Withholding identification number	Tax Withheld		New York State ta	print o	r type in blac	orm (not a cop k ink, not penc	
Employer's legal name:	layout changed please - review entire document		New York City tax		eld		•
A Last payroll date – Enter date of last payroll covered by this return (MMDDYY)		-	Yonkers tax withh Total withheld (ad		1, 2, & 3)		•
B If you permanently ceased paying wages, enter date of final payroll (MMDDYY)		5	Credit claimed				•
C Mark an X in the box for additional payment		6	Total tax due (line 4	1 minus line	e 5) \$		•
I certify that this information is to the best of my knowledge and belief true, c	correct, and complete.						
Taxpayer's signature Ta	axpayer's name (print or type)				Date	Telephone nu ()	mber
Mark X if new employer or address change (see back) For office use only	Postmark	F	Received date	SI			11514410

Preparer's signature	Da	e preparer or payroll service complete the appropriet Date Preparer's NYTPRIN			Preparer's SSN or PTIN		Mark an X if	
Preparer's firm name (or yours, if self-employed)	Address			Firm's EIN	1	Telephone	self-employed number	
Payroll service's name				5	Payroll service's EIN			
	its entirety. coupon siz nd layout changed. N s at which you will t	YTPRIN	ding tax and unemploym	ent insuranc		st DR		
	/o attn (<i>if applicable, mark either box and enter name</i>) If the address is for you an X in the c/o box, e					r paid prepa	er, mark	
Number and street or PO box	City		State ZIP cod	e O	on the second line, and mark an X in this box			
Make check payable to NYS Income Tax and mail to	o: NYS Tax Depar	rtment, Proce	ssing Unit, PO Box 4	111, Bingh	amton NY 13902-411	11.		
f you are a PrompTax participant and you are filir Binghamton NY 13902-4131.	ng a paper returr	n, mail your r	eturn and payment	to: PROMF	PTAX, NYS Tax Depar	rtment, PO	Box 4131,	