



Department of Taxation and Finance

NYS-1 (1/21)

Return of Tax Withheld

Withholding identification number

Employer's legal name: _____

A Last payroll date – Enter date of **last** payroll covered by this return (mmddyy)

B If you permanently ceased paying wages, enter date of final payroll (mmddyy)

C Mark an **X** in the box for additional payment

1 New York State tax withheld ...

2 New York City tax withheld

3 Yonkers tax withheld

4 Total withheld (add lines 1, 2, & 3)

5 Credit claimed.....

6 Total tax due (line 4 minus line 5) \$

<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"/>

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 ()
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Mark **X** if new employer or address change (see back)

For office use only

Postmark

Received date

SI

12119912

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

NYS-1 (1/21) (back)

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

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

Taxpayer's business name		c/o <input type="checkbox"/> attn <input type="checkbox"/> (if applicable, mark either box and enter name)		If the address is for your paid preparer, mark an X in the c/o box, enter the preparer's name, and mark an X in this box <input type="checkbox"/>
Number and street or PO box		City	State ZIP code	

Make check payable to **NYS Income Tax** and mail to: NYS Tax Department, Processing Unit, PO Box 4111, Binghamton NY 13902-4111.