NYS-45 (1/26)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

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||||||||| 42619413

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 (complete a separate return for each quarter) and enter the year.

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

Are dependent health insurance benefits available to any employee? .... Yes ☐ No ☐

If **amended return,** mark an **X** in the box .... ☐

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

Employer address:

Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code

Note: Parts A, B, **and** C must be completed for this return to be accepted.

Part A - Unemployment insurance (UI) information

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

	Original or previously reported amounts	Corrected amounts *(for amended returns only)*	Difference *(for amended returns only)*
1. Total remuneration paid this quarter	.00	**1a** .00	**1b** .00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*	.00	**2a** .00	**2b** .00
3. Wages subject to contribution *(see instructions)*	.00	**3a** .00	**3b** .00
4. UI contributions due *(see instructions)*		**4a**	

Enter your UI rate ☐ . ☐ %

5. Re-employment service fund *(see instructions)*		**5a**	
6. Subtotal *(see instructions)*		**6a**	

If amending, leave lines 7, 8, and 9 blank. Continue with line 10 *(see instructions)*.

7. UI previously underpaid with interest ....

8. Total of lines 6 and 7 ....

9. Enter UI previously overpaid.....

10. **Total UI amounts due** *(if line 8 is greater than line 9, enter the difference. If amending, see instructions.)*........

11. Total UI overpaid* *(If line 9 is greater than line 8, enter the difference and mark box 12. If amending, see instructions.)* ....

12. Apply to outstanding liabilities or refund, or both .... ☐

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

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Part B - Withholding tax (WT) information

13. Total tax withheld *(from Part C, line 24)* .... [_____]

14. WT credit from **previous quarter's** return *(see instr.)* [_____]

15. Form NYS-1 payments made for quarter .... [_____]

16. WT payments made with previously filed Forms NYS-45 *(for amended returns only)* .... [_____]

17. Total payments *(add lines 14, 15, and 16)* .... [_____]

18. WT overpayment, if any, shown on previously filed Forms NYS-45 or previously adjusted by NYS *(for amended returns only)* [_____]

19. Subtract line 18 from line 17 .... [_____]

20. **Total WT amount due** *(if line 13 is greater than line 19, enter difference)* .... [_____]

21. Total WT overpaid* *(if line 19 is greater than line 13, enter difference here and mark an **X** in 21a or 21b)* .... [_____]

21a. Refund *(see instructions)* .... [__] **or** **21b.** Credit to next quarter withholding tax .... [__]

22. **Total payment due** *(add lines 10 and 20; make one remittance payable to **NYS Employment Contributions and Taxes**)* .... [_____]

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

Change of business information

If you **permanently ceased paying wages**, enter the date *(mmddyy)* of the final payroll .... [_____]

If you **sold or transferred all or part of your business**:

• Mark an **X** to indicate whether in **whole** [__] or in **part** [__]

• Enter the date of transfer *(mmddyy)* .... [_____]

• Complete the following information about the acquiring entity

Legal name			EIN
Mailing address *(number and street or PO Box)*	City, village, or post office	State	ZIP code

Part C – Quarterly employee/payee wage reporting and withholding information
*(Do **not** enter negative numbers in boxes f, g, h, i, and j; see instructions)*

a Social Security number	b Last name	c First name	d MI	e Wage type R/O

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

a Social Security number	b Last name	c First name	d MI	e Wage type R/O

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

a Social Security number	b Last name	c First name	d MI	e Wage type R/O

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

a Social Security number	b Last name	c First name	d MI	e Wage type R/O

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

a Social Security number	b Last name	c First name	d MI	e Wage type R/O

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

Page ____ of ____ Totals from this page only

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

23. If first page of Part C, enter totals of all Part C pages including this page *(see instructions)*

f Total UI remuneration paid this quarter	g Gross federal wages or distribution *(see instr.)*	h Total NYS tax withheld	i Total NYC tax withheld	j Total Yonkers tax withheld

24. Total of **all** New York State, New York City, and Yonkers tax withheld *(add the amounts from line 23, boxes h, i, and j. Enter here and on Part B, line 13.)* ....

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.

Signature *(see instructions)*	Signer's name *(please print)*	Title

Date	Telephone number

Paid preparer's use	Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
	Preparer's firm name *(or yours, if self-employed)*	Address		Firm's EIN	Telephone number ( )

Payroll service's name	Payroll service's EIN

Checklist for mailing:

- **File return and keep a copy for your records.**
- **Complete lines 10 and 20 to ensure proper credit of payment.**
- **Write your withholding ID number on your remittance.**
- **Make remittance payable to *NYS Employment Contributions and Taxes*.**
- **Write your telephone number in boxes below your signature.**
- **See *Need help?* on Form NYS-45-I if you need forms or assistance.**

Mail to:

**NYS EMPLOYMENT
CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119**