



# Return of Tax Withheld

Withholding identification number

Employer's legal name:

Employer address:

Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code
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**A** Payroll date – Enter last date of payroll covered by this return (mmdyy) .....

**B** If amending return, enter payroll date previously reported .....

1 New York State tax withheld .....	<input type="text"/>
2 New York City tax withheld .....	<input type="text"/>
3 Yonkers tax withheld .....	<input type="text"/>
4 Total withheld (add lines 1, 2, & 3) .....	<input type="text"/>
5 Credit claimed.....	<input type="text"/>
6 Amount previously paid (amended returns only, see instructions) .....	<input type="text"/>
7 Total amount due (add lines 5 & 6, and subtract the sum from line 4) ..... \$	<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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**Paid preparer:** If you are using a paid preparer or payroll service, have the preparer or payroll service complete the appropriate section(s) below.

Preparer's signature	Date	Preparer's NYTPRN	Preparer's SSN or PTIN	NYTPRN 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"/>

Make check payable in U.S. funds to **NYS Income Tax** and mail to:

**NYS TAX DEPARTMENT  
PROCESSING UNIT  
PO BOX 4111  
BINGHAMTON NY 13902-4111**

For office  
use only

<input type="text"/>	<input type="text"/>	<input type="text"/>
Postmark	Received date	SI