



61329416

Withholding identification number:

| | | |
|--|--|--|
| | | |
|--|--|--|

Employer legal name:

Mark an **X** in the applicable box(es):

A. Original ☐ or Amended return ☐

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

B. Other wages only reported on this page ☐

C. Seasonal employer ☐

[illegible]

| | | |
|---|------|---------------------------------|
| Contact information (see instructions) | Name | Daytime telephone number () |
|---|------|---------------------------------|

For office use only
Postmark

Received date

Downloaded from ascelibrary.org by University of California, San Diego on 06/01/15. Copyright ASCE, For All Rights Reserved, No part of this document may be reproduced without written permission from ASCE.

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