

Withholding identification number

**RECORD COPY ONLY  
DO NOT SEND TO THE AGENCY****Part C — Quarterly employee/payee wage reporting and withholding information***(Do not enter negative numbers in boxes f, g, h, i, and j; see instructions)*

<b>a</b> Social Security number	<b>b</b> Last name	<b>c</b> First name	<b>d</b> MI	<b>e</b> Wage type R/O
<b>f</b> Total UI remuneration paid this quarter	<b>g</b> Gross federal wages or distribution (see <i>instr.</i> )	<b>h</b> Total NYS tax withheld	<b>i</b> Total NYC tax withheld	<b>j</b> Total Yonkers tax withheld
<b>a</b> Social Security number	<b>b</b> Last name	<b>c</b> First name	<b>d</b> MI	<b>e</b> Wage type R/O
<b>f</b> Total UI remuneration paid this quarter	<b>g</b> Gross federal wages or distribution (see <i>instr.</i> )	<b>h</b> Total NYS tax withheld	<b>i</b> Total NYC tax withheld	<b>j</b> Total Yonkers tax withheld
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**Page \_\_\_\_ of \_\_\_\_ Totals from this page only**

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**23. If first page of Part C, enter totals of all Part C pages including this page (see instructions)**

<b>f</b> Total UI remuneration paid this quarter	<b>g</b> Gross federal wages or distribution (see <i>instr.</i> )	<b>h</b> Total NYS tax withheld	<b>i</b> Total NYC tax withheld	<b>j</b> Total Yonkers tax withheld
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**24. Total of all New York State, New York City, and Yonkers tax withheld (add the amounts from line 23, boxes h, i, and j. Enter here and on Part B, line 13.)** .....**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	E-mail:		

<b>Paid preparer's use</b>	Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
	Preparer's name		Mark an <b>X</b> if <input type="checkbox"/> self-employed	Firm's EIN	Telephone number
Preparer's firm name			Preparer's address		
Payroll service's name				Payroll service's EIN	