NYS-4-X-MN
(1/98)

Amended Quarterly Combined Withholding and Wage Reporting Return

Reference this number in all correspondence:

Withholding Identification Number

Employer Legal Name

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 being amended. Check only **ONE** box to indicate the quarter and enter the tax year.

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

FOR OFFICE USE ONLY
Postmark
Received Date
SI

Part A — Form NYS-1 Corrections/Additions

Use Part A ONLY for corrections/additions to the quarter being reported in Part B of THIS return. ALL corrections to withholding information originally reported on Form NYS-1(s) filed for such quarter, must be reported here by completing columns (a), (b), (c), and (d). **ALL** additional withholding information NOT previously reported on Form NYS-1(s) for such quarter must be reported here by completing ONLY columns (c) and (d). In Part B, lines 1 through 4 of the **Correct Amounts** column **MUST** reflect these corrections/additions. See Form NYS-4-X-I, *Instructions for Amended Quarterly Combined Withholding and Wage Reporting Return.*

(a) **Original** Last Payroll Date Reported on Form NYS-1 Line A (MMDD)	(b) **Original** Total Withheld Reported on Form NYS-1 Line 4	(c) **Correct** Last Payroll Date (MMDD)	(d) **Correct** Total Withheld
►	.	►	.
	.		.
►	.	►	.
	.		.
►	.	►	.

Part B - Withholding Tax Information

	Previously Reported Amounts	Correct Amounts (an amount equal to or greater than zero must be entered on each line)
1. New York State tax withheld	.	.
2. City of New York tax withheld	.	.
3. City of Yonkers tax withheld	.	.
4. Total tax withheld *(add lines 1, 2, and 3)*	.	.
5. Enter amount applied to this quarter from previous quarter's return		.
6. NYS-1 payments made for quarter you are amending		.
7. Payments made with previously filed Form NYS-4 (line 8) and/or Form NYS-4-X(line 12) for the quarter you are amending		.
8. Total payments *(add amounts on lines 5, 6, and 7)*		.
9. Overpayment, if any, shown on previously filed Form NYS-4 (line 9) and/or Form NYS-4-X (line 11) for quarter being amended		.
10 Subtract line 9 from line 8		.
11. Overpayment to be applied to outstanding liabilities and/or refunded *(If line 10 is greater than line 4, enter the difference here)*		.
12. Additional withholding amount due *(If line 10 is less than line 4, enter the difference here) Make check payable to NYS Income Tax*		.

This is a scannable form; please file the original

59819417

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

Withholding Identification Number

Part C -Amended Employee Wage and Withholding Information

Amended quarterly employee/payee wage reporting information (see instructions on filing amended wage and withholding 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) Gross wages paid this quarter	(d) Wages subject to withholding	(e) Total tax withheld
		.		
		.		
		.		
		.		
		.		

If you permanently ceased paying wages, enter the date (MM/DD/YY) of the final payroll .....

59819424

If you have permanently discontinued your business, or have sold your business in whole or part, please complete Form DTF-95, *Change of Business Information.*

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 name

Payroll service's EIN

Checklist for mailing: **Enter Withholding ID Number on your check**
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