

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



Withholding identification number:

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

Employer legal name:

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
PO BOX 4119
BINGHAMTON NY 13902-4119**