NYS-45-ATT (2/13) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment

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 ..... ☐

Quarterly employee/payee wage reporting information *(**Do not** enter negative numbers in columns c, d, and e; see instructions)*				**Annual wage and withholding totals** If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.			
a Social security number	**b** Last name, first name, middle initial	**c** Total UI remuneration paid this quarter		**d** Gross federal wages or distribution *(see instr.)*		**e** Total NYS, NYC, and Yonkers tax withheld	
Page No. ____ of _____ **Total this page only**							
If first page, enter grand totals of all pages							

Contact information *(see instructions)*	Name	Daytime telephone number ( )

For office use only

Postmark

Received date

Mail to: **NYS EMPLOYMENT CONTRIBUTIONS AND TAXES**
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