NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return - Attachment



Check applicable box(es): Withholding Identification Number: A. Original or Amended Return July 1-3 1 **Employer Legal Name:** B. Other wages only reported on this page C. If seasonal employer, check box Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, Quarterly employee/payee wage reporting information complete columns (d) and (e). (e) Total tax (c) UI total remuneration/gross (d) Gross wages subject to withholding (a) Social security number (b) Last name, first name, middle initial wages paid this quarter withheld Page No. ____ of ____ Total this page only If first page, enter grand totals of all pages Mail to: NYS EMPLOYMENT TAXES

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