NYS-45-MN (9/04)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return

Reference these numbers In all correspondence:

UI Employer Registration Number: 28-HJ765773

Withholding Identification Number: 254-GH54545

Employer Legal Name: J & C Corporation

Check ionly one box to indicate the quarter (a separate return must be completed for each 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)

Y Y: 05

If seasonal employer, check box ☐

40419411

FOR OFFICE USE ONLY

Postmark

Received Date

UI SK ☐ AI ☐ SI ☐ WT SK ☐

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
0	2	0

Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid this quarter	5200 .00
2. Remuneration paid this quarter to each employee in excess of $8,500 since January 1	0 .00
3. Wages subject to contribution *(subtract line 2 from line 1)*	5200 .00
4. UI contributions due Enter your Tax rate -0.075 %	(3.90)
5. Re-employment service fund *(multiply line 3 x .00075)*	3.90
6. UI previously underpaid with Interest	
7. Total of lines 4, 5, and 6	
8. Enter UI previously overpaid	
9. Total UI amounts due *(if line 7 is greater than line 8, enter difference).*	
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and check box 11 below)**	
11. Apply to outstanding liabilities and/or refund ☐	

Part B - Withholding Tax (WT) Information

12. New York State tax withheld	258.93
13. City of New York tax withheld	0.00
14. City of Yonkers tax withheld	0.00
15. Total tax withheld *(add lines 12, 13 and 14)*	258.93
16. WT credit from previous quarter's return *(see instr.)*	
17. NYS-1 payments made for quarter	258.93
18. Total payments *(add lines 16 and 17)*	258.93
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)*	
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and check 20a or 20b)**	
20a. Apply to outstanding liabilities and/or refund	**or** 20b. Credit to next quarter withholding tax ☐

21. **Total payment due** *(add lines 9 and 19, make one remittance payable to* **NYS Employment Taxes)**

*** AN OVERPAYMENT OF EITHER TAX CANNOT BE USED TO OFFSET THE AMOUNT DUE ON THE OTHER TAX**

Complete Parts D and E on back of form, if required. this is a scannable form; please file the original.

Part C - Employment Wage and Withholding Information

Quarterly employee/payee wage reporting information (if more than 5 employees or if reporting other wagtes, DO NOT make entries in this section; complete Form NYS-45-ATT).

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filling for the calendar year, complete columns (d) and (e).

(a) Social security number	(b) Last name, first name, middle initial	(c) UI total remuneration/ gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total 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 is to the best of my knowledge and belief true, correct and complete.

Taxpayer's signature	Signer's name *(please print)*	Title

Date: 12/02/05

Telephone number