

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



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 and withholding information (Do not enter negative numbers in columns c, d, and e; see instructions)

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
PO BOX 4119
BINGHAMTON NY 13902-4119**