



# NYS-1 (W) Return of Tax Withheld

(7/98)

Withholding

Identification Number:

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Employer Legal Name: \_\_\_\_\_

1	New York State tax withheld																		
2	City of New York tax withheld																		
3	City of Yonkers tax withheld																		
4	Total withheld (add lines 1, 2 & 3)																		
5	Credit claimed																		
6	Total tax due (line 4 minus 5)	\$																	

**A** Last payroll date - Enter date of last payroll covered by this return (MMDDYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**B** If you permanently ceased paying wages, enter date of final payroll (MMDDYY)

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**C** Check box for additional payment

I certify that this information is to the best of my knowledge and belief true, correct and complete.

Taxpayer signature	Taxpayer name (print or type)	Date / /	Telephone number ( )
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Check if address changed/new employer (see back)

For office use only

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**Paid preparer's use:** If you are using a paid preparer or payroll service, have the preparer or payroll service complete the appropriate section(s) below.

**NYS-1 (W) (7/98) (back)**

Preparer's signature	Telephone number ( )	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Preparer's firm name (or preparer's name, if self-employed)	Address			Preparer's EIN
Payroll service name			Payroll service's EIN	

**Address change:** Enter below the address at which you will receive withholding tax forms and notices. For other changes, see instructions.

Taxpayer's business name		
Business name at location below (if different from name above) c/o		
Street or PO Box		
City	State	ZIP code

Make check payable to **NYS Income Tax** and mail to:  
**NYS TAX DEPARTMENT, PROCESSING UNIT**  
**PO BOX 1414, NEW YORK NY 10008-1414**

If you are a PromptTax participant and you are filing a paper return, mail your return to:

**PROMPTAX, NYS TAX DEPARTMENT**  
**BOX 5290 GPO, NEW YORK NY 10087-5290**

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