

Form 1041-SSA (01/2018)

**STATE OF NEW YORK**

**INCOME TAX**

**RETURN FOR INDIVIDUALS**

**Form 1041-SSA**

**INSTRUCTIONS**

**GENERAL INFORMATION**

**1. FILER'S INFORMATION**

Name (Last, First, Middle Initial)  
 Social Security Number  
 Date of Birth (MM/DD/YYYY)  
 Marital Status (M, S, D, W, P)  
 Filing Status (M, S, D, W, P)  
 Dependents (Number)  
 Tax Year (YYYY)

**2. EMPLOYER INFORMATION**

Employer Name  
 Employer Address  
 Employer Phone Number  
 Employer Tax ID Number

**3. EMPLOYER'S CONTRIBUTIONS**

Employer's Contribution to Health Insurance  
 Employer's Contribution to Life Insurance  
 Employer's Contribution to Disability Insurance  
 Employer's Contribution to Pension/Profit Sharing Plan

**4. EMPLOYER'S WITHHOLDINGS**

Employer's Withholding on Income Tax  
 Employer's Withholding on Social Security Tax  
 Employer's Withholding on Medicare Tax

**5. EMPLOYER'S DEDUCTIONS**

Employer's Deduction for State Income Tax  
 Employer's Deduction for State Sales Tax  
 Employer's Deduction for State Property Tax

**6. EMPLOYER'S CREDITS**

Employer's Credit for State Income Tax  
 Employer's Credit for State Sales Tax  
 Employer's Credit for State Property Tax

**7. EMPLOYER'S OTHER INFORMATION**

Employer's Other Information (e.g., Name Change, Address Change, etc.)

**8. EMPLOYER'S SIGNATURE**

Signature of Employer  
 Date (MM/DD/YYYY)

**9. EMPLOYER'S CERTIFICATE**

Certificate of Employer (e.g., Correctly Reported, etc.)

**10. EMPLOYER'S NOTES**

Notes (e.g., Additional Information, etc.)

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