NYS-45 (W)
(9/98)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return

49919318

Reference these numbers in all correspondence:

UI Employer Registration Number / Withholding Identification Number

Employer Legal Name

This return covers the period indicated below

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

If **seasonal employer**, *check box* ☐

FOR OFFICE USE ONLY
Postmark
Received Date
UI SK AI SI WT SK

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

Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid this quarter ..... .00
2. Remuneration paid this quarter to each employee in excess of $8,500 since January 1 ..... .00
3. Wages subject to contribution *(line 1 minus line 2)* ..... .00
4. UI contributions due Enter your tax rate ☐ . ☐☐☐ *(multiply line 3 x your tax rate)*
5. Re-employment service fund *(multiply line 3 X .00075)* .....
6. Enter UI previously underpaid with interest .....
7. Total of lines 4, 5, and 6 .....
8. Enter UI previously overpaid .....
9. **Total UI amounts due** *(if line 7 is greater than line 8, enter difference)* .....
10. Total UI overpaid * *If line 8 is greater than line 7, enter difference and check box 11 below:*
11. Apply to outstanding liabilities and/or refund ..... ☐

Part B - Withholding Tax (WT) Information

12. New York State tax withheld .....
13. City of New York tax withheld .....
14. City of Yonkers tax withheld .....
15. Total tax withheld *(add lines 12, 13, and 14)* ...
16. WT credit from **previous quarter's** return *(see inst.)* ...
17. NYS-1 payments made for quarter.....
18. Total payments *(add lines 16 and 17)*.....
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)* .....
20. Total WT overpaid * *If line 18 is greater than line 15, enter difference here and check 20a **or** 20b:*

20a. Apply to outstanding liabilities and/or refund ... ☐ **or** 20b. Credit to next quarter withholding tax .... ☐

21. **Total payment due** *(add lines 9 and 19. Make one check payable to NYS Employment Taxes)* ....

*** AN OVERPAYMENT OF EITHER TAX CANNOT BE USED TO OFFSET THE AMOUNT DUE ON THE OTHER TAX**

Complete parts D and E on back of form, if required. This is a scannable form; please file the original.

Part C - Employee Wage and Withholding Information

Quarterly employee/payee wage reporting information (if more than 5 employees or if reporting other wages, DO NOT make entries in this section, complete *Form NYS-45-ATT)*

Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns (d) and (e).

(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total remuneration/ gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
Totals *(Column (c) must equal remuneration on line 1. See instructions for exceptions)*				

Sign your return: I certify that the information on this return is to the best of my knowledge and belief true, correct and complete.

Taxpayer's signature	Signer's name *(please print)*	Title

Date | Telephone number

Withholding Identification Number

49919325

Part D - 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 NYS-1(s) filed, complete columns (a), (b), (c), and (d). To report additional withholding information not previously submitted on NYS-1(s), complete **ONLY** columns (c) and (d). Lines 12-15 on the front of this return **MUST** reflect these corrections/additions.

(a) **Original** Last Payroll Date Reported on NYS-1, Line A (MMDD)	(b) **Original** Total Withheld Reported on NYS-1, Line 4	(c) **Correct** Last Payroll Date (MMDD)	(d) **Correct** Total Withheld
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Part E - Change of Business Information

22. Enter below the address at which you want to receive this form, if different from the preprinted address.

Taxpayer's trade name

c/o: ☐ attn: ☐ (check box if applicable)

Street or PO Box

City | State | ZIP code

If the above address is your paid preparer, check box . . . . . ☐

23. If you ***permanently*** **ceased paying wages,** enter the date (MMDDYY) of the final payroll . . . . . ☐☐-☐☐-☐☐

24. Did you sell or transfer all or part of your business? ☐ Yes ☐ No

If *Yes,* indicate if sale or transfer was in ☐ Whole or ☐ Part

Complete Form DTF-95, *Change of Business Information,* 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 NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call (518) 485-8589.

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

Paid Preparer's Use	Preparer's signature	Telephone number ( )	Date	Check if self-employed ☐	Preparer's social security number
	Preparer's firm name *(or yours, if self-employed)*	Address			Preparer's EIN
Payroll service's name				Payroll service's EIN	

Checklist for mailing:

- **File original return and prepare copy for your records**
- **Complete lines 9 and 19 to ensure proper credit of payment**
- **Enter Withholding ID Number on your check**
- **Make remittance payable to *NYS Employment Taxes***
- **Enter your telephone number in boxes provided on front**

Need help or forms? Call 1 800 972-1233

Mail to:

NYS EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417