

# NYS-45-MN (7/06)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



40629414

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each 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

If seasonal employer, mark an **X** in the box.....

For office use only  
Postmark

Received date

UI  SK    AI     SI     WT  SK

**Number of employees**  
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month	b. Second month	c. Third month
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Part A - Unemployment insurance (UI) information

### Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter .....  .   0 0

2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1 .....  .   0 0

3. Wages subject to contribution (subtract line 2 from line 1) .....  .   0 0

4. UI contributions due  
Enter your Tax rate  .  %  .

5. Re-employment service fund (multiply line 3 x .00075) .....  .

6. UI previously underpaid with interest  .

7. Total of lines 4, 5, and 6 .....  .

8. Enter UI previously overpaid .....  .

9. Total UI amounts due (if line 7 is greater than line 8, enter difference) .....  .

10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)\* .....  .

11. Apply to outstanding liabilities and/or refund .....

12. New York State tax withheld .....  .

13. New York City tax withheld .....  .

14. Yonkers tax withheld .....  .

15. Total tax withheld (add lines 12, 13, and 14) .....  .

16. WT credit from previous quarter's return (see instr.) .....  .

17. Form NYS-1 payments made for quarter .....  .

18. Total payments (add lines 16 and 17) .....  .

19. Total WT amount due (if line 15 is greater than line 18, enter difference) .....  .

20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)\* .....  .

20a. Apply to outstanding liabilities and/or refund .....  or 20b. Credit to next quarter withholding tax .....

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) .....  .

**\* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.**

### Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions)			Annual wage and withholding totals <small>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.</small>	
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 instructions)	e Total tax withheld
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Totals</b> (column c must equal remuneration on line 1; see instructions for exceptions)			<input type="text"/>	<input type="text"/>

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature     Signer's name (please print)     Title

Date     Telephone number

Withholding identification number

Input boxes for identification number



40629421

Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

Table with 4 columns: 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. Includes 6 rows of input boxes.

Part E - Change of business information

22. Enter below the address at which you want to receive this form if different from the preprinted address.

Form for address entry: Taxpayer's trade name, c/o, attn, Number and street or PO box, City, State, ZIP code.

If the above address is for your paid preparer, mark this box and the c/o box, and enter preparer's name on the second line above.....

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll (see Note below) .....

24. Did you sell or transfer all or part of your business? Yes No

If Yes, indicate if sale or transfer was in Whole or Part

Note: Complete Form DTF-95, Business Tax Account Update, to report changes in federal identification number/withholding ID number, ownership, business name, business activity, telephone number, owner/officer/partner/responsible person information, or changes that affect any other tax administered by the NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call the Department of Labor at (518) 485-8589 or 1 888 899-8810.

If you are using a paid preparer or a payroll service, the section below must be completed.

Form for preparer/payroll service information: Paid preparer's use (signature, firm name, telephone number, address, date, EIN, SSN or PTIN), Payroll service name, Payroll service's EIN.

- Checklist for mailing: File original return and keep a copy for your records. Complete lines 9 and 19 to ensure proper credit of payment. Enter your withholding ID number on your remittance. Make remittance payable to NYS Employment Taxes. Enter your telephone number in boxes below your signature. Need help or forms? Call 1 877 698-2910.

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