NYS-45-ATT-MN (7/06)

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

60629418

Withholding identification number:

Employer legal name:

Mark an ***X*** in the 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. Seasonal employer ..... ☐

Quarterly employee/payee wage reporting information *(**Do not** enter negative numbers in columns c, d, and e; see instructions)*				**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 number	**b** Last name, first name, middle initial	**c** UI total remuneration/gross wages paid this quarter		**d** Gross wages or distribution *(see instr.)*		**e** Total tax withheld	
	Total this page only						
	If first page, enter grand totals of all pages						

Page No. ____ of ____

Contact information *(see instructions)*	Name	Daytime telephone number ( )

For office use only

Postmark ☐☐☐☐☐☐ Received date ☐☐☐☐☐☐

Mail to: **NYS EMPLOYMENT TAXES**
PO BOX 4119
BINGHAMTON NY 13902-4119