form NYS-1 corrections/additions**

Use Part D **only** for corrections/additions for the quarter being reported in Part B of **this** return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete **only** columns c and d. Lines 12 through 15 on the front of this return **must** reflect these corrections/additions.

	a Original last payroll date reported on Form NYS-1, line A (mmdd)	b Original total withheld reported on Form NYS-1, line 4	c Correct last payroll date (mmdd)	d Correct total withheld
▶	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
▶	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
▶	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>
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▶	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>

**Part E - Change of business information**

22. This line is not in use for this quarter.

23. If you **permanently ceased paying wages**, enter the date (mmddy) of the final payroll (see Note below) .....

24. If you **sold or transferred all or part of your business**:

- Mark an **X** to indicate whether in **whole**  or in **part**
- Enter the date of transfer (mmddy) .....
- Complete the information below about the acquiring entity

Legal name	EIN
Address	

**Note:** For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

<b>Paid preparer's use</b>	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 ( )	
<b>Payroll service's name</b>				Payroll service's EIN	<input type="text"/>

Checklist for mailing:

- File original return and keep a copy for your records.
- Complete lines 9 and 19 to ensure proper credit of payment.
- Enter your withholding ID number on your remittance.
- Make remittance payable to *NYS Employment Contributions and Taxes*.
- Enter your telephone number in boxes below your signature.
- See *Need help?* on Form NYS-45-I if you need forms or assistance.

Mail to:

**NYS EMPLOYMENT  
CONTRIBUTIONS AND TAXES  
PO BOX 4119  
BINGHAMTON NY 13902-4119**