

Amended Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return

If seasonal employer, mark an X in the box: []

UI Employer registration number [] []

Withholding identification number [] [] []

Employer legal name: _____

This return should be completed to amend a previously filed return. A separate return must be completed for each quarter to be amended. Mark only one box to indicate the quarter and enter the year.

Jan 1 - Mar 31 [] 1 Apr 1 - Jun 30 [] 2 July 1 - Sep 30 [] 3 Oct 1 - Dec 31 [] 4 Year [] Y Y UI SK []

Part A - Unemployment insurance (UI) information

Table with 3 columns: Previously reported amounts, Correct amounts, Difference. Rows include: 1. Total remuneration paid this quarter, 2. Remuneration paid in excess of UI wage base, 3. Wages subject to contribution, 4. Enter your total UI rate, 5. UI contributions due, 6. Overpayment to be applied to outstanding liabilities, 7. Additional unemployment insurance amount due.

Part B - Withholding tax (WT) information

Table with 3 columns: Previously reported amounts, Correct amounts (an amount equal to or greater than zero must be entered on each line), WT SK. Rows include: 8. New York State tax withheld, 9. New York City tax withheld, 10. Yonkers tax withheld, 11. Total tax withheld, 12. Amount from previous quarter's Form NYS-45, 13. Form NYS-1 payments, 14. WT payments made with previously filed forms, 15. Total payments, 16. Overpayment shown on previously filed forms, 17. Subtract line 16 from line 15, 18. Overpayment to be applied to outstanding liabilities, 19. Additional withholding tax amount due, 20. Additional payment due.



Complete Parts C and D on back of this form, if required.

Sign your return: I certify that the information on this return is to the best of my knowledge and belief true, correct, and complete. If you are using a paid preparer or a payroll service, complete the section on the back.

Signature (see instructions) Signer's name (please print) Title

Telephone number () Date For office use only Postmark Received date AI SI

UI Employer registration number

Withholding identification number

Part C - Amended employee wage and withholding information

Amended quarterly employee/payee wage reporting and withholding information

(Do not use negative numbers. See instructions on filing amended wage and withholding information.)

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 instructions)	Total NYS, NYC, and Yonkers tax withheld

Part D - Form NYS-1 corrections/additions

Use Part D **only** for corrections/additions to the quarter being reported in Part B of **this** return. **All** corrections to withholding information originally reported on Web- or paper-filed Form(s) NYS-1 for the quarter must be reported here by completing columns a, b, c, and d. **All** additional withholding information **not** previously reported on Form(s) NYS-1 must be reported here by completing **only** columns c and d. Lines 8 through 11, *Correct amounts* column, on the front of this return, **must** reflect these corrections/additions. See Form NYS-45-X-I, *Instructions for Form NYS-45-X*.

a	b	c	d
Original last payroll date reported on Form NYS-1, line A (mmdd)	Original total withheld reported on Form NYS-1, line 4	Correct last payroll date (mmdd)	Correct total 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"/>
▶ <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"/>
▶ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Complete Form DTF-95, *Business Tax Account Update*, to report changes in federal identification number/withholding ID number, ownership, business name, business activity, telephone number, owner/officer/partner/responsible person information, or changes that affect any other tax administered by the Tax Department. For questions regarding additional changes to your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810.



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

Paid preparer's use	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"/>	

Checklist for mailing:

- File original return and keep a copy for your records.
 - Complete lines 7 and 19 to ensure proper credit of your payment.
 - Enter your Withholding ID number on your remittance.
 - Make remittance payable to *NYS Employment Contributions and Taxes*.
 - Enter your telephone number below your signature.
- Need help or forms? See the instructions.

Mail to:

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119