



Request for Withholding Tax Filing Date Redetermination

If you received a notice of *Change in Withholding Tax Filing Status*, you may use this form to request a redetermination of your withholding tax filing requirement of three business days. You are eligible to file and remit withholding tax within five business days if you can establish that the amount you were required to withhold for the previous tax year was less than \$15,000, or if you are a higher educational organization or health care provider.

You must complete the information below or your request will not be processed. Until you receive notification of a redetermination from this department, continue to file your Form NYS-1, *Return of Tax Withheld*, electronically and remit withholding taxes three business days following the payroll in which your tax withheld equals or exceeds \$700.

Mark an **X** in the box below that describes your organization:

- I was required to withhold less than \$15,000 for the previous tax year. I am enclosing copies of all four Forms NYS-45, *Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return*, filed for that year.
- I am a higher educational organization, as defined in 8 NYCRR 50.1(k), (l), and (m). I am enclosing a statement to verify that I am one of the following:
 - University offering a range of registered undergraduate and graduate curriculums in the liberal arts and sciences, degrees in two or more professional fields, and doctoral programs in at least three academic fields
 - College authorized by the Board of Regents to confer degrees
 - Junior college or two-year college authorized by the Board of Regents to offer undergraduate curriculums below the baccalaureate level that normally lead to the associate degree

High schools, boards of education, and Boards of Cooperative Educational Services (BOCES) do not qualify.

- I am a health care provider. I am enclosing a copy of one of the following documents:
 - Valid operating certificate issued under Public Health Law Article 28
 - Valid license issued by the Commissioner of the Department of Health under Public Health Law Article 36
 - Valid certificate of approval issued under Article 36 or a valid operating certificate issued under Article 28
 - Valid operating certificate issued under Mental Hygiene Law Article 31 or Article 16

Only health care providers holding the above licenses or certificates are eligible for five-day filing. Offices of doctors and dentists **do not** qualify.

Employer identification number (EIN): _____

Legal name of business: _____

Business address: _____

Taxpayer signature: _____ Date: _____

Print the name and telephone number of the person responsible for filing and remitting payment for withholding tax.

Contact name: _____ Contact telephone number: _____

Mail this form to:
**NYS TAX DEPARTMENT
WT ACCOUNT RESOLUTION UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0865**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.