

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



41339411

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:

Mark an X in only one box to indicate the quarter (a separate return must be completed for each 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 Y Y

Are dependent health insurance benefits available to any employee? Yes No

If seasonal employer, mark an X in the box

Number of employees 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.

Grid for number of employees by month: a. First month, b. Second month, c. Third month

For office use only Postmark Received date UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter 00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 00
3. Wages subject to contribution 00
4. UI contributions due
5. Re-employment service fund
6. UI previously underpaid with interest
7. Total of lines 4, 5, and 6
8. Enter UI previously overpaid
9. Total UI amounts due
10. Total UI overpaid
11. Apply to outstanding liabilities and/or refund

12. New York State tax withheld
13. New York City tax withheld
14. Yonkers tax withheld
15. Total tax withheld
16. WT credit from previous quarter's return
17. Form NYS-1 payments made for quarter
18. Total payments
19. Total WT amount due
20. Total WT overpaid
20a. Apply to outstanding liabilities and/or refund
21. Total payment due

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

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

Part C - Employee wage and withholding information

Table with 5 columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, e Total NYS, NYC, and Yonkers tax withheld

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.

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

Date, Telephone number