

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



42519416

Reference these numbers in all correspondence:

UI Employer
registration number

Withholding
identification number

Employer legal name:

Employer address:

Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code
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Mark an **X** in only **one** box to indicate the quarter (complete a separate return for each quarter) and enter the year.

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

Original or previously reported amounts

Corrected amounts (for amended returns only)

Difference (for amended returns only)

1. Total remuneration paid this quarter	.00	1a .00	1b .00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.)	.00	2a .00	2b .00
3. Wages subject to contribution (see instructions)	.00	3a .00	3b .00
4. UI contributions due (see instructions)		4a	
Enter your UI rate ☐ . %			
5. Re-employment service fund (see instructions)		5a	
6. Subtotal (see instructions)		6a	

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



42519423

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 (mmddyy) 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 (mmddyy)

• Complete the information below about the acquiring entity

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

Withholding
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)

a Social Security number	b Last name	c First name	d MI	e Wage type R/O
f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
a Social Security number	b Last name	c First name	d MI	e Wage type R/O
f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
a Social Security number	b Last name	c First name	d MI	e Wage type R/O
f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
a Social Security number	b Last name	c First name	d MI	e Wage type R/O
f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
a Social Security number	b Last name	c First name	d MI	e Wage type R/O
f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

Page ____ of ____ Totals from this page only

f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
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23. If first page of Part C, enter totals of all Part C pages including this page (see instructions)

f Total UI remuneration paid this quarter	g Gross federal wages or distribution (see instr.)	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld
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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 (see instructions)	Signer's name (please print)	Title
Date	Telephone number	

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	

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**