NYS-45 (8/11)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

111 1811		mű	COM
11.184		ыП	77
ILP IND	41129	100000	

Reference these numbers in all correspondence: Mark an X in only one box to indicate the guarter (a separate return must be completed for each quarter) and enter the tax year. **UI** Employer For office use only registration number Apr 1 Oct 1 Tax July 1 Jun 30 Sep 30 Dec 31 Mar 31 Withholding identification number Are dependent health insurance benefits available to any employee? Nο **Employer legal name:** Received date If seasonal employer, mark an X in the box Number of employees a. First month b. Second month c. Third month Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month. Part A - Unemployment insurance (UI) information Part B - Withholding tax (WT) information 12. New York State 1. Total remuneration paid this tax withheld quarter 2. Remuneration paid this quarter 13. New York City to each employee in excess of tax withheld \$8.500 since January 1 14. Yonkers tax 3. Wages subject to contribution (subtract line 2 from line 1) ... withheld UI contributions due 15. Total tax withheld Enter your (add lines 12, 13, and 14) Tax rate 16. WT credit from previous 5. Re-employment service fund (multiply line 3 × .00075) quarter's return (see instr.) 6. UI previously underpaid with 17. Form NYS-1 payments made interest for quarter 18. Total payments **7.** Total of lines 4, 5, and 6 (add lines 16 and 17) . 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ... 8. Enter UI previously overpaid Total WT overpaid (if line 18 Total UI amounts due (if line 7 is is greater than line 15, enter difference greater than line 8, enter difference) ... here and mark an X in 20a or 20b)* ... Total UI overpaid (if line 8 is 20b. Credit to next guarter greater than line 7, enter difference and mark box 11 below)* Apply to outstanding withholding tax liabilities and/or refund 11. Apply to outstanding liabilities and/or refund 21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original. Part C - Employee wage and withholding information Quarterly employee/payee wage reporting information (If more than five employees or if Annual wage and withholding totals reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not If this return is for the 4th quarter or the last return you will be filing use negative numbers; see instructions.) for the calendar year, complete columns d and e. Gross federal wages or Total UI remuneration Social security number Last name, first name, middle initial distribution (see instructions paid this quarter Totals (column c must equal remuneration on line 1; see instructions for exceptions) Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete. Taxpayer's signature Signer's name (please print) Date Telephone number

Withholding			П
dentification number			



Part D - Form NYS-1 corrections/additions

Use Part D **only** for corrections/additions for the quarter being reported in Part B of **this** return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete **only** columns c and d. Lines 12 through 15 on the front of this return **must** reflect these corrections/additions.

	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
	na M			
(
******	—			
	-			
				2003

Part E - Change of business information

22. This line is not in use for this quarter.	1	N
---	---	---

23	If you nermanently ceased naving wages	, enter the date (MMDDYY) of the final payroll (see Note below)	
20.	in you permanerity ceased paying wages	, criter the date (wild but i) of the initial payroll (see Note below)	

24. If you sold or transferred all	l or part of your business
------------------------------------	----------------------------

Maria	
 Mark an X to indicate whether in whole or in part 	
Enter the date of transfer (MMDDYY)	

				6 S T S T S A S	No.	400	8000	10.00	F
•	Complete the information	ation bel	ow	about	the	acqu	iring	entity	J

		S. Marie C. M. Carlotte and C. M	
	Legal name		EIN
d	Address	845	
ð			
П			

Note: For questions about other changes to your withholding tax account, call the Tax Department at (518) 485-6654; for your unemployment insurance account, call the Department of Labor at (518) 485-8589 or 1 888 899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's signature preparer's			Date	Preparer's NYTPRIN		Preparer's SSN or PTIN		Mark an X if self-employed	
use	Preparer's firm name (or yours, if self-employed)	Addre	ess		Firm's Ell	V	Telephone r	number	- X
Payroll servi	ce's name			Payro					

Checklist for mailing:

- · File original return and keep a copy for your records.
- Complete lines 9 and 19 to ensure proper credit of payment.
- · Enter your withholding ID number on your remittance.
- Make remittance payable to NYS Employment Taxes.
- Enter your telephone number in boxes below your signature.
- See Need help? on Form NYS-45-I if you need forms or assistance.

Mail to:

NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119