

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

UI Employer registration number

Withholding identification number

Employer legal name: _____

If seasonal employer, mark an X in the box:

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 tax year.

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year Y Y

UI SK

Part A - Unemployment insurance (UI) information

	Previously reported amounts	Correct amounts	Difference
1. Total remuneration paid this quarter.....	<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
2. Remuneration paid this quarter to each employee in excess of the taxable limit since January 1	<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
3. Wages subject to contribution (subtract line 2 from line 1)	<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
4. Enter your tax rate (see instructions) <input type="text"/> <input type="text"/> %			
5. UI contributions due (multiply line 3 x line 4)	5a <input type="text"/> <input type="text"/>	5b <input type="text"/> <input type="text"/>	
6. Overpayment to be applied to outstanding liabilities and/or refunded (if line 5a is greater than 5b, enter the difference here)		<input type="text"/> <input type="text"/>	
7. Additional unemployment insurance amount due (if line 5a is less than 5b, enter the difference here)			<input type="text"/> <input type="text"/>

Part B - Withholding tax (WT) information

	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	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
9. New York City tax withheld	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10. Yonkers tax withheld	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11. Total tax withheld (add lines 8, 9, and 10)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12. If you marked line 20b on your previous quarter's Form NYS-45, enter the amount from line 20 of that form		<input type="text"/> <input type="text"/>
13. Form NYS-1 payments made for the quarter you are amending		<input type="text"/> <input type="text"/>
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		<input type="text"/> <input type="text"/>
15. Total payments (add amounts on lines 12, 13, and 14)		<input type="text"/> <input type="text"/>
16. Overpayment, if any, shown on previously filed Forms NYS-45 (line 20) and/or Form NYS-45-X (line 18)		<input type="text"/> <input type="text"/>
17. Subtract line 16 from line 15		<input type="text"/> <input type="text"/>
18. Overpayment to be applied to outstanding liabilities and/or refunded (if line 17 is greater than line 11, enter the difference here)		<input type="text"/> <input type="text"/>
19. Additional withholding tax amount due (if line 17 is less than line 11, enter the difference here)		<input type="text"/> <input type="text"/>
20. Additional payment due (add lines 7 and 19; make one remittance payable to NYS Employment Taxes). An overpayment of either tax cannot be used to offset amounts due on the other tax		<input type="text"/> <input type="text"/>

WT SK

This is a scannable form; please file the original.

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



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.

Taxpayer's signature		Signer's name (please print)		Title	
Telephone number ()	Date	For office use only		Postmark	Received date
				AI	SI

UI Employer identification number

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Withholding identification number

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Part C - Amended employee wage and withholding information

Amended quarterly employee/payee wage reporting information <i>(Do not use negative numbers. See instructions on filing amended wage and withholding information.)</i>			Annual wage and withholding totals <i>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.</i>	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution	e Total 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 Form(s) NYS-1 filed 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-1, *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 Department of Labor at (518) 485-8589 or 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	Telephone number ()	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Preparer's firm name <i>(or yours, if self-employed)</i>		Address		Preparer's EIN
Payroll service 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 Taxes*.
 - Enter your telephone number below your signature.
- Need help or forms? Call 1 877 698-2910.

Mail to:
NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119