

# NYS-45 (1/25)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

**RECORD COPY  
ONLY  
DO NOT SEND  
TO THE AGENCY**

Reference these numbers in all correspondence:

UI Employer  
registration number

Withholding  
identification number

Mark an **X** in only **one** box to indicate the  
quarter (complete a separate return  
for each quarter) and enter the year.

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

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

If amended return, mark an **X** in the box. .

If seasonal employer, mark an **X** in the box

Employer legal name:

Employer address:

Mailing address (number and street or PO Box)	City, village, or post office	State	ZIP code
---	-------------------------------	-------	----------

**Note:** Parts A, B, and C must be completed for this return to be accepted.

### Part A — Unemployment insurance (UI) information

#### 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.

a. First month

b. Second month

c. Third month

	Original or previously reported amounts		Corrected amounts (for amended returns only)		Difference (for amended returns only)
1. Total remuneration paid this quarter .	. 00	1a	. 00	1b	. 00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) . . . . .	. 00	2a	. 00	2b	. 00
3. Wages subject to contribution (see instructions) . . . . .	. 00	3a	. 00	3b	. 00
4. UI contributions due (see instructions) . . . . .		4a			
Enter your UI rate %					
5. Re-employment service fund (see instructions) . . . . .		5a			
6. Subtotal (see instructions) . . . . .		6a			

If amending, leave lines 7, 8, and 9 blank. Continue with line 10 (see instructions).

- UI previously underpaid with  
interest. . . . .
- Total of lines 6 and 7 . . . . .
- Enter UI previously overpaid . . . . .
- Total UI amounts due** (if line 8 is  
greater than line 9, enter the difference.  
If amending, see instructions.) . . . . .
- Total UI overpaid \*** (If line 9 is  
greater than line 8, enter the  
difference and mark box 12 below.  
If amending, see instructions.) . . . . .
- Check one:  
Refund      Credit

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