NYS-45-X
(1/19)

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

If **seasonal employer**, mark an ***X*** in the box: ☐

UI Employer registration number

Withholding identification number

Employer legal name:

This return should be completed to amend a previously filed return. A separate return must be completed for each quarter to be amended. Mark only **one** box to indicate the quarter and enter the year.

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

UI SK ☐

Part A - Unemployment insurance (UI) information

	Previously reported amounts	Correct amounts	Difference
1. Total remuneration paid this quarter	.00	.00	.00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)*	.00	.00	.00
3. Wages subject to contribution *(subtract line 2 from line 1)*	.00	.00	.00

4. Enter your total UI rate *(see instructions)* ☐.☐ %

5. UI contributions due *(multiply line 3 x line 4)* **5a** . **5b** .

6. Overpayment to be applied to outstanding liabilities and/or refunded *(if line 5a is greater than 5b, enter the difference here)* .

7. **Additional unemployment insurance amount due** *(if line 5a is less than 5b, enter the difference here)* .

Part B - Withholding tax (WT) information

WT SK ☐

	Previously reported amounts	Correct amounts (an amount equal to or greater than zero must be entered on each line)
8. New York State 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 previous quarter's Form NYS-45, enter the amount from line 20 of that form		.
13. Form NYS-1 payments made for the quarter you are amending		.
14. WT payments made with **previously filed** Forms NYS-45 (line 19) and/or Form NYS-45-X (line 19) for the quarter you are amending		.
15. Total payments *(add amounts on lines 12, 13, and 14)*		.
16. Overpayment, if any, shown on **previously filed** Forms NYS-45 (line 20) and/or Form NYS-45-X (line 18)		.
17. Subtract line 16 from line 15		.
18. Overpayment to be applied to outstanding liabilities and/or refunded *(if line 17 is greater than line 11, enter the difference here)*		.

Complete Parts C and D on back of this form, if required.

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19. **Additional withholding tax amount due** *(if line 17 is less than line 11, enter the difference here)* .

20. **Additional payment due** *(add lines 7 and 19; make one 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 .

Sign your return: I certify that the information on this return is to the best of my knowledge and belief true, correct, and complete. If you are using a paid preparer or a payroll service, complete the section on the back.

Signature *(see instructions)*	Signer's name *(please print)*	Title

Telephone number	Date	*For office use only*	Postmark	Received date	AI	SI
( )						

UI Employer registration number

Withholding identification number

Part C - Amended employee wage and withholding information

Amended quarterly employee/payee wage reporting and withholding information

*(**Do not** use negative numbers. See instructions on filing amended wage and withholding information.)*

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 instructions)*	e Total NYS, NYC, and Yonkers tax withheld
		.		
		.		
		.		
		.		
		.		

Part D - Form NYS-1 corrections/additions

Use Part D **only** for corrections/additions to the quarter being reported in Part B of **this** return. **All** corrections to withholding information originally reported on Web- or paper-filed Form(s) NYS-1 for the quarter must be reported here by completing columns a, b, c, and d. **All** additional withholding information **not** previously reported on Form(s) NYS-1 must be reported here by completing **only** columns c and d. Lines 8 through 11, *Correct amounts* column, on the front of this return, **must** reflect these corrections/additions. See Form NYS-45-X-I, *Instructions for Form NYS-45-X*.

	a **Original** last payroll date reported on Form NYS-1, line A (mmdd)	b **Original** total withheld reported on Form NYS-1, line 4	c **Correct** last payroll date (mmdd)	d **Correct** total withheld
▶		.		.
▶		.		.
▶		.		.
▶		.		.
▶		.		.
▶		.		.

Note: Complete Form DTF-95, *Business Tax Account Update*, to report changes in federal identification number/withholding ID number, ownership, business name, business activity, telephone number, owner/officer/partner/responsible person information, or changes that affect any other tax administered by the Tax Department. For questions regarding additional changes to your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810.

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If you are using a paid preparer or a payroll service, the section below must be completed:

Paid preparer's use	Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl code
	Preparer's firm name *(or yours, if self-employed)*	Address		Firm's EIN	Telephone number ( )
Payroll service's name				Payroll service's EIN	

Checklist for mailing:

- **File original return and keep a copy for your records.**
- **Complete lines 7 and 19 to ensure proper credit of your payment.**
- **Enter your Withholding ID number on your remittance.**
- **Make remittance payable to *NYS Employment Contributions and Taxes*.**
- **Enter your telephone number below your signature.**

Need help or forms? See the instructions.

Mail to:

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119