


Scroll down to complete Form NYS-1-MN

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-MN

Cut on the dotted lines before filing this form.

 New York State Department of Taxation and Finance		NYS-1-MN (1/09) Return of Tax Withheld		Please file the original form (not a copy) and print or type in black ink, not pencil.	
Withholding identification number		<input type="text"/>		<input type="text"/>	
Employer's legal name:		_____			
A Last payroll date – Enter date of last payroll covered by this return (MMDDYY)		<input type="text"/>		1 New York State tax withheld	
B If you permanently ceased paying wages, enter date of final payroll (MMDDYY)		<input type="text"/>		2 New York City tax withheld	
C Mark an X in the box for additional payment		<input type="checkbox"/>		3 Yonkers tax withheld	
				4 Total withheld (add lines 1, 2, & 3)	
				5 Credit claimed	
				6 Total tax due \$ (line 4 minus line 5)	
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 ()
<input type="checkbox"/> Mark X if new employer or address change (see back)		For office use only	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postmark	Received date	SI	10919415

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NYS-1-MN (1/09) (back)

Paid preparer: If you are using a paid preparer or payroll service, have the preparer or payroll service complete the appropriate section(s) below.

Preparer's signature	Telephone number ()	Date	Mark an <input type="checkbox"/> X if self-employed	Preparer's SSN or PTIN
Preparer's firm name (or preparer's name, if self-employed)	Address			Preparer's EIN
Payroll service's name			Payroll service's EIN	

Make check payable to **NYS Income Tax** and mail to:
NYS TAX DEPARTMENT, PROCESSING UNIT
PO BOX 4111, BINGHAMTON NY 13902-4111

If you are a **PromptTax** participant and you are filing a paper return,
mail your return and payment to:
PROMPTAX, NYS TAX DEPARTMENT,
PO BOX 4131, BINGHAMTON NY 13902-4131

Taxpayer's business name		
c/o <input type="checkbox"/>	attn <input type="checkbox"/>	(if applicable, mark either box and enter name)
Number and street or PO box		
City	State	ZIP code

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

If the address above is for your paid preparer, mark an **X** in the c/o box, enter the preparer's name on the second line, and mark an **X** in this box...