NYS-45-X (1/13)

Amended Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return

| UI | Employer registration num | ber | | | lf seasona | | | n X in the box: | d a |
|---|--|-----------------------|--|----|--|----------------------------------|----------------------|--|-------------------------|
| Wi | thholding identification nun | nber | | | | previously fill completed for | led retu or each | ırn. A separate return r quarter to be amende | nust be d. Mark only |
| En | nployer legal name: | | | | | | | the quarter and enter | |
| _ | | | | | | Jan 1 - A Mar 31 July 1 | pr 1 - un 30 2 | July 1 - Sep 30 Oct 1 - Dec 31 4 | Tax year Y Y |
| Pa | art A - Unemployment i | • | • | | _ | | | | UI SK |
| | | Previously re | eported amounts | | Correct amo | ounts | | Difference | |
| | Total remuneration paid this quarter | | . 00 |) | | . 0 | 0 | | . 00 |
| 2. | Remuneration paid this quarter to each employee in excess of the taxable limit since January 1 | | . 0 0 |) | | . 0 | 0 | | . 00 |
| 3. | Wages subject to contribution (subtract line 2 from line 1) | | . 00 |) | | . 0 | 0 | | . 00 |
| 4. | Enter your tax rate (see instructions) % | | | | | | | | |
| 5. | UI contributions due (multiply line 3 x line 4) 5a | | | 5b | | | | | |
| 6. | Overpayment to be applied to o (if line 5a is greater than 5b, enter th | 0 | | | | | | | |
| 7. | Additional unemployment ins | | | | | | | | |
| Pa | rt B - Withholding tax | (WT) inforn | nation | | Correct amounts (ar | n amount equal | to or | | WT |
| 8 | New York State | Previously | reported amounts | | greater than zero m | ust be entered | on each | n line) | SK L |
| 0. | tax withheld | | • | | | • | | | |
| 9. | New York City tax withheld | | • | | | | | | |
| 10. | Yonkers tax withheld | | | | | | | | |
| 11. | Total tax withheld (add lines 8, 9, and 10) | | | | | | | | |
| 12. | If you marked line 20b on your amount from line 20 of that for | | Complete Parts C and D back of this form, if require | | | | | | |
| 13 | Form NVS-1 navments made f | or the guarter v | ou are amending | | | | | | |
| | Form NYS-1 payments made for the quarter you are amending WT payments made with previously filed Forms NYS-45 (line 19) ar Form NYS-45-X (line 19) for the quarter you are amending | | | | | | | | |
| | Tomitive to X (into 10) for all | o quartor you a | o amonang | | | | | 118 1811 8 | |
| | Total payments (add amounts on | | | | | · _ | | | |
| 16. | Overpayment, if any, shown or and/or Form NYS-45-X (line 18 | - | | | | | | ; | 01319410 |
| 17. | Subtract line 16 from line 15 | | | | | | | | |
| 18. | 18. Overpayment to be applied to outstanding liabilities and/or refunded (if line 17 is greater than line 11, enter the difference here) | | | | | | | | • |
| 19. | Additional withholding tax ar (if line 17 is less than line 11, enter | | e) | | | | | | |
| 20. Additional payment due (add lines 7 and 19; make one remittance payable to NYS Employment Taxes). An overpayment of either tax cannot be used to offset amounts due on the other tax | | | | | | | | | |
| _ | n your return: I certify that the informat xpayer's signature | ion on this return is | to the best of my knowledge an | | true, correct, and complete. If 's name (please print) | you are using a paid | l preparer Title | | e section on the back. |
| Te | lanhana numbar Data | | | | | | | | |
| / ie | lephone number Date | For office | | | | | | | |

Received date

Postmark

| UI Employer registration number | | | | | Withholding identification number | | | | | | | |
|---|--|--|--|---|---|-------------------|--|--|------------------|--|--|--|
| | | Part C - Among | ded employee | wago | and withholding | inform | ation | | | | | |
| • | | oyee/payee wage rep | orting information | tion (Do | | Anr If this | nual wage and wi | or the last re | turn you will be | | | |
| Social security i | | b Last name, first name | | Total UI remuneration paid this quarter | | 4 | Gross federal wages or distribution (see instructions) | ete columns d and e. s or titions) e Total NYS, NYC, a Yonkers tax withher | | | | |
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| | | | | | • | | | | | | | |
| viously reported his return, must a Origina | on Form(s) reflect these | | here by completing the Form NYS-45-biginal | ng only c | olumns c and d. Lines uctions for Form NYS c Correct | 8 through | n 11, <i>Correct amoun</i> d Correct | ts column | | | | |
| last payroll date reported total v | | | withheld orm NYS-1, line 4 | | last payroll date (mmdd) | | total withheld | t | | | | |
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| mber/withholding ner/officer/partne a Tax Department. | ID number, r/responsible. For question | Business Tax Account Up ownership, business nan le person information, or o ons regarding additional o (518) 485-8589 or 1 888 | ne, business active changes that affect thanges to your upon the control of the c | rity, telepl ct any oth | none number, ner tax administered b | | | | 51319427 | | | |
| | nid preparer r's signature | or a payroll service, the s | | Date Preparer's NYTPRIN | | | Preparer's SSN or PTIN Mark | | | | | |
| eparer's | 1. C | (| Address | | | leen | | an X if self-emplo | | | | |
| Prepare | r s tirm name | (or yours, if self-employed) | | | | Firm's EIN | N | | | | | |
| ayroll service's name | | | | | | Payroll service's | | | | | | |
| necklist for mailing: | • File ori | iginal return and keep a co | ppy for your record | ds. | | EIN | | | | | | |
| - | - | ete lines 7 and 19 to ensur | re proper credit of | | | | | | | | | |
| | | our Withholding ID numb | er on vour remitta | nce. | Mail t | 0: | | | | | | |

• Enter your telephone number below your signature.

Need help or forms? See the instructions.

BINGHAMTON NY 13902-4119

PO BOX 4119

NYS-45-X (1/13) (back)