

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



40919416

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 tax year.

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

If seasonal employer, mark an **X** in the box.....

For office use only
Postmark

Received date

UI SK AI SI WT SK

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.

a. First month	b. Second month	c. Third month
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter

2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1

3. Wages subject to contribution (subtract line 2 from line 1)

4. UI contributions due
Enter your Tax 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 Taxes)

*** An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.**

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting 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)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax 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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Totals (column c must equal remuneration on line 1; see instructions for exceptions)			<input type="text"/>	<input type="text"/>

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.

Taxpayer's signature Signer's name (please print) Title

Date Telephone number

Withholding identification number

Input boxes for withholding identification number



40919423

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.

Table with 4 columns: 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. Includes 6 rows of input boxes.

Part E - Change of business information

22. Enter below the address at which you want to receive this form if different from the preprinted address.

Form for address information: Taxpayer's trade name, c/o, attn, Number and street or PO box, City, State, ZIP code.

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

23. If you permanently ceased paying wages, enter the date (MMDDYY) 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 and complete the information below about the acquiring entity:

Form for acquiring entity information: Legal name, Address, EIN.

Note: For questions about other changes to your withholding tax account, call the Tax Department at (518) 485-6654 (in-state callers without free long distance call 1 877 698-2910); for your unemployment insurance account, call the Department of Labor at (518) 485-8589 or 1 888 899-8810.

If you are using a paid preparer or a payroll service, the section below must be completed.

Form for preparer/service information: Paid preparer's use (signature, firm name, telephone number, address, EIN), Payroll service name, Payroll service's EIN.

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 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 TAXES, PO BOX 4119, BINGHAMTON NY 13902-4119