## NYS-45-ATT (1/13)

## **Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment**



Withholding identification number:						Mark an X in the applicable box(es):									
Withholding identification	onnamber					A.	Origina	ıl _		or A	mende	ed return			
Employer legal name:						Jan 1 Mar 3	1 - 31 <b>1</b>	Apr 1 Jun 30	2	July 1 - Sep 30	3	Oct 1 - Dec 31 4	Tax year <b>Y</b>	Υ	
						В.						is page			
						C.	Seasor	nal e	mploy	er					
Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instruction						s)	Annual wage and withholding If this return is for the 4th quarter or return you will be filing for the calend complete columns d and e.							st	
a Social security nur	mber k	Last name, first na	me, middle initial	С	Total UI remune paid this quar	ration rter		d	Gross for distribution	ederal wage ition <i>(see in</i>	es or str.)	e Total NYS	S, NYC, a	and ield	
Dogo No	,	otal this page a	nly	<u> </u>											
Page No of Total this page only If first page, enter grand totals of all pages			totals												
Contact information (see instructions)							Daytime telephone number								
(000 11101110111										\	/				

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Postmark
Received date

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