## NYS-45 (12/15)

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



Reference these numbers in all correspondence: Mark an X in only one box to indicate the guarter (a separate return must be completed for each quarter) and enter the year. **UI** Employer 2 3 For office use only registration number Apr 1 -July 1 -Postmark Mar 31 Jun 30 Sep 30 Dec 31 Withholding identification number Are dependent health insurance benefits available to any employee? ..... Nο Employer legal name: Received date If seasonal employer, mark an X in the box Number of employees a. First month b. Second month c. Third month Enter the number of full-time and part-time covered SI employees who worked during or received pay for the week that includes the 12th day of each month. Part A - Unemployment insurance (UI) information Part B - Withholding tax (WT) information 12. New York State 1. Total remuneration paid this 00 tax withheld .... guarter ..... 2. Remuneration paid this quarter in excess of the UI wage base 13. New York City 00 tax withheld ..... since January 1 (see instr.)...... 14 Yonkers tax 3. Wages subject to contribution 00 (subtract line 2 from line 1) ...... withheld ..... UI contributions due 15. Total tax withheld Enter your Ul raté (add lines 12, 13, and 14) ...... 5. Re-employment service fund WT credit from previous quarter's return (see instr.) ...... 6. UI previously underpaid with 17. Form NYS-1 payments made interest ..... for quarter ..... 18. Total payments **7.** Total of lines 4, 5, and 6 ...... (add lines 16 and 17) ..... 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ... 8. Enter UI previously overpaid ..... Total WT overpaid (if line 18 Total UI amounts due (if line 7 is is greater than line 15, enter difference greater than line 8, enter difference) ... here and mark an X in 20a or 20b) \* ... Total UI overpaid (if line 8 is 20b. Credit to next guarter greater than line 7, enter difference 20a. Apply to outstanding or withholding tax ...... and mark box 11 below)\* ..... liabilities and/or refund ..... 11. Apply to outstanding liabilities 21. Total payment due (add lines 9 and 19; make one and/or refund ..... 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. Complete Parts D and E on back of form, if required. Part C – Employee wage and withholding information Quarterly employee/payee wage reporting information (If more than five employees or if Annual wage and withholding totals reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not If this return is for the 4th quarter or the last return you will be filing use negative numbers; see instructions.) for the calendar year, complete columns d and e. Total NYS, NYC, and Yonkers tax withheld Total UI remuneration Gross federal wages or Social security number Last name, first name, middle initial С е distribution (see instructions) paid this quarter Totals (column c must equal remuneration on line 1; see instructions for exceptions) 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) Date Telephone number

Withholding		
identification number		



## 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.

a Driginal Original State Payroll date reported on Form NYS-1, line A (mmdd) reported on Form NYS-1, line 4		c Correct last payroll date (mmdd)	d Correct total withheld
<b>&gt;</b>			
	Part E - Change of bu	usinoss informatio	n
22. This line is not in use for th		isiness informatio	
23. If you permanently ceased	d paying wages, enter the date (mmddyy) of	f the final payroll (see N	ote below)
24. If you sold or transferred	all or part of your business:		
	ether in <b>whole</b> or in <b>part</b>		
Complete the information	below about the acquiring entity		
Legal name			EIN
Address			1

**Note:** For questions about other changes to your withholding tax account, call the Tax Department at (518) 485-6654; for 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.

Paid preparer's	Preparer's signature		Date	Preparer's NYTPRIN Preparer's SSN o		Preparer's SSN or PTIN	NYTPRIN excl.code			
use	Preparer's firm name (or yours, if self-employed)	Address			Firm's	EIN	Tel	ephone nur	nber	
Payroll servi	ice's name			Payro servio						

## 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 Contributions and Taxes.
- Enter 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