## NYS-45-ATT (1/19)

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



Withholding identification number:  Employer legal name:		Mark an <b>X</b> in the applicable box(es):					
			A. Original or Amended return				
			Jan 1 - Apr 1 - July 1 - Dec 31 4 Year Y			Oct 1 - Dec 31 Year Y	
			-		reported on t		
			C. Seaso	nal employ	/er		
C	Quarterly employee/payee wage (Do not enter negative numbers	e reporting and s in columns c, d,	withhold and e; see	ing inforn	nation s)		
a Social Security number	<b>b</b> Last name, first name, middle initial	c Total UI remur paid this qu	neration arter	d Gross distribu	federal wages or ution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld	
	_ Total this page only						
lt first of all p	page, enter grand totals pages						
Contact information (see instructions)				Daytime telephone number			
(SSS IIISU USUSIS)					\ /		

For office use only
Postmark Received date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119

BINGHAMTON NY 13902-4119