

**NYS-45-X (W)**  
(9/98)

**Amended Quarterly Combined Withholding,  
Wage Reporting and Unemployment Insurance Return**

UI Employer Registration Number

Withholding Identification Number

If **seasonal employer**, check box:

This return should be completed to amend a previously filed return. A separate return must be completed for each quarter to be amended. Check only **ONE** box to indicate the quarter and enter the tax year.

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

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

**Part A - Unemployment Insurance (UI) Information**

	Previously Reported Amounts		Correct Amounts		Difference	
1. Total remuneration paid this quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Remuneration paid this quarter to each employee in excess of the taxable limit since January 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Wages subject to contribution (line 1 minus line 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Enter your tax rate (see instructions) %	<input type="text"/>	<input type="text"/>	If this amendment is for 1999 or subsequent years, your Tax Rate includes a .075% re-employment fund tax rate. Payments to this fund are not certifiable for FUTA contributions.			
5. UI contributions due (multiply line 3 x line 4)	5a <input type="text"/>		5b <input type="text"/>			
6. Overpayment to be applied to outstanding liabilities and/or refunded (if line 5a is greater than 5b, enter the difference here)	<input type="text"/>		<input type="text"/>		<input type="text"/>	
7. Additional Unemployment Insurance amounts due (if line 5a is less than 5b, enter the difference here)	<input type="text"/>		<input type="text"/>		<input type="text"/>	

**Part B - Withholding Tax (WT) Information**

	Previously Reported Amounts	Correct Amounts (an amount equal to or greater than zero must be entered on each line)
8. New York State tax withheld	<input type="text"/>	<input type="text"/>
9. City of New York tax withheld	<input type="text"/>	<input type="text"/>
10. City of Yonkers tax withheld	<input type="text"/>	<input type="text"/>
11. Total tax withheld (add lines 8, 9 and 10)	<input type="text"/>	<input type="text"/>
12. If you checked line 20b, on previous quarter's NYS-45, enter the amount from line 20 of that form	<input type="text"/>	<input type="text"/>
13. NYS-1 payments made for quarter you are amending	<input type="text"/>	<input type="text"/>
14. WT payments made with previously filed NYS-45 (line 19) and/or NYS-45-X (line 19) for quarter you are amending	<input type="text"/>	<input type="text"/>
15. Total payments (add amounts on lines 12, 13, and 14)	<input type="text"/>	<input type="text"/>
16. Overpayment, if any, shown on previously filed NYS-45 (line 20) and/or NYS-45-X (line 18)	<input type="text"/>	<input type="text"/>
17. Subtract line 16 from line 15	<input type="text"/>	<input type="text"/>
18. Overpayment to be applied to outstanding liabilities and/or refunded (if line 17 is greater than line 11, enter the difference here)	<input type="text"/>	<input type="text"/>
19. Additional withholding amount due (if line 17 is less than line 11, enter the difference here)	<input type="text"/>	<input type="text"/>
20. Additional payment due (add lines 7 and 19). Make one check payable to <b>NYS Employment Taxes</b> . An overpayment of either tax cannot be used to offset the amounts due on the other tax	<input type="text"/>	<input type="text"/>

This is a scannable form; please file the original

Complete Parts C and D on back of this form, if required



59919414

**Sign your return.** I certify that the information on this return is to the best of my knowledge and belief true, correct and complete. If you are using a paid preparer or a payroll service, the section on the back must be completed.

Taxpayer's signature		Signer's name (please print)		Title	
Telephone number ( )	Date	For office use only	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postmark	Received date	AI	SI

