NYS-45-ATT (W)
(7/99)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return - Attachment

69929410

UI Employer Registration Number

Withholding Identification Number

Employer Legal Name

Check applicable box(es):

A. Original ☐ **or Amended Return** ☐

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

B. Other wages only reported on this page ..... ☐

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

Quarterly employee/payee wage reporting information			**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
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
		.		
	Total this page only	.		
	If first page, enter grand totals of all pages	.		

Page No. ____ of ____

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 address	Payroll service's EIN

For office use only

Postmark

Received Date

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