

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Mark an **X** in only **one** box to indicate the quarter (complete a separate return for each quarter) and enter the year.

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

Employer legal name:

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

If amended return, mark an **X** in the box

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

For office use only

Postmark

Received date

UI SK AI SI WT SK

Employer address:

Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code
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Note: Parts A, B, and C must be completed for this return to be accepted.

Part A - Unemployment insurance (UI) information

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"/>

	Original or previously reported amounts	Corrected amounts (for amended returns only)	Difference (for amended returns only)
1. Total remuneration paid this quarter	<input type="text"/> .00	1a <input type="text"/> .00	1b <input type="text"/> .00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.)	<input type="text"/> .00	2a <input type="text"/> .00	2b <input type="text"/> .00
3. Wages subject to contribution (see instructions)	<input type="text"/> .00	3a <input type="text"/> .00	3b <input type="text"/> .00
4. UI contributions due (see instructions)	<input type="text"/>	4a <input type="text"/>	
Enter your UI rate <input type="text"/> . <input type="text"/> %			
5. Re-employment service fund (see instructions)	<input type="text"/>	5a <input type="text"/>	
6. Subtotal (see instructions)	<input type="text"/>	6a <input type="text"/>	

If amending, leave lines 7, 8, and 9 blank. Continue with line 10 (see instructions).

7. UI previously underpaid with interest

8. Total of lines 6 and 7

9. Enter UI previously overpaid

10. Total UI amounts due (if line 8 is greater than line 9, enter the difference. If amending, see instructions.)

11. Total UI overpaid* (If line 9 is greater than line 8, enter the difference and mark box 12 below. If amending, see instructions.)

12. Apply to outstanding liabilities or refund, or both

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

Withholding identification number

[] [] []



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Part B - Withholding tax (WT) information

13. Total tax withheld (from Part C, line 24) []

14. WT credit from previous quarter's return (see instr.) []

15. Form NYS-1 payments made for quarter []

16. WT payments made with previously filed Forms NYS-45 (for amended returns only) []

17. Total payments (add lines 14, 15, and 16) []

18. WT overpayment, if any, shown on previously filed Forms NYS-45 or previously adjusted by NYS (for amended returns only) []

19. Subtract line 18 from line 17 []

20. Total WT amount due (if line 13 is greater than line 19, enter difference) []

21. Total WT overpaid * (if line 19 is greater than line 13, enter difference here and mark an X in 21a or 21b) []

21a. Refund (see instructions) [] OR 21b. Credit to next quarter withholding tax []

22. Total payment due (add lines 10 and 20; make one remittance payable to NYS Employment Contributions and Taxes) []

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

Change of business information

If you permanently ceased paying wages, enter the date (mmdyy) of the final payroll []

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 (mmdyy) []

• Complete the information below about the acquiring entity

Table with 4 columns: Legal name, EIN, Mailing address (number and street or PO Box), City, village, or post office, State, ZIP code

Withholding identification number

Input boxes for identification number



42519430

Part C – Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in boxes f, g, h, i, and j; see instructions)

Table with 5 columns: a Social Security number, b Last name, c First name, d MI, e Wage type R/O. It contains 12 rows of employee data.

Page ___ of ___ Totals from this page only

Summary row for the page with columns f Total UI remuneration paid this quarter, g Gross federal wages or distribution, h Total NYS tax withheld, i Total NYC tax withheld, j Total Yonkers tax withheld.

23. If first page of Part C, enter totals of all Part C pages including this page (see instructions)

Summary row for all pages with columns f Total UI remuneration paid this quarter, g Gross federal wages or distribution, h Total NYS tax withheld, i Total NYC tax withheld, j Total Yonkers tax withheld.

24. Total of all New York State, New York City, and Yonkers tax withheld (add the amounts from line 23, boxes h, i, and j. Enter here and on Part B, line 13.)

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 line with fields for Signature (see instructions), Signer's name (please print), and Title.

Date and Telephone number input fields.

Preparer information section including Paid preparer's use, Preparer's signature, Date, Preparer's NYTPRIN, Preparer's SSN or PTIN, NYTPRIN excl. code, Preparer's firm name, Address, Firm's EIN, Telephone number, Payroll service's name, and Payroll service's EIN.

Checklist for mailing:

- File return and keep a copy for your records.
Complete lines 10 and 20 to ensure proper credit of payment.
Write your withholding ID number on your remittance.
Make remittance payable to NYS Employment Contributions and Taxes.
Write 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