

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



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 year.

Quarter selection boxes: 1 (Jan 1 - Mar 31), 2 (Apr 1 - Jun 30), 3 (July 1 - Sep 30), 4 (Oct 1 - Dec 31), Year YY

Are dependent health insurance benefits available to any employee? Yes No

If seasonal employer, mark an X in the box

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.

Monthly breakdown boxes: a. First month, b. Second month, c. Third month

For office use only: Postmark, Received date, UI SK, AI, SI, WT SK

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter, 2. Remuneration paid this quarter in excess of the UI wage base, 3. Wages subject to contribution, 4. UI contributions due, 5. Re-employment service fund, 6. UI previously underpaid with interest, 7. Total of lines 4, 5, and 6, 8. Enter UI previously overpaid, 9. Total UI amounts due, 10. Total UI overpaid, 11. Apply to outstanding liabilities and/or refund

Part B - Withholding tax (WT) information

12. New York State tax withheld, 13. New York City tax withheld, 14. Yonkers tax withheld, 15. Total tax withheld, 16. WT credit from previous quarter's return, 17. Form NYS-1 payments made for quarter, 18. Total payments, 19. Total WT amount due, 20. Total WT overpaid, 20a. Apply to outstanding liabilities and/or refund, 20b. Credit to next quarter withholding tax, 21. Total payment due

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

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

Part C - Employee wage and withholding information

Table with 5 columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, e Total NYS, NYC, and Yonkers tax withheld. Includes Totals row.

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.

Signature, Date, Telephone number, Signer's name, Title

Withholding identification number

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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.

	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
▶	<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"/>
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Part E - Change of business information

22. This line is not in use for this quarter.

23. If you **permanently ceased paying wages**, enter the date (mmddy) 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**
- Enter the date of transfer (mmddy)
- Complete the information below about the acquiring entity

Legal name	EIN
Address	

Note: For questions about other changes to your withholding tax account, call the Tax Department at (518) 485-6654; 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.

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 9 and 19 to ensure proper credit of payment.
- Enter your withholding ID number on your remittance.
- Make remittance payable to *NYS Employment Contributions and 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
CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119**